

INFORMED CONSENT FOR BRACHYCEPHALIC BREEDS

Introduction

Brachycephalic obstructive airway syndrome (BOAS) is a combination of upper airway abnormalities that can cause partial obstruction to a dog's breathing. Breeds affected include shorter nosed dogs such as English Bulldogs, French Bulldogs, Pugs, Boston Terriers, and many other breeds. The shorter than average nose and face in proportion to their body size can cause problems for these breeds at times. The potential negative impact of heat, exercise, and stress (including veterinary hospital visits) cannot be over emphasized.

Overview

Several anatomic factors have been identified as components to BOAS.

- **Elongated Soft Palate:** The soft palate is the soft tissue that lies behind the hard palate on the roof of the mouth at the opening of the airway (trachea). When the soft palate is too long, it can interfere with air movement, resulting in increased noise and respiratory distress.
- **Stenotic Nares:** The term "stenotic" refers to a narrowing or inadequate opening of the entry to the nasal passage. When a dog's nostrils are narrow or collapse inward during breathing, airflow is decreased, forcing patients to breathe through the mouth.
- Laryngeal collapse: As a result of increased work of breathing, with time, the laryngeal cartilages that hold open the entrance to the trachea (windpipe) can weaken and collapse. There are three stages to this collapse; stage I is present in most brachycephalic dogs but can progress to the more advanced stage II, or III. Your dog's risk of complications increases with increasing stage of laryngeal collapse.
- Patients typically have more than one of these conditions. Additional complicating factors can include hypoplastic (underdeveloped) trachea, laryngeal dysfunction, nasopharyngeal stenosis, macroglossia (enlarged tongue), hiatal hernia or other alterations in gastrointestinal anatomy, and regurgitation. Generally, the severity and type of abnormalities present are not determined until a complete airway evaluation is performed immediately prior to anesthesia.

Sedation and Anesthesia

While sedation and anesthesia are commonly performed in brachycephalic breeds, these procedures are not without risk. In addition to the standard preanesthetic and surgical checklist, additional presurgical precautions are taken with brachycephalic breeds, and may include prolonged fasting, prokinetic drugs, antacids, additional sedation, additional vascular access and possible transfer to a 24-hour veterinary hospital for recovery in the intensive care unit for respiratory monitoring.

Brachycephalic Consent Form

Brachycephalic dogs are considered a high-risk population for hospitalization, anesthesia and/or surgery. Risk factors that can affect outcome and should be discussed include:

- 1. English or French Bulldog
- 2. Previous airway surgery
- 3. If additional surgical procedures are planned during anesthesia for BOAS correction (including elective neutering)
- 4. Body condition score (assessment of appropriate body weight)
- 5. Level of respiratory distress at the time of admission to the hospital
- 6. Body temperate at the time of admission to the hospital
- 7. Difficult eating including gagging, vomiting, and regurgitation



Authorization for Treatment Checklist (initial next to each line)

- I grant permission for my pet to undergo general anesthesia/sedation/hospitalization.
- I am aware that my pet has an increased risk of Brachycephalic Obstructive Airway Syndrome, and I am aware that BOAS increases the risk of complications associated with sedation and anesthesia.
- I am aware that if my brachycephalic pet undergoes sedation or general anesthesia the potential complications include partial or complete airway obstruction during recovery and regurgitation/vomiting, which could lead to aspiration pneumonia/respiratory distress.
- I am aware that anesthetizing or sedating a brachycephalic animal for any reason can lead to the development of significant complications. In rare circumstances, these complications include **possible need to transfer to a veterinary hospital that provides 24-hour care**, prolonged hospitalization in the intensive care unit, and temporary tracheostomy tube placement. These complications and possible further aftercare are not covered under the estimate for the original surgery and would be at your expense.

I have been well-informed by my primary veterinarian regarding potential complications associated with brachycephalic obstructive airway syndrome.		
Client's signature	Client's phone number	Date