

Post-operative Information: Brachycephalic Obstructive Airway Syndrome Surgery (BOAS)

Your pet has had surgery to decrease the anatomical blockage of his or her airway associated with Brachycephalic Obstructive Airway Syndrome (BOAS). This obstruction is common with shorter-faced pets. This may involve enlarging the nares (nostrils), and/or removing extra tissue from the back of the mouth as it enters the throat. Most pets are at some risk for aspirating fluid into the lungs and developing pneumonia. (This complication may occur in up to 20% of patients, but can resolve with early and aggressive treatment.)

ACTIVITY RESTRICTIONS

- Please keep your pet in a comfortable, safe indoor location with no free access to stairs for the initial 24 hours following the procedure.
- Keep your pet cool and quiet for the next 6 weeks. You may take your pet for 5 minute walks in cool weather during this restricted period.
- If the nares (nostrils) were enlarged, your pet may not paw at the face or rub it on the ground.

INCISION CARE & MONITORING

- The small visible sutures in the nostrils will dissolve after a few weeks, but they need to be left alone.
- Please monitor the nares incisions area daily for the following signs:
 - Gapping or drainage—please call if noted.
 - Irritation/itching—please prevent scratching of the incision. Use an E-collar to prevent scratching at the nose.

RECOVERY MONITORING & COMPLICATIONS

- When your pet initially comes home, please count his/her breathing rate and take his/her rectal temperature, both when resting. This will be your baseline for comparison as you monitor your pet's recovery.
- Aspirating fluid, that is regurgitated up from the esophagus/stomach, into the lungs is a common complication of this disease and post-operative course. If aspiration occurs, the early signs are 1) increased body temperature, 2) increased breathing rate and effort, 3) loss of appetite and 4) lethargy; you may also hear and see a deeper, moist sounding cough.

Please call and return for a progress exam immediately (or go to an emergency hospital if overnight or weekends) if you notice these changes. The earlier we catch aspiration pneumonitis/pneumonia, the easier it is to treat; this can be a life-threatening complication.

- You may expect some light coughing with drinking and eating after surgery. This will usually diminish with time.
- You will hear a louder than normal breathing sound when panting, but it should be quieter than his/her pre-operative status.
- It may be several days before your pet defecates (poops) due to medications given related to the surgery.

PROGRESS EXAMS

- Please return for progress appointment with your veterinarian in 10-14 days. All sutures will dissolve, and do not need to be removed in most cases.
- They will assess your pet's healing and recovery, examine any incisions, and address any questions you may have at that time.

FEEDING

- Do not feed your pet after surgery until he/she is clearly awake and moving around normally (12-24 hours).
- To prevent stomach upset and possible vomiting, feed your pet his/her normal food. If it is dry kibble, soak it until soft and mushy to make it easier to swallow. Some pets will need help eating initially when their throats are sore after surgery; you can form the dog food into meatballs and feed one at a time. Have them standing up when you feed and encourage them to walk around during and after eating; this will help stimulate their gastrointestinal tract to move food along normally and reduce the chance of vomiting or regurgitation.
- There are various opinions among veterinary professionals and pet owners regarding the best way to feed a patient recovering from airway surgery like this. No scientific studies have clearly demonstrated the best approach; we must rely on common sense and an individual patient's response to eating to determine what is right for them.
 - It is recommended to feed canned food or moistened dry food (soak 5 minutes in water) shaped into "meatballs" by hand for 2 weeks. Feeding your pet by hand may prevent large mouthfuls of food. There may be less chance of food getting caught in the throat.

- Elevating your pet's food and water dishes to a height such that he/she does not need to bend over to eat and drink may prevent the “tossing” of food and water to the back of the throat to be swallowed; there may be less chance of food and water getting caught in the throat. This position also may prevent regurgitation of stomach liquids during a “head down” position.
- Feeding from a ground-level position may allow food that becomes caught in the back of the throat to fall out easier.
- Some dogs are very fast eaters; this behavior may predispose to food getting caught in the throat. Slow down their eating with simple changes, such as feeding smaller amounts in multiple bowls and locations, or more frequently.
- Patients with an additional known or suspected esophageal abnormality (commonly seen with laryngeal paralysis) should be fed while in a very upright position, i.e. standing on back legs or sitting up on haunches in “begging” position. They should remain in this position for up to 30 minutes to prevent regurgitation of stomach fluids. Please discuss a feeding routine with your veterinarian if esophageal problems are suspected.

LONG TERM LIFESTYLE

- Even with this surgical airway correction, you should consider your dog to have a compromised, poorly functioning airway. *Avoid strenuous activities, especially during hot weather, for the rest of his/her life.* Dogs must pant to cool themselves; dogs with obstructive airway disease may not be able to cool themselves adequately (even after surgical correction) and can experience heatstroke and breathing crisis.
- Over the long term, you should *use only a chest harness for restraint when walking your pet.* Please do not restrain with neck collar; a collar may be used for identification.
- Ideally, maintain your pet’s weight near normal his/her whole life. Any breathing condition can be made worse with excess chest and abdomen fat; less body fat will relieve some of this breathing stress. Good parameters to monitor body condition are: 1) you should be able to feel the ribs and pelvic bones, but not see them; 2) your pet should have an “hour glass” figure when viewed from above looking down; 3) your pet should have a tucked up belly when viewed from the side.
- The majority of owners are very pleased with the outcome of surgery for BOAS. Your dog will need to be monitored for signs of aspiration pneumonia for the rest of his/her life and some modifications in activity may be necessary. Most importantly, your pet should now be able to breathe more easily and live a more comfortable lifestyle.

Prepared by CITY OF LAKES VETERINARY SURGERY