

# VET TECH insid<sup>er</sup>

Michigan Association of Veterinary Technicians Quarterly Publication

Spring 2010

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## 2010 MAVT Board

### PRESIDENT

Julie Delauter, LVT  
president@mavt.us

### PAST PRESIDENT

Marianne Tear, MS, LVT  
pastpres@mavt.us

### VICE PRESIDENT

Jessica Billington, LVT  
vicepres@mavt.us

### PRESIDENT ELECT

Jordan Theakston, LVT  
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### TREASURER

Amy Taylor, LVT  
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### RECORDING SECRETARY

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recsec@mavt.us

### CORRESPONDING SECRETARY

Tricia Wallace, LVT  
secretary@mavt.us

## A Message from our President

It is now 2010...a new decade, a fresh start, and also MAVT's 35<sup>th</sup> anniversary. I am beginning my 3<sup>rd</sup> year on the executive board and I have been excited to get started on my year as President. A regret I have going into this New Year is that I waited so long to get actively involved in this organization. I am an instructor in a Veterinary Technician Program here in Michigan and one of the things I impart to the students is the importance of being involved in professional organizations. I have been a member of NAVTA, MAVT and other technician organizations for many years but it wasn't until four years ago that I decided it was long overdue for me to play a more active role in MAVT. Little did I know at the time what a profound impact this decision would have on me. One of my goals as President is to motivate YOU to get more involved in MAVT. This is why I have decided to focus my first letter to all of you on the value of working with MAVT.

When I finally decided to get involved, I remember going to the website, randomly picking a board member to contact, and sending an e-mail saying I wasn't sure how to go about it but I wanted to help. I can recall sitting in on my first board meeting, not as a board member but as a general member, and being so impressed. Everyone was friendly and enthusiastic about the future of MAVT and I found myself getting all caught up in the excitement. It was after that meeting that I actually decided to jump right in and run for a position on the board. I really was not sure what I was getting myself into but I can tell you, the experience has been very rewarding so far. I have learned so much about the inner workings of the organization and have made new friends along the way. If any of you out there have been considering getting more involved but are not sure where to start, I have a few suggestions. The first would be to consider working on a committee. At the suggestion of several of our members during our fall conference last year, we are looking into getting involved in the social networking scene (i.e. Facebook). This is not my area of expertise, but luckily we have some new board members who are very excited about this and would love to have help from our members. My personality is not geared towards the creative side; however, I love the organization and detail-oriented side of things. How about you? Are you the creative type...the one in your practice that always seems to come up with unique ideas to get things done? Maybe you are more people-oriented...the one who loves being in the exam room educating clients. Or maybe you are the technician who prefers to work behind the scenes...the one who is able to go with the flow to get the job done. All of these styles are crucial to any organization and we always have projects where we could use your help. Another suggestion would be helping with our fall conference. We are in the planning phase now but there is a lot that goes on behind the scenes for us to offer this great event (both before and during the conference). Have you considered writing a continuing education article? If so, you may want to contact us to work with the website or newsletter. One of the best things about working within MAVT is knowing that you are giving back to the profession you love!

I am hoping I have piqued your curiosity about getting more involved in MAVT. If so, please feel free to contact me or any of the board members if you have any questions or suggestions. We all want to be accessible and available to you, our members. Remember....this is Your MAVT – Better Together!

Warm regards,  
*Julie*





**MEET THE 2010 MAVT EXECUTIVE BOARD!**



Julie Delauter  
President



Marianne Tear  
Past President



Jordan Theakston  
President Elect



Jessica Billington  
Vice President



Amy Taylor  
Treasurer



Elsie Velazquez  
Recording Secretary



Tricia Wallace  
Corresponding Secretary

**2010 MAVT EXECUTIVE BOARD MEETINGS**

January 30th 5:30pm @ MVC Conference  
March 26th 11:00am @ MVMA Office  
May 21st 10:00am @ MVMA Office  
August 9th 11:00am @ MVMA Office  
October 8th 4:00pm @ Sheraton Novi  
November 22nd 11:00am @ MVMA Office

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# MEMBERS IN ACTION.....your MAVT, better together!

## TECH TIPS

### LARGE DOG INTUBATION MADE EASIER

Holding a large, anesthetized dog by its maxilla for endotracheal intubation can be challenging due to the weight and "slime factor". If you attempt to take some of the weight in your other hand by holding the dog from underneath its neck, you can restrict the throat and make it difficult to intubate. Here's a simple way to hold the dog up with its mouth open after the initial anesthetic agent is administered: Place the dog in sternal recumbency. Use the same strip of roll gauze you will also use to tie the endotracheal tube to the maxilla and loop it behind the upper canines. Holding the gauze, rather than the maxilla, makes it easier to manage the weight of even the largest dog (you can even use both hands if necessary). You can now hold the dog's head up without even touching the mouth or throat, thereby giving whomever is inserting the tube completely free access to the tongue and throat of the dog. (See photo)



Submitted by

Michelle Davidge, LVT

Veterinary Emergency Service West in Plymouth, MI

## MEMBER SPOTLIGHT

Ann Wortinger, BIS, LVT, VTS (ECC, SAIM)

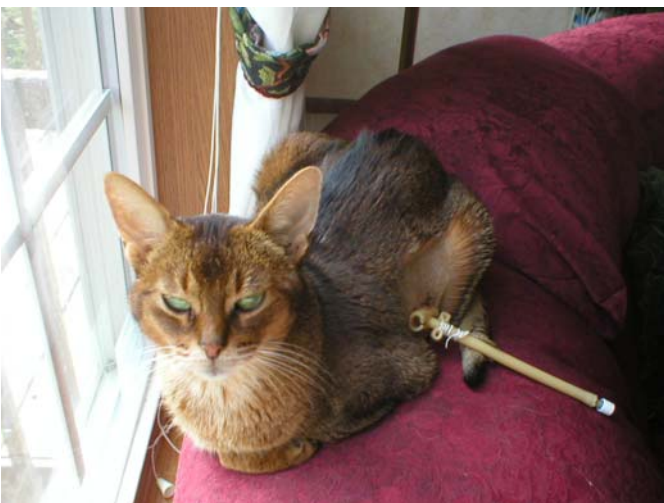
Ann is a 1983 graduate of the Michigan State University veterinary technology program. Her career has included working in general practice as well as emergency and specialty/referral practices; her current position is with WCCCD's Veterinary Technology Program teaching clinical pathology. Ann's passion for her profession has led her to achieve her VTS in both Emergency/Critical Care and Small Animal Internal Medicine. She has a particular interest in the field of nutrition, is a published author on the subject and is currently on the organizing committee for a nutrition specialty (Academy of Veterinary Nutrition Technicians-AVNT). Ann has been married to Todd for 25 years, they have 2 children; Scott 24 yr, Bill 18 yr. Three cats: Daisy, Rose and Lily, 6 garden chickens, and 2 composting rabbits-Cotton and Pumpkin. Ann, an Advanced Certified Master Gardener since 1998, finds stress relief by spending time at home in her garden.

# USE OF FEEDING TUBES IN A GENERAL VETERINARY PRACTICE

ANN WORTINGER BIS, LVT, VTS (ECC, SAIM)

Does the use of feeding tubes have a place in general practice? How many times do we deal with the older animal with no obvious physical problem other than an unwillingness to eat adequate (in our opinion) amounts of food? What about the HBC that has a jaw fracture and is having trouble eating enough food to support themselves? As renal failure advances, the animals' appetite often decreases to such a level that this is a bigger concern than the renal failure.

These and many other scenarios are seen routinely in general practice and could benefit from the placement of a feeding tube. The most commonly placed feeding tubes are nasoesophageal, esophageal, gastrostomy and jejunostomy. All, with the exception of the nasoesophageal require some level of anesthesia, with the jejunostomy tube usually requiring surgical placement. Nasoesophageal and jejunostomy tubes can only be used under hospital supervision, while esophageal and gastrostomy tubes can be managed by owners at home after the initial reintroduction of food has been done in-hospital.



Esophageal tubes can be placed using minimal equipment following standard technique practices. Gastrostomy tubes can be placed blind using specialized equipment, placed with the aid of a gastroscope (percutaneous endoscopic gastrostomy or PEG) or surgically. Any of these tubes can be placed in any animal that can undergo anesthesia. Anesthesia time is typically 15-20 minutes, and they do not need to achieve a surgical plane of anesthesia, just enough so that jaw tone is lost. Esophageal strictures may preclude endoscopic placement of a feeding tube, but surgical placement can often be done. If the animal is not totally anorexic and not metabolically compromised (i.e. electrolyte disturbances, low phosphorus, low PCV etc) the tube can be placed and the animal discharged from the hospital to the owners care within 1-3 days.

Feeding can be started within 12 hours from tube placement; a temporary stoma around the tube insertion site needs to form prior to feeding. A complete feeding plan should be done for each animal with written feeding directions given to the owner. Because many owners are unfamiliar with the use of syringes and the feeding procedure itself, plan on doing an extended discharge for each animal. This should include tube maintenance, feeding directions and feeding amounts; this typically takes 30-45 minutes.

There are multiple veterinary recovery diets that are available in a gruel form that pass easily through most of the larger bore feeding tube (12 fr and higher). Sometimes adding as little as 1-2 table-

spoons ( 15-30 ml ) to the can of food will greatly increase ease of passage. If needed, homemade gruel diets can be prepared from commercial diets. The disadvantage of using these diets would be in not knowing the caloric amount found in each ml of the final mixture, or the final volume achieved after mixing. These diets also tend to fall out of suspension after they ' ve been mixed with water.



For long term use, place a PEG tube. after a stoma has formed around the rubber feeding

tube ( usually 3-4 weeks ) , the tube can be replaced with a low profile silicone feeding tube. This fits close to the body, and has the advantage of not disintegrating over time as the rubber catheters do. A rubber catheter has a useful life of 12-16 weeks. This is adequate for most hepatic lipidosis cats and post surgical dogs, but this may not be enough time for a renal failure animal or HBC jaw fracture. The silicone catheters have a useful life of over 1 year, depending on maintenance and care. When they need to be replaced, another silicone catheter can simply be placed in the stoma site.

Typically owners are very happy with the results they see when using a feeding tube and the animals feel much better. They do require routine daily care such as cleaning around the tube site and flushing of the feeding tube with water, but the tubes need not be used everyday to feed the pet. The use of feeding tubes can give many clients the benefit of enjoying their pet for a longer period of time, and having a better quality of life for both of them.

**Cardiology:  
Three Convenient Locations**



**Southfield**  
29080 Inkster Rd.  
248-354-6660

**Auburn Hills**  
3412 E. Walton Blvd.  
248-371-3713

**Grand Rapids**  
1425 Michigan St. NE  
616-284-5300

**CARDIOLOGISTS**  
Sarah Achen, DVM, DACVIM  
Laura DeLellis, DVM, DACVIM

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## MARK YOUR CALENDARS! 2010 MAVT FALL CONFERNECE!

**2010 MOCK EXAM**  
MAY 21st, 2010; 1:30-5:00pm  
Michigan State University  
Veterinary Medical Center; Room E100

Join us for the 2010 MAVT Fall Conference scheduled for Saturday, October 9th at the Sheraton Detroit/Novi. This year's event will focus on "Putting the Tech back into Veterinary Technicians". Registration will open in June. Visit [www.mavt.us](http://www.mavt.us) for event updates.



Open to all VTP students to help prepare you for taking your board examinations!

Free lunch provided!

**FREE** to MAVT student members; membership form included in this newsletter

## CASE REPORT UPDATE

Remember Willie and his magic wooden shoe?

In our June 2009 newsletter we featured an article on Willie, a 9 year old Morgan who was chronically foundering.

Thanks to this alternative treatment option Willie has been doing great! He has been placed on a diet & exercise plan, lost some weight, and since the removal of his magic shoe he has not foundered again!

Visit the MAVT website to read his original story.

or on our website.

Non-members **\$25.00**; payable on site; cash or checks payable to Michigan Association of Veterinary Technicians.

Visit the MAVT website at [www.mavt.us](http://www.mavt.us) for directions to MSU.

## STUDENT SCHOLARSHIPS

### ANN WORTINGER NUTRITIONAL SCHOLARSHIP

Sponsored by Michigan Veterinary Specialists

This **\$250** scholarship is open to all first and second year students actively enrolled in a Michigan veterinary technician program.

The student must complete a 500 word essay on the nutritional topic of their choice. The essays will be evaluated on topic, content, grammar, and professionalism.

### MAVT STUDENT SCHOLARSHIP

This **\$500** scholarship is open to all first and second year veterinary technology students who are a **current member of MAVT**. To become a member fill out & mail the application on the next page or visit [www.mavt.us](http://www.mavt.us).

The student must complete a 500 word essay on the topic of "The Importance of Professional Career Goals". The essays will be evaluated on topic, content, grammar, and professionalism.

All essays will be evaluated and winners will be chosen by the MAVT scholarship committee. Submit your essays to the attention of MAVT Vice President via:

**Mail:** MAVT-Vice President      *or*      **Email:** [vicepres@mavt.us](mailto:vicepres@mavt.us)  
2144 Commons Parkway  
Okemos, MI 48864-3986

**DEADLINE:** Essays are due not later than **May 1st**; the winners will be notified by June 1st. The winning essays may appear in a future newsletter or on the MAVT website.

**GOOD LUCK!**

Michigan Association of Veterinary Technicians  
**Application for 2010 Individual Membership**

Applicant's Name \_\_\_\_\_

Veterinary Technician Student (school: \_\_\_\_\_)

LVT, Year of Graduation: \_\_\_\_\_ Institution/school: \_\_\_\_\_

Michigan VT License # \_\_\_\_\_

Other \_\_\_\_\_

New membership

Renewal

Active (LVT)  
(\$30.00)

Associate (VT student)  
(\$10.00)

Affiliate  
(\$25.00)

Hospital  
(1-5 LVT's \$30/LVT; >5 LVT's \$25/LVT)

Home Address: \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Business Name/ Address: \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone: (Primary) \_\_\_\_\_  
(area code)

(W) \_\_\_\_\_  
(area code)

Fax \_\_\_\_\_  
(area code)

E-mail Address: \_\_\_\_\_

Preferred place to receive mailings:  Home

Business

Yes, I would like to receive promotional mailings from veterinary vendors who support the MAVT.

Employment Type:

Companion animal practice

Research

Large animal practice

Teaching

Mixed animal practice

Other \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_ (Make checks payable to **MAVT.**)

Return to: MAVT Recording Secretary  
2144 Commons Parkway  
Okemos, MI 48864-3986

*This application valid through December 31, 2010  
Source: March Newsletter*

# Better Together Join Us!

Whether you are a veterinary technician student, a new graduate, or an experienced veterinary technician, **the MAVT is here for you!**



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of Veterinary Technicians**  
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