

Preface

The thought struck me somewhere during the subcutaneous dissection.

I am a surgeon!

Not only a surgeon, but Faculty in one of the world's largest veterinary schools.

My patient was a skinny Rat Terrier called Rocket. Rocket hadn't moved quickly enough just over a week ago though, and found himself launched into low orbit by his neighbor's Prius.

He crash-landed on his stomach, which caused an ugly shearing injury to his groin; a ragged mouth exposing the fang-like shards of his shattered pubis.

Rocket was walking surprisingly well for a dog that had been so manhandled. His owners were maxed out on all their credit cards, so the emergency service opted for open wound management, which was complicated after only a few hours by a soaking flood of straw-colored fluid.

Somewhere in the mess that had once been Rocket's pubis, there was also a large hole in his urinary tract.

After reflecting on my career circumstances, my next thought was:

Why then, if I am such a well-credentialed surgeon, do I have so little idea of what to do next?

My student assistant – who had a keen interest in becoming a surgeon herself – watched intently as I dissected through a discolored mass of fat, edema, and hematoma. Our goal was to explore the caudal abdomen and see how much of Rocket's bladder and urethra was intact and then ...

And then what, exactly?

This was truly exploratory. There had been no money for advanced imaging, so I really didn't know what I was going to find. And it was purely a salvage procedure; the owners could not afford stents or bypass conduits, or delicate reconstructive surgery which might or might not work. Rocket's options were very restricted.

Later, after I had located the transected end of the urethra just caudal to the prostate, brought it through the ventral abdominal wall, and anastomosed it to the caudal fornix of Rocket's prepuce¹ (Figure P.1), the student said, "Wow! I have never seen that before!"

"Neither have I."

She grinned. "Yeah, right."

"No, I'm serious."

She stared at me, mouth slightly open, "But you just ... you went ahead and did it, as if you'd done it a hundred times before. How do you know what to do?"

It was a good question. How *did* I know what to do, and how to do it? It was not as simple as opening a book and following the instructions. In reality, it was a synthesis of my experiences – good and bad – with many patients. Putting my textbook knowledge into a practical context to solve a new problem.

¹ Bradley RL. Prepubic urethrostomy: an acceptable urinary diversion technique. *Problems in Veterinary Medicine* 1989; 1: 120–127.

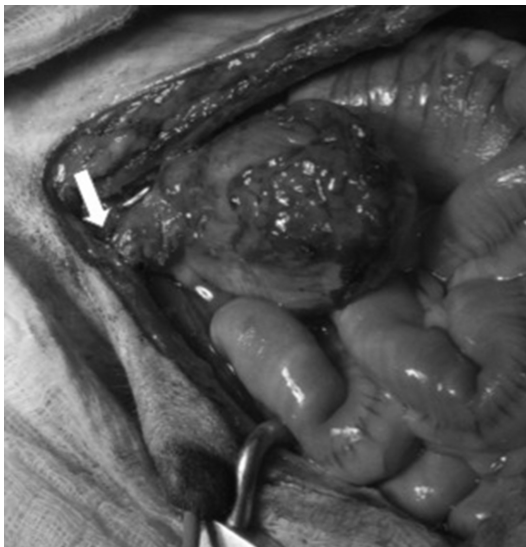


Figure P.1 Prepubic anastomosis of the prostatic urethra to the prepuce (arrow) in a dog following trauma.

I eventually answered, “I have some tricks I learned through the years.”

“Can you teach me?”

Another good question. It took three more years and some careful thinking to answer it, but here goes ...