



## **Post-operative care for patients after airway surgery**

This information sheet deals with the common surgeries performed on brachycephalic dogs, the “flat-faced” breeds like bull dogs, pugs etc. These patients often present with respiratory difficulties, and it is often breathing in that causes more problems than breathing out. These dogs may even have a history of collapse when they are hot, excited or exercised. They usually have obvious loud breathing sounds. The goal of the surgery is to improve the patient’s tolerance of exercise and excitement, though the noises are often improved too.

Airway problems that are addressed surgically usually involve one or more of:

**The nostrils;** these may need widening.

**The soft palate;** this may be too long, and may need shortening

**The larynx;** soft tissue pockets in the larynx can evert, partially occluding the airway. These may need to be removed. In more extreme cases, we may need to bypass the larynx altogether with a “tracheostomy” but this is beyond the scope of this information sheet.

**The trachea;** this may be too narrow over some or all of its length. We consider any surgery to address this problem to be a specialist procedure and having identified this problem (with scoping etc) we would then refer these cases onwards for specialist attention.

**Medication:      Antibiotics:**      We may dispense claviseptin (tablets given twice daily)

**Anti-inflammatories:** We may dispense steroids such as prednisolone (tablets, given by mouth), or non-steroidal anti-inflammatory drugs like carprofen (tablets given twice daily), or meloxicam (a liquid given once daily). These are given with food for about a week. They occasionally cause vomiting or diarrhoea, in which case prompt advice should be sought.

**Analgesics:**      We may dispense tramadol, (tablets given twice daily) for 5-7 days.

**Wounds;** with the exception of the nostrils, sutures will not be visible. Any sutures can be allowed to fall out on their own. It is impossible to stop dogs licking their noses, so collars are not required!!

**Rechecks** a few days after discharge may be with your own vet to save un-necessary travelling. We can do this check-up where travelling is not an issue. All our post-op check-ups are free under our “fixed price” schemes. We would like to see all cases back 2-3 weeks post-operatively when we can remove sutures/staples and check that all is going to plan.

**Restricted activity should be enforced for two weeks** to avoid over exertion and heavy breathing while healing occurs. Walking exercise on a lead a few times a day is allowed.

**Excitement and barking should be avoided** wherever possible during first month or two

**Hot weather which can cause stress and panting should be avoided**

**Food and water:** Try to get your pet to eat slowly and steadily rather than gorging in the first week or two after surgery. Consider limiting the amount available at one time. Food with the consistency of meatballs that stays in a lump when squeezed without exuding liquid is easiest for these patients to swallow. Dry food is an alternative but liquid food should be avoided (eg gravy). It is a good idea to be present during feeding, especially if using dry food in the unlikely event of some lodging in the airway. Avoid feeding your pet with other animals around, as feeding competition is likely to encourage overly rapid intake of food. Water may initially need to be given in small volumes, offered frequently to prevent excess coughing in some dogs. The aim is not to limit the water intake. It is to limit the speed at which water is consumed.

### **Complications**

Some retching/gagging/coughing may be seen for a few days after surgery.

**For further advice please contact us by phone on 07944 105501 or at [mail@wm-referrals.com](mailto:mail@wm-referrals.com)**