

Association of Reptilian and Amphibian Veterinarians

Advancing reptilian & amphibian medicine, surgery, & conservation worldwide



ARAV Monthly Herp Blerp

Greetings from your ARAV Vet Tech Liaison!

It's almost here! That beautiful time of year where the leaves change color, the air gets a bit crisper, and ARAV is just around the corner!! For those of you who haven't yet, there is still time to sign up for our joint conference in Disney World, well, Orlando, FL, USA. I strongly encourage EVERY vet to make the effort to bring an associate, a technician, or a student! You remember how it felt when you went to your first ARAV? We all do. Share that feeling and help fuel the passion of herpetile medicine in a new generation of care givers!

Your Herp Blerpin' Tech,
Erica Mede, CVT

In with the Good Air, Out with the Bad: A Look at Herpetile Intubation

In general, reptile and amphibian patients are easier to intubate than you might think, but they come with their own unique set of challenges.

The anatomy of the mouth is the first consideration. The arrangement of parts is similar to that of birds. The glottis lies just caudal to the tongue or tongue sheath in the floor of the oropharynx. In some species, you will need to bear in mind that the mucus membranes are sticky, to help with prehending prey items. This does cause difficulty with intubation, but can be overcome with a slightly more generous application of lubricant jelly to the outside of the endotracheal tube than would normally be used. Some species have complete tracheal rings, so endotracheal tubes without cuffs should be utilized as a general rule of thumb. Another consideration to bear in mind is the beak or teeth of whichever species you are anesthetizing. A mouth gag or sheath should be used to protect the endotracheal tube. In larger species, endotracheal tubes manufactured with metal spirals inside the rubber to prevent severing the tube should be utilized if possible. Items that can be used as a mouth gag or sheath include metal speculums, plastic syringe casing, pen casings, or plastic casings from intravenous catheters.

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Tips, Tricks, and Toys

Keep those legs out!

For those of us who weren't blessed with the strength of the Hulk it can be daunting to keep chelonian legs extended and out of their normal locked into the shell position. There are a variety of reasons care givers require the legs to be extended from restraint, to debriding wounds, to administering medications.

The next time you have a stubborn tortoise, box turtle, or wily side neck turtle that won't keep their forelimb forward try using a syringe case cap (generally seen on Monoject syringes) wrapped around with a non slip surface such as Vet Wrap or Elasticon. Place the cap into the fossa while the limb is extended and tape it into place. This has effectively prevented the limb from retracting and your life was just made easier!

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Don't be afraid to get creative! Just about any tube in your hospital that is disposable can be cut shorter to limit dead space. You can add holes and/or cut the end off at an angle to help prevent mucus clogs. You can also save the small attachments to regular endotracheal tubes, IV catheters (not with the stylet!), red rubber catheters, polypropylene catheters, PICC line, or a central line (a great way to repurpose these lines if sterility was compromised before use!).

Your intubation length of the endotracheal tube should end just cranial to the pectoral girdle in chelonians and lizards. In snakes, ideally you would aim for a tube length of 10-15% of the snout to vent length. The tube should never be further than 25% of the total snout to vent length.

One last consideration. Beware if you are working on a venomous patient! Red rubber tube stoppers can be used to guard against an accidental scratch or piercing of a fang.

Kat Yeatman, RVT

ARAV Awesomeness!



The Official ARAV CafePress store is now open!! Don't be caught without your ARAV swag!

Visit us at: <http://www.cafepress.com/ARAVshop>



Student Corner

Dr. Colin McDermott is busier than ever making all of the Student Chapters flow seamlessly and preparing for the poster contest at ARAV this year. If you have any questions or just want to touch base with him, e-mail him at cmcd.vmd@gmail.com. If you want to get his attention faster put a Simpsons quote in the subject!

ABVP Announcement!



For all of you interested in becoming boarded in Reptile and Amphibian medicine come visit the 19th Annual ABVP Symposium in Nashville, Tennessee October 30-November 2, 2014. Find out more information at www.abvp.com

Test Your Knowledge!

Thank you to the Academy of Veterinary Technicians in Clinical Practice (AVTCP) for providing us with some questions! Find the answers in next month's Herp Blerp!

Last months answers:

Which of the following chelonian species should NOT be hibernated during the winter months? C. Red Foot tortoise (*Geochelone carbonaria*).

How many chambers does the heart have in an amphibian species? A. Three; 2 atria and 1 ventricle.

Which of the following are potential venipuncture sites in an anuran? D. Heart, ventral abdominal vein, or lingual vein.

What does POTZ stand for?

- A. Patient Optimal Temperature Zone
- B. Preferred Optimal Temperature Zone
- C. Preferred Outside Temperature Zone
- D. Premium Outside Thermal Zone

Mark Your Calendars ...

October 8 – 12, 2014. **Wild West Veterinary Conference.** Reno, Nevada, USA.

October 18 – 24, 2014. 21st **Annual Conference of the Association of Reptilian and Amphibian Veterinarians.** This will be a concurrent conference with the American Association of Zoo Veterinarians and the Association of Exotic Mammal Veterinarians and will be held at Walt Disney World, Orlando, Florida.

November 9 – 13, 2014. **World Association of Zoos and Aquariums Annual Conference.** New Delhi, India. Contact: www.waza.org.

Questions, Suggestions, or Articles can be Submitted to: e.medecvt@gmail.com