

## A Joint Effort Regenerative Medicine as Part of a Referral Practice



Animal Anesthesia &  
Pain Management Center

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## How Does Stem Cell Therapy Fit in as Part of Our Practice

### Our Practice & Our Specialists

- Anesthesia / Pain Management - 1
- Orthopedic Surgery - 2
- General Surgery - 1
- Internal Medicine - 3
- Dentistry - 1



### Integration - Another Specialized Service



- To offer current clients
- To attract new clients
- To boost the interest in referring vets
- Not stepping on anyone's toes

Another Way To Provide Excellent Care  
Another Extension of RDVM Practices

## Case Selection

### Case Selection - Clinical Application

- OA Cases: non-responsive / lack of tolerance to NSAIDs
- Non-Surgical Candidates
  - Elbows
  - Hips
  - Knees
  - Tarsi
  - Carpi
  - Shoulders
- **Allows for early intervention!**



# Case Examples

## Annie

- Annie – 9 YO FS Lab mix
- Chronic elbow dysplasia – non-NSAID controlled pain
- IV stem cells at Day 0 and 14.
- Able to jump in and out of car; took 2 hour run in the woods before her 90 day study exam!



## Annie

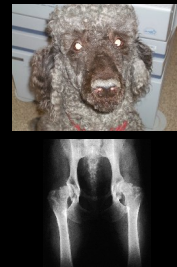


Left

Right

## Cinnamon

- 10 yo MC Std Poodle
- Bilateral Hip DJD
- Unable / unwilling to take meds
- Euthanasia list - new dog in family
- IA stem cells
- 30 days - playing, jumping running, walks



## Rickie

- 12 yo FS Germ Shep
- Chronic bilateral elbow DJD
- IV stem cells at Day 0 and 14.
- Near normal in clinic
- Home: depends on husband vs wife, surface for evaluation



Avoid Dogs Belonging to Other Vets?

## Lessons Learned in Marketing to Referring Veterinarians

### Marketing Ideas

- Most vets do not pay attention to mailings
- **REPETITION!!!!**
- **Incentive**
- Weekly faxes calling for study dogs
- **EDUCATION!!!!!!**



## Our Approach

You are cordially invited to a  
Special Lecture and Gourmet Dinner

April 9, 2007  
6-6:30 PM Wine and Building Tours  
7:00-8:30 Dinner and Lecture

Veterinary Specialty Center Conference Room  
5520 North Nevada  
RSVP 266-6400

Dear Dr.

I am pleased to invite you and interested members of your staff to a free evening lecture about regenerative medicine utilizing stem-cell therapy. There will also be a gourmet dinner catered by The Blue Star Restaurant.

## Our Expectations:

10-15 Interested People

What Would We Do With Only 5 RSVPs?

# The Reality:

- ❖ 90 RSVPs
- ❖ Conference room holds only 30
- ❖ Expanded to 3 nights over 3 weeks

# The Outcome

Daily Phone Calls: Study & Commercial Patients

# The Gaynor Approach to Adipose Collection

## Adipose Collection

- The **BEST** possible care!
- Let the owner know
- Preop blood work
- Entire process overseen by anesthesiologist
- VTS-Anesthesia providing anesthesia care
- Board - certified surgeon



ECG      Blood Pressure  
Pulse ox      ETCO<sub>2</sub>

## Adipose Collection

- **General Anesthesia**
  - Scapular fat - least problematic
  - Inguinal fat
  - Falciform
- Local anesthesia - unlikely
- Epidural anesthesia -> inguinal fat

# Feedback

## The Response...

- Incredible!
- Exciting!
- What Potential!
- This could change the way we practice...
- Finally...something to help those other patients
- The natural medicine - oriented owners & vets->very interested

Helping the Body Help Itself

## The Gaynor Approach to Joint Injections

## Sedation

Medetomidine (Domitor®) 0.01 mg/kg  
± Hydromorphone 0.1 mg/kg  
Glycopyrrolate 0.01 mg/kg  
Oxygen!

Atipamezole 0.05 mg/kg IV

### Monitoring

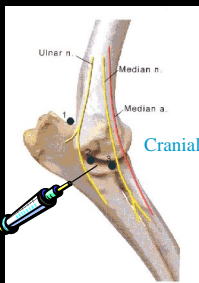
ECG OXYGEN

Blood pressure *The Best Possible Care*  
Technician

## The Best Possible Care



## Elbow



1. Medial approach
2. Palpate medial epicondyle of humerus
3. Slide finger distal to epicondyle until the approximate level of joint.
4. 20 g needle may be inserted here or just caudal
5. Aspirate for synovial fluid - not always possible

## Elbow



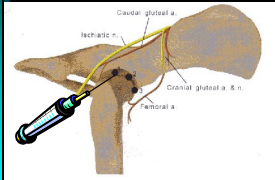


## Hip



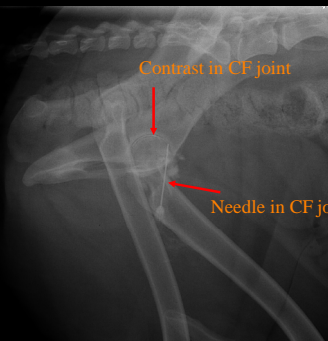
1. Flex hip slightly and position femur parallel to table to open up joint space
2. Flex knee and use tibia as a handle to place traction on hip
3. Palpate hip
4. Insert 22g needle at the midpoint of the proximal edge of the greater trochanter

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Contrast in CF joint



Needle in CF joint



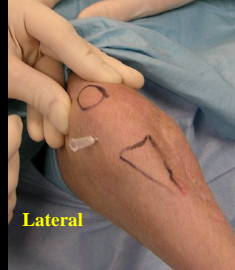
Positioning of Hip

## Knee

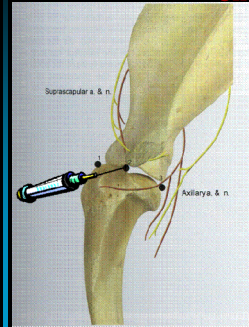


1. Place leg in extension or slight flexion
2. Palpate patellar tendon
3. Insert 22g needle 1/3 of the way between the medial (lateral) aspect of the patellar tendon and the medial (lateral) aspect of the joint

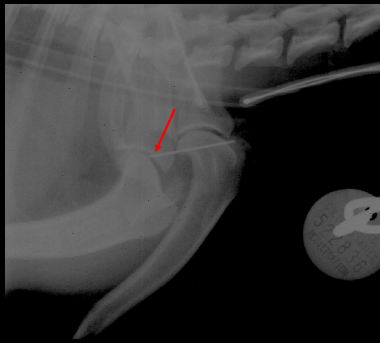
## Knee



## Shoulder



1. Palpate acromial process of the scapula
2. Insert needle in a perpendicular fashion just craniodistal to the acromion
3. Aspirate for synovial fluid



## Final Words

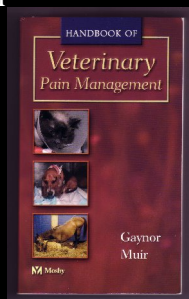
- Exciting prospects
- Educate the referral base
- Practice the technique
- Assure the highest quality medicine



## For Consultation



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Further Information