BRACHYCEPHALIC PATIENTS STENOTIC NARES SOFT PALATE RESECTION







Because of many years of bad breeding, <u>Brachycephalic</u> breeds (Bulldogs (all types), Boxers, Shih tzu's, pugs, Boston Terriers, Pekingese, etc.) can have trouble breathing because of their abnormal anatomy (short nose, closed nostrils, elongated soft palate (extra tissue) within the throat, small windpipe). Many brachycephalic dogs have a difficult time breathing under normal conditions, and they are more susceptible to life threatening episodes from even minor stressors such as heat, excessive weight, or the anxiety induced by a simple trip to the groomer or a veterinary hospital.

Sometimes surgical intervention (opening the nostrils, removing the tissue in the soft palate, or removing the everted saccular tissue near the tonsils) can increase the pet's quality of life and decrease the likelihood of catastrophic consequences.

<u>Stenotic nares</u> (closed nostrils) & <u>Soft palate correction</u> (removal of the excess soft tissue on the palate occluding the airway opening) correction are both a relatively simple and quick surgical procedure that can provide immediate relief for the patient.

Stenotic nares repair and soft palate evaluation can easily be added-on to an elective spay/neuter or performed as a stand alone procedure.

Soft palate correction can be combined with stenotic nares repair, and laryngeal sacculectomy however, it is **not recommended** to combine all 3 procedures with another elective surgery [ie: spay/neuter] due to the more invasive nature and increased risk of swelling or bleeding post-soft palate correction surgery.

Potential complications of soft palate surgery and saccule removal can be emergent and severe, leading to additional procedures such as a temporary tracheostomy, prolonged hospitalization while remaining intubated, or other devastating consequences.

It is **ALWAYS** recommended patients stay overnight at a 24-hour facility for monitoring the first 24-48 hours post-operatively.

Potential Complications associated with Surgical Repair

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Anesthetic Death: 1 %

Mortality as a result of an anesthetic episode can occur even in humans. We have extensive monitoring equipment to prevent this from occurring, but unfortunately it can still happen.

Infection: 2.5 %

Infection occurs in a small number of patients and results usually from introduction of bacteria into the surgical wound from the skin of the patient. The incidence of infection ranges from about 2.5% to about 30% depending on the type of surgery and condition of the patient. Infection can usually be managed effectively if addressed early. If you see signs of drainage, discharge, excessive swelling, progressive lameness or pain, please see your vet or us immediately.

Recurrence of Signs: 5 % - potentially due to progressive laryngeal collapse

While the intent of the surgery is to correct the problem, there is a chance that clinical signs will recur due to progression of the disease, pre-existing causes or failure of the procedure.

Emergency tracheostomy: < 5 %

Some patients develop severe swelling of the upper airway following surgery. Despite preventative measures, this can result in complete closure of the upper airway. In such cases, an emergency tracheostomy is required to place a tube in the trachea (windpipe) so that the patient can bypass the swollen upper airway. These tubes remain in for approximately 2 days whilst the swelling subsides, and remain in hospital for this time period. Once the swelling subsides, the tube is removed and the wound on the neck is allowed to heal over 2-3 weeks.

For more information about soft palate resection please visit the following website(s)

- Brachycephalic Syndrome by ACVS (American College of Veterinary Surgeons)
- Staphylectomy in Dogs by Wag!
- Laryngeal Sacculectomy in Dogs by Wag!

Be sure to also read the article written by Dr. Lisa Mausbach on <u>Brachycephalic Patients - Anesthesia & Surgery</u>.