

DBPR vs. Hamici
DPBR CASE NO: 2015-018347

Personal Statement:

On 2/14/15 Ms. Shelli Connelly took her six dogs, Hannah, Henry, Tucker, Dakota, Gus Gus and Domino to Old 41 Veterinary & Emergency Clinic for an appointment to have dental prophylaxis (Hannah only needed a nail trim, therefore not examined). In her complaint Ms. Connelly states that she had an 8:30 am appointment but Dr. Hamici didn't show up till 10:30 am. Ms. Connelly states that her primary veterinarian had diagnosed Gus Gus and Domino with cardiac disease but were no longer on medication. This notation of not being on medication was not noted in either of their medical records. During this intake process (or at the time the appointments were made) no one seemed to feel it necessary to contact Ms. Connelly's primary veterinarian and request a copy of their medical records to determine their health history.

According to her complaint, once Dr. Hamici examined all the dogs involved, she states that Dr. Hamici informed her that he would "gas" the dogs by placing a mask over each dog's nose. She states that he told her that this was the safest method and that it would allow the dogs to recover faster. According to the records provided Dr. Hamici noted that Ms. Connelly was insistent and that she was the one who only wanted the dogs to be induced by gas anesthesia. To me this he said she said is irrelevant, Dr. Hamici is supposed to be the professional and should have used a proper anesthetic protocol on each dog. Secondly Ms. Connelly is not a veterinarian or a veterinary technician, it is hard to believe should would know what a safe protocol is and what not (gas induction).

Following his examination according to the medical records he recommended bloodwork on all pets and a cardiac workup for Henry, Domino and Gus Gus. Ms. Connelly in her complaint denies that these were offered. She also states that the surgical consent forms when she signed them made no mention of bloodwork or cardiac workups as they now currently show.

Dr. Hamici chose to gas down each pet with only isoflurane and oxygen. Dr. Hamici chose to provide no pre-medications, or induction agents as would be standard in modern veterinary medicine. According to the 3rd edition of *Anesthesia for the Pet Practitioner*, a model protocol (for cardiac patients), would include the premedication of Midazolam, pre-oxygenate for 5 minutes with 100% oxygen, induction with propofol then intubation. It also recommends IV fluids and continuous ECG. None of these were done. Was this just pure laziness or incompetence in modern anesthesia?

DBPR vs. Hamici

DPBR CASE NO: 2015-018347

Dr. Peter Hellyer, DVM, MS, DACVA presented the topic of **Induction of Anesthesia**, at Western Veterinary Conference, 2002, and noted, "Premedicating the animal prior to induction of anesthesia helps to decrease or eliminate the excitatory phase." He further states that the high doses of mask anesthesia for induction are "deleterious to the cardiopulmonary systems resulting in marked hypotension and hypoventilation".

Mask anesthesia is also a potent workplace hazard as demonstrated in the journal *Lab Animal*, July 2011; 45(3): 191-5. *Occupational exposure to isoflurane during anesthesia induction with standard and scavenging double masks in dogs, pigs and ponies.* This lack of anesthetic awareness and wasted anesthetic gas is a possible violation of OSHA laws as well.

Dr. Hamici failed to note the times of his examination and when he started and finished each procedure. Dr. Hamici also failed to chart the degree of dental disease, and pathology or anything else that would be considered relevant to the medical records. During these dental procedures, the dog Domino went into cardiac arrest at some unknown time as a direct result of Dr. Hamici's poor anesthetic protocol. At some unknown time Dr. Hamici began doing CPR on Domino for what looks like five minutes. At no time during this period did Dr. Hamici give Domino any drugs to help in the resuscitation of Domino as would be warranted and standard. Following the death of Domino he then proceeded to move on to Ms. Connelly's next pet. At no time did Dr. Hamici attempt to contact Ms. Connelly about the death of Domino. To me this is not only unprofessional but unconscionable. Never would I just move on and begin the next procedure on any pet without contacting the owner after an unfortunate incident.

Dr. Hamici did move on and proceeded to again mask down (at an unknown time) a dog with a history of cardiac disease, Gus Gus. This dog, like Domino also suffered a cardiac incident, again directly related to the poor anesthetic protocols of Dr. Hamici. At some unknown time Gus Gus stopped breathing, Dr. Hamici writes that he took Gus Gus off isoflurane and on 100% oxygen again at some unknown time. At some unknown time Dr. Hamici writes that he began CPR on Gus Gus and was able to revive him. Dr. Hamici then at some unknown time they gave Gus Gus 100cc NaCL SC and an unknown amount at an unknown time an injection of Vitamin B Complex. Why B complex? What cardiac properties does Vitamin B contain for emergency usage? Would not Atropine be a more appropriate drug in an emergency situation like this?

The death of Domino and the subsequent hypoxic injury and ataxia in Gus Gus most likely could have been avoided if Dr. Hamici had used a proper anesthetic protocol. None of these dogs were premedicated, none of these dogs were properly induced and in the case of Domino and Gus Gus were not recovered properly. Anesthetic death is always a possibility in any patient and because of this we try to limit this by proper premedications and proper induction drugs. Dr. Hamici consciously chose to do none of these things.

DBPR vs. Hamici
DPBR CASE NO: 2015-018347

Dr. Hamici's poor and substandard anesthetic protocols, in my opinion, led to the direct death of Domino and the subsequent hypoxic damage in Gus Gus. Dr. Hamici, a veterinarian already on probation, also failed to meet the minimum requirements set forth by the Board in relation to documenting injection times and concentrations.

Scott Richardson, DVM
Tallahassee, FL