



ANZCVS  
VET SCIENCE  
WEEK 2026

# PRE-CONFERENCE WORKSHOP

# Small Animal Surgery

GOLD COAST CONVENTION & EXHIBITION CENTRE  
THURSDAY 23 JULY 2026

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## What could go wrong? Everything I wish I knew 40 years Ago



Thursday 23 July 2026  
8:30AM to 5:00PM



\$750.00



Gold Coast Convention &  
Exhibition Centre

Dr. Bryden J. Stanley

BVMS MVetSc  
MANZCVS DACVS



### Who Is This For?

This day is developed for specialists, small animal surgery residents and advanced practitioners of small animal soft tissue surgery.

### About the Presenter

Dr. Bryden Stanley is Emerita Professor of Surgery and Honorary Alumnus of Michigan State University. She graduated from Murdoch University in the 1980s, and has had an international career spanning Australia, Europe, Canada and USA.

She has a long-standing passion for veterinary education and research. A world-recognised soft tissue surgeon and Chair of the American College of Veterinary Surgeons, her research has advanced our understanding of upper respiratory surgery and wound healing.

Known for pairing intellectual rigour with a wicked sense of humour, Dr Stanley brings science, surgery, and storytelling together in a way that makes complex topics both accessible and memorable.



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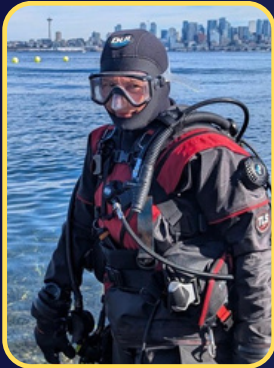
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|             |                                                                                 |
|-------------|---------------------------------------------------------------------------------|
| 08:30-09:30 | Laryngeal Life Hacks                                                            |
| 09:30-10:30 | Airway Endgame – Salvage Techniques for the Airway                              |
| 10:30-11:00 | Morning Tea                                                                     |
| 11:00-11:30 | Wounds, Wonderful Wounds – Management Tips                                      |
| 11:30-12:00 | The Gaping Truth – Navigating Dehiscence (don't blame the fibroblasts)          |
| 12:00-13:00 | The Four P's of Cutaneous Reconstruction Tips (patience, periwound, plan, play) |
| 13:00-14:00 | Lunch                                                                           |
| 14:00-15:00 | The Bottom Line – Optimising Outcomes Down Under                                |
| 15:00-16:00 | Oops.                                                                           |
| 16:00-16:30 | Afternoon Tea                                                                   |
| 16:30-17:00 | Ambulance at the Base of Cliff or Fence at Top?                                 |

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## What Could go Wrong? Everything I wish I knew 40 years ago

### What You'll Learn

- **Laryngeal Life Hacks**

This session focuses on the intricate functional anatomy of the upper airway, from the nares to the cricoid, including evaluation of laryngopharyngeal function. We will cover less common upper airway conditions, including epiglottic retroversion and soft palatal hypoplasia. Now that we are treating many brachycephalic patients, the discussion will address intra-operative challenges and tips. It will also detail protocols for managing issues such as regurgitation, aspiration, webbing, and stenosis, along with other complications that may arise.

- **Airway Endgame – Salvage Techniques for the Airway**

Sometimes upper airway disease cannot be addressed through per os techniques. This discussion will cover the lateral and ventral approaches to the larynx, for pharyngeal and laryngeal tumors, resection of intraluminal masses, scar tissue and other indications. We also describe the permanent high cricotracheostomy as a salvage technique to bypass the upper airway.

- **Wounds, Wonderful Wounds – Management Tips**

Managing complex traumatic wounds presents significant challenges, especially traumatic injuries with extensive, full-thickness skin loss. Immediate closure is not advisable in most cases of extensive wounding, due to contamination, undeclared loss of perfusion and periwound insult. After addressing life-threatening issues and stabilizing the patient, four main tenets of open wound management comprise: cleansing of wound and periwound skin, débridement of devitalized tissues, copious lavage with moderate pressure, and providing the optimal dressing for the phase of wound healing

- **The Gaping Truth – Navigating Dehiscence (don't blame the fibroblasts)**

Dehiscence is defined as the breakdown of layers of a surgically closed wound, and can be partial or total, deep or superficial. We should always try to determine underlying cause of dehiscence, which involves re-examination of the patient and exploration of the wound. Following careful cleansing and liberal lavage, most dehisced wounds benefit from a short period of open wound management before re-closure. Definitive re-closure typically employs an additional reinforcement technique. Although it is always disheartening to be presented with a dehiscence of your own reconstruction, it is a great opportunity to learn from the experience and think what may have avoided or mitigated this consequence. On the plus side, many revisional closures heal more quickly than a fresh closure.

- **The Four P's of Cutaneous Reconstruction**

Wound closure (whether iatrogenic or traumatic) can be challenging due to a number of factors – size, location, patient and owner compliance, comorbidities, and financial concerns. The aim of reconstruction is to ensure that the patient can be pain-free and functional in a timely manner. As such, optimal decision-making regarding a closure technique is essential, as a sub-optimal decision will lead to a longer and more complex healing process and potentially catastrophic outcome (which we should also always be prepared for). This discussion will focus on different closure options (tension-relief, skin flaps, free grafts), the timing of closure, and some newer modalities that augment healing.

- **The Bottom Line – Optimizing Outcomes Down Under**

I will endeavor to cover some tips learnt over the years for addressing perineal hernias, including those with significant abdominal content caudal translocation. We will also discuss the utility of muscle flaps that can be employed either in addition to, or instead of, the internal obturator. The process of performing a careful and appropriate perineal urethrostomy (PU) will be outlined, and the approach to a failed PU, including revision and the wonderful salvage technique of the transischial urethrostomy.

- **Oops.**

You will be sick of hearing my voice by this stage of the afternoon, but this is fun and covers so much of what I wish I knew back before you were all born! We will cover roughly ten tips which will aim to improve your overall competence, confidence and approach to surgery. How to move forward after a major mistake (and without doubt, mistakes are inevitable) and how to learn from our unfortunate choices or poor judgements. Here is a personal set of standards, protocols and guidelines that will hopefully minimize complications and optimize clinical outcomes in the soft tissue surgical arena.

- **Ambulance at the Base of Cliff or Fence at Top?**

So, by now, we are getting pretty close to gin & tonic time (good for malarial prophylaxis). This is a very lighthearted and shorter talk on the history of the evolution of the surgical safety checklist (based on Atul Gawande's book, The Checklist Manifesto). It starts with the plane crash in 1935 that motivated a group of test pilots to develop an aviation check list... which then led into the building industry... and eventually, after a shocking 70 years, finally was introduced into the surgery profession. The checklist has saved my bacon several times, and I consider it mandatory.