Studies show that hand hygiene (HH) is the single most important measure against nosocomial infection in human medicine; however, the compliance rate of good HH practices in human hospitals is low. The current prospective questionnaire study evaluated the HH practices of veterinary technicians (VT) and veterinary support staff (VSS) in 4 small animal specialty hospitals and 14 small animal general practice hospitals. Respondents (n = 182) completed an 11-point questionnaire that investigated their HH habits. Results showed that well under 50% of respondents (41.7%) washed their hands between every patient. Most (85.6%) believed they should be washing their hands more frequently. Hand soap was the most commonly used hand-washing agent (84.6%), and the most common reason for not washing hands more frequently was lack of time (72.5%). Just over half (52.7%) reported being educated by veterinarians about the importance of good HH. The authors concluded that poor HH practices are as common among VTs and VSS as veterinarians and human health workers. Veterinarians should take more initiative in educating staff about proper HH and the risk for nosocomial infection. One limitation of this study was that the questionnaire relied on truthful reporting from respondents; accuracy could not be verified. Further studies of the types of bacteria cultured from the hands of veterinarians, VTs, and VSS are warranted.

Commentary
Results of this study showed that many VSS members are unaware of the risks involved with poor HH, highlighting the need to educate staff on the importance of washing hands. Many staff members admitted feeling that they should wash their hands more often, but did not feel that they had the time to do so, implying that HH is not always prioritized. The combination of educating hospital staff, providing appropriate alcohol-based soap for effective hygiene, and making HH a high priority in established hospital protocols should help reduce rates of nosocomial infection in veterinary hospitals.—Jennifer Ginn, DVM, DACVIM (Internal Medicine)

Source

A Simple Way to Localize Spinal Lesions

This study of 41 dogs with thoracolumbar spinal cord injuries evaluated the accuracy of the cutaneous trunci reflex to localize lesions and assess the correlation between focal loss of the reflex and injury severity. Thoracolumbar spinal injuries are commonly assessed on a scale of 0–5, but this scale does not allow for gradations within dogs with ambulatory paraparesis. A 14-point grading scale provides more detailed prognostic information, but necessary video gait analysis limits its utility.

In this study, cutaneous trunci reflex cutoff was seen in 33 (80%) dogs at 0–4 vertebrae caudal to the maximal spinal lesion. Lesions were identified on MRI; in 16 (48.5%) dogs, the lesion was either 2 or 3 vertebrae caudal to the lesion. Reflex cutoff occurred at less severe grades than did ambulatory paresis. In addition, in dogs with ambulation loss, there was a significant positive correlation between loss of the cutaneous trunci reflex and more severe clinical grades. Loss of cutaneous trunci reflex may classify dogs with ambulatory paresis into more or less severely affected groups, allowing for more ability to localize lesions and further prognostic information.

Commentary
This study demonstrated that the cutaneous trunci reflex is relatively accurate and can help localize the lesion in the T3–L3 region of the spinal cord. If the cutaneous trunci reflex is present at L6, there is no need to proceed cranially because the entire pathway is intact. Although this study showed that the cutaneous reflex was elicited in all patients tested, lack of cutaneous trunci reflex can be observed in normal patients. Although there was a fairly wide range of cutoff locations compared with maximal lesion location, other examination findings (eg, presence of spinal pain) can be used to further localize the lesion. Unilateral cutaneous trunci reflex cutoff can also help localize the side of the lesion, which can be useful in deciding where to perform surgery.—Mark Troxel, DVM, DACVIM (Neurology)

Source