

General Session II

Dr. Jenks Britt, *presiding*

Embryo Transfer in a Group Practice

Edwin G. Robertson, *D.V.M.*

Harrogate Hospital for Animals, P.C.

Harrogate, Tennessee 37752

In order to stay with the topic assigned to me today, I will try to share with you the mechanics of our practice and our embryo transfer operation instead of intricate details of embryo transfer itself. I have a paper that contains all equipment and supplies needed for embryo transfer and embryo freezing complete with product numbers and addresses of suppliers that I will be glad to send to you if you write to me at P. O. Drawer 340 – Harrogate, Tennessee 37752 (615) 869-3666. Perhaps a brief history of the practice will put embryo transfer into better perspective for you. The practice was begun in 1974 in my home county in Harrogate, Tennessee. I built the clinic with the purpose in mind of becoming a group practice. After 2 years, we had grown to 3 practitioners and had built another smaller clinic at LaFollette, Tn. but were not enjoying the advantages of a group practice.

The advantages of a group practice are:

- (1) Less emergency duty**
- (2) Colleagues to share and gain knowledge from daily**
- (3) Better service to community**
- (4) Time off to spend with family, community activities, and church involvement.**

After opening the second clinic, we found that we now had less time and more responsibilities to the practice. We grew to five in the practice by 1978 and at that time began to have time within the practice to work on individual areas instead of continually taking care of emergency situations or “fire engine practice” all day every day.

Late in 1977 after a client offered to give us his embryo transfer work if we could develop non-surgical transfer abilities, I began to search for information and help. Since that time we have added one additional clinic at Jonesville, Virginia and with 7 of us now in the practice, we are able to staff 3 full service AAHA hospitals with large animal haul in facilities at each, conduct an embryo transfer operation within the practice, take emergency duty only one night per week, provide full veterinary service to our communities, and have more time for family, church, and community activities.

Embryo transfer has been an added source of income to the practice although it has required me to be away from the practice at times. Last year I spent 120 working days involved in embryo transfer. Some time is also required for record keeping, scheduling, etc., so about 50% of my time is now spent on embryo transfer. About $\frac{2}{3}$ of our work is done on the farm and $\frac{1}{3}$ at the clinic where we also do provide recipient cows for those clients. Whenever we are doing on the farm work involving as many as 3-6 donors per day, I usually have one of the other veterinarians from the practice with me. This is in order to be able to finish in one day and also to help stay awake driving back home. Most trips within 300 miles involve only 1 day away from the practice.

On the average, 45 cows per month are flushed. Some of those flushes are single egg collections and several are on problem cows that often provide a real challenge but not so often provide real profit. During the year, approximately 900 embryos were transferred with 600 pregnancies resulting. All transfers are performed non-surgically. The past 6 months are included below to give you an idea of the work volume.

Month	Embryos Transferred	Pregnancies		%
April	32	18	=	56
May	100	55	=	55
June	106	74	=	70
July	70	48	=	69
August	80	56	=	70
September	31	26	=	84
Totals	419	277	=	66.1

Financially, receipts for the past twelve months for only embryo transfer services and pregnancies have been \$199,444.96. This does not include the sale of recipient cows that we also provide for some clients. So in essence, $\frac{1}{2}$ of my time with help from others in the practice has provided us a needed extra source of income.

The investment required is pale when compared to other expenditures within the practice. The only major items needed are a microscope, freezer, and semen tank. Microscopes are about \$1000.00, semen tank about \$450.00, and our home-made freezer (which by the way I have a hand-out on so you can make your own) is about \$300.00. Catheters, flush media, pipettes, etc. are also negligible. Our entire investment in 2 microscopes, freezer, and all equipment is under \$3500.00. We recently purchased a Micro-manipulator to split embryos with which almost doubled our investment (\$2700) but I think it will pay itself off soon. The home-made freezer unit is used for freezing excess embryos and on some days, cows are flushed solely for the purpose of freezing their embryos to use at a later time. We use our freezer only 2-3 days per month on the average. For \$300, I can justify its usage but when compared

to commercial freezer costs of \$4000-\$14,000—I would see difficulty in justifying their usage in an operation the size of ours. Also, our freezer requires only little more time, has no transistors or computers to tear up, and achieves equal results to any of the commercial units.

In summary, (1) embryo transfer has been an added source of income for our practice (2) It has led to better reproductive work on our farms where we do regular monthly sterility exams (3) It has led to better utilization of staff time and enabled us to keep a staff large enough to allow adequate time off for vacations and continuing education trips while still serving the needs of the three communities in which we work (4) and also, and maybe most importantly, it provides new and exciting challenges to keep daily practice from becoming ho-hum.

AVMA Convention Guest Speaker

President Glen Hoffsis adjusts the microphone for Prof. Dr. G. Dirksen, Munich, W. Germany who was a featured speaker at the AABP Section, AVMA Convention in July.

