

Orphaned Kitten Care

Similar to owned kittens, orphaned kittens require proper health, growth, development, and socialization before weaning. Kittens ≤ 4 weeks of age cannot regulate body temperature and must be kept warm via safe measures (ie, to avoid injury or burns). Kittens < 3 weeks of age must have anogenital stimulation for defecation and micturition. If no lactating foster queen is available, kittens must be fed via nursing bottles or orogastric tubes, the proper positioning and placement of which are critical to prevent aspiration. Kittens should be weighed q12–24h for the first 6–9 weeks of age to ensure proper weight gain (~10–15 g/day).

If colostrum is not ingested within 12–18 hours of age, kittens are at risk for failure of passive transfer, predisposing them to fatal illnesses. Failure of passive transfer



may be corrected through healthy adult feline serum administered IP or SC. Overall health must be maintained with parasite control, diarrhea and dehydration treatment, and basic vaccination. Weaning begins at 3–4 weeks of age by increasing canned kitten food mixed with milk replacer; by 6–9 weeks of age kittens can fully eat a dry diet. The stress of weaning can be associated with increased morbidity and mortality.

■ Commentary

High-risk kitten morbidity and mortality periods occur at birth, the first 2 weeks of age, and during weaning, periods which are likely more critical for orphaned kittens. This review provided practical information for management of these vulnerable patients, including specific care, nutritional support, and health management recommendations (eg, keeping good health records, rapidly recognizing illness). This review is a valuable hands-on reference for the practitioner assisting in the management of orphaned kittens.—*Glenn Allen Olah, DVM, PhD, DABVP (Feline)*

■ ■ Source

Playing mum: Successful management of orphaned kittens. Little S. *J FELINE MED SURG* 15:201-210, 2013.

A Novel Approach to Maxillary Nerve Blocks

Anesthetic blockade of the maxillary and pterygopalatine nerves provides analgesia to the nose, palate, maxilla, and upper lip and teeth. This prospective, randomized, blinded, controlled study compared 2 approaches. In the percutaneous method, a needle is inserted percutaneously and advanced into the pterygopalatine fossa, toward the maxillary foramen. In the intraoral deep infraorbital block, a needle is advanced into the infraorbital canal to the level of the first maxillary molar; in this modification an IV catheter (not needle) was used.

Four veterinarians without experience were given written explanations of both approaches. The percutaneous approach used 23-gauge \times 1-inch needles, whereas the infraorbital approach used catheters ranging from 22 gauge \times 25 mm to 20 gauge \times 48 mm. Using methylene blue dye, both techniques were performed on 37 canine cadavers. Dissections were performed and evaluated for accuracy of dye placement and potential for complications.

The infraorbital approach resulted in complete staining of both nerves in 56.7% of cases (compared with 21.6% for the percutaneous approach) with no potentially dangerous dye distributions

observed. Thus, the infraorbital method may be safe and more successful for regional maxillary nerve blocks. Further research is needed to evaluate whether dye study can accurately predict real outcomes.

■ Commentary

When using a catheter supported by an infraorbital approach, if the appropriate length of maxillary nerve was affected, the pterygopalatine nerve was also stained, widening the area of efficacy of the block. Although distribution of local anesthetic in an anesthetized patient may differ from that of the dye at the volume used in this study, the results suggested that the infraorbital approach to blocking the maxillary nerve may be more effective. No complications were noted in this study, but potential for neural and vascular trauma is possible during catheter advancement in a living patient.—*Khurshed Mama, DVM, DACVAA*

■ ■ Source

A cadaver study comparing two approaches for performing maxillary nerve block in dogs. Viscasillas J, Seymour CJ, Brodbelt DC. *VET ANAESTH ANALG* 40:212-219, 2013.

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