



Policy relating to surgery on brachycephalic breeds with respect to airway and other surgeries

(Last updated March 2021)

The prevalence of brachycephalic breeds (short nosed breeds) like Bull Dogs, Pugs, Pokes, and French Bull Dogs is ever increasing. The short nose, found attractive by many, unfortunately comes at a clinical price: The airway is not optimal in these breeds with many struggling to breath normally, especially when excited or when stressed or in hot weather. The snorting / snuffling sounds that they make indicates soft tissues causing some obstruction to the normal flow of air in and out of the lungs. To a greater or lesser extent, many of them struggle to breath normally.

We do offer airway surgery which requires general anaesthetic (GA). Various surgical techniques may be applicable such as nostril widening, soft palate shortening, and excision of everted laryngeal saccules. Some of these dogs have a narrow trachea (windpipe) which can't be corrected, or tracheal collapse which is not within our scope of service to be able to address.

While we see a very large number of patients of these brachycephalic breeds for elective airway surgery, emergency airway surgery, and for problems completely unrelated to brachycephalic airway problems (e.g., fractures, cruciate ligament, and patella problems), we ask that all brachycephalic breed owners clearly understand the following key points ahead of surgery:

- No GA is ever completely safe, and the risk of anaesthetic problems including death is unquestionably significantly increased in brachycephalic breeds.
- This is still the case even if the patient has not appeared to the owner to have restricted activity and exercise tolerance prior to GA and surgery.
- We have had occasional cases where brachycephalic patients have come in for "routine" procedures un-related to airway surgery, have recovered from the anaesthetic and have then gone into a crisis and required emergency airway surgery.
- GA requires intubation – the passing of a tube into the trachea to deliver oxygen and anaesthetic gas, and the processes of intubation/gas delivery do have inflammatory effects that can push "marginal" airway function over the edge, leading to such patients decompensating and struggling to breath post-GA.
- We offer a very professional and modern anaesthetic care regime with monitoring that would be the envy of many practices, but we aren't an RCVS-Specialist-led service, and we don't have Specialist anaesthetists in our team.
- We have over-night on site nursing care in the week, but we don't have vets on site overnight.
- If patients are found to have breathing problems post-op, transferring them soon after anaesthetic recovery to another hospital where there is over-night veterinary surgeon staffing may not be risk-free. Moving a patient that is stressed, confused after GA, and struggling to breath does risk deterioration in transit and even death in transit.
- So, the safest option is to have the GA and procedure at a clinical centre where there is on-site intensive care unit (ITU) such as the Willows Referral Service in Solihull. Even such sites do have a number of brachycephalic patients that, despite gold standard care, have difficult recoveries from GA and surgery, and the occasional post-GA/post-surgical death.
- Many clients, even insured clients, struggle to fund such "gold-standard" Specialist-led care. In this case we quite understand that the level of care that we can offer may well be the best that can be afforded and care from us is still very likely to be in the patient's interests. But it is important for the clients to clearly understand that such decisions to avoid the more expensive Specialist-led services with ITU on site are financial decisions and will not always end happily. Even though no one wants to think of any decision relating to their pet as being limited by money, this is the reality of the world we live in.