

Practical Vehicle Management

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I practice about 40 miles south of Manhattan, Kansas. My type of vehicle might be a bit different, but it seems to work in my practice very well. I have just a one man, general practice. You might say it is the old type, mainly ambulatory, mainly beef cattle. I have used a van for a number of years, fitted with a large box with a lot of drawers. I know different veterinarians have different ideas about what they like for ambulatory vehicles.

I have a lot of pasture work and vans have suited my practice very well. The box sets in the door space with buckets, etc., behind it. There is a lot of

room in the back. I do not do a lot of dispensing in my practice. I also use an apron. It holds approximately 20 blood tubes. This way I can carry everything I need to service a small herd.

Opposite the side door, there is a seat, which also serves as a box. I can carry a lot of stuff in there. I also have a portable table. The back of the seat slips out so you can get in from the other side. I do a lot of bull evaluating in the country. This makes a pretty nice portable laboratory.

That gets everything under one roof. There's also room behind the seat for other things.

Surgical Treatment of Urolithiasis

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Suturing the ruptured bladder in a case of urolithiasis has proved to be unfeasible and unsatisfactory in our experience. Our method involves performing a urethrotomy dorsal to the blockage, which is usually in the sigmoid flexure. We also drain urine from the abdominal cavity. Our results have been satisfactory, with the bladder wall healing itself, especially in steers ranging from 200 to 600 pounds body weight.

Unfortunately, this is not true in steers in the 800 to 1200 pound range. Not only does the bladder wall not heal itself but usually the blockage is of the phosphate sludge instead of the silicone stone and may be located for some distance dorsal to the sigmoid flexure and normal urination does not return with the conventional urethrotomy.

About 10 to 12 years ago, we started using a different approach to this problem. We insert a size 24 French human female catheter of woven fiber into the bladder and sutured the same in place. Today, because of the cost of a woven fiber catheter, approximately \$7.00 each, we use a size 24 French, Rusch plastic catheter, costing approximately 85 cents each.

The procedure is performed under an epidural or local anesthesia. A 2 to 3 inch incision is made in the midline between the semi-membranosus muscles approximately 3 inches below the anus. This is the area where the penis tranverses dorsal-ventrally over the pubic arch. It is very important for the incision to be in the midline to find your guidelines to the penis. Fascia is separated and you will be able to pick up the retractor penis muscle and then palpate the bulbus-cavernosus muscle approximately 1 inch thick and covered with a strong aponeurosis. This muscle surrounds the penis in this area. A longitudinal 1 inch incision is made through the muscle and penis into the urethra. The catheter is then inserted into the bladder and sutured to the skin using heavy Vetafil or Supramid suture material. The remaining incision is not sutured but left to heal openly.

In most cases after introduction of the catheter into the bladder you will notice clear or blood tinged urine coming through the catheter. If you do not see this urine coming through the catheter it is wise to rotate or reinsert the catheter as you may have inserted it through the rent in the bladder wall or have plugged it with a blood clot.

There is really no aftercare following the operation. Occasionally it may be necessary to flush the catheter with saline and furacin if the catheter becomes plugged with blood.

I might add two helpful hints, a branch of the internal pubic artery is located close to the penis and incising it can cause some rather embarrassing hemorrhage. The Rusch catheter is quite flexible. We use a metal stillette or an insemination tube while inserting this catheter into the bladder.

After the above procedure we insert a bowie trocar or regular 3/8 inch trocar through the ventral abdominal wall between the penis and right flank to drain the urine from the abdominal cavity.

This operation is quite successful if the steers are

not too toxic. We now use this procedure not only on ruptured bladders but also in heavy steers with a ruptured penis and those steers which are found before any ruptures occur. If no rupture has occurred we administer no antibiotics and recommend slaughter in 2 to 3 weeks. If a rupture has occurred we administer combiotic and recommend slaughter in 30 to 60 days. Some carcasses are rejected on slaughter but our percentage of salvaging these steers is quite high.

Question: Do you suture the catheter in place?

Answer: Yes, we go through the skin and the white place in the back of the catheter with the needle and suture and put a stay suture through the catheter and the skin. It will usually stay in 30 days.

Practice-Owned Leasing Company for Vehicles and other Equipment in a Large Animal Practice

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As practices grow, vehicles and equipment investments grow also. Our practice is a group corporation practice consisting of a main hospital and three out-clinics. Our corporate practice has four practicing veterinarians and seven lay employees.

About one year ago we realized that we were maintaining six to eight vehicles: a trailer, two tractors in our practice and related businesses, plus the personal vehicles of the stockholder veterinarians. In the practice alone our investment in vehicles will amount to about \$30,000.00. As in most businesses, we were carrying insurance on individual vehicles. We had no uniformity in our policies. Financing methods varied and in some instances were costly. Some vehicles were owned by the practice and some were owned by the stockholders in the corporation and leased back to the corporation. Bookkeeping, accounting, and insurance records became quite involved and inefficient.

When we realized the inefficiency in this part of our practice management, we started to seek a

solution. Working with our accountant, we organized a veterinarian-owned leasing company for vehicles and all major capital equipment that would be necessary in our practice. The leasing company is owned by the stockholders in our practice. It is a simple partnership. The equity of each partner was determined by his investment in money or by the number of vehicles he owned.

Arrangements were made with the bank for simple-interest financing when purchasing new vehicles. Once our cash flow was established only minimal bank financing would be needed.

We consulted with our insurance agent and covered all vehicles on a blanket fleet policy. This blanket fleet policy represents over 22% savings over separate individual policies. Only liability insurance is carried. The leasing company carries its own collision and comprehensive insurance.

I will try to explain the cash flow and mechanics of the operation of the leasing company. We took the fair value of the automobiles owned by individuals or the practice when the leasing company was organized. New cars are put in at