A week of "FABULOUS FRENCHIES"

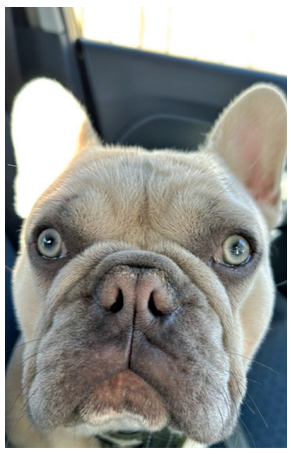
Dr Steve Heap recently saw two super wee Frenchie puppies that required his surgical expertise - Arlou at 9 months old and Winnie at 9 weeks old. Arlou was operated on for BOAS surgery (Brachycephalic Obstructive airway surgery) and Winnie was admitted as she'd torn her third eyelid playing with an older Labrador in the family.

Thanks to Steve and his nursing team, both had EXCELLENT surgical outcomes.

Just a few fun FRENCHIE Facts…….

- As you'd think the name suggests, French Bulldogs DO NOT in fact come from France. The breed originated from small Bulldogs bred in Nottingham in the UK. They became popular with French Lace workers who took them back to France.
- Their most distinguishing feature are their upright "Bat Ears"
- They are terrible swimmers due to their large head, compact body and heavy front end. A Frenchie needs a life-vest and a lifeguard on standby if swimming is attempted.
- They overheat more quickly than other breeds due to their short muzzle making panting less efficient.
- They have a surprising amount of "pulling strength" for a small dog due to their wide chests
- They have an unusual rolling or waddling gait due to their broad chest and short legs
- They are excellent snorers and sleep in ridiculous positions like upside down, feet in the air and hanging heads over chairs.
- They were not bred as working dogs, rather human companions
- They are facially expressive, very stubborn, food obsessed and can be quite lazy

Arlou presented as a chronic snorer who had periods of sleep apnoea. He exercised with his mouth open and Steve noticed he had bilaterally narrowed nostrils. If these at risk dogs aren't surgically operated on before the disease worsens, they can present with severe laboured breathing, cyanotic and collapsed, basically a respiratory crisis requiring emergency treatment.



Pretty Arlou pre surgery - notice her closed nostrils

Steve operated on Arlou to improve airflow and oxygenation to his lungs. He had **stenotic nares,** which are congenitally small nostrils that can collapse as the dog inhales. Once Steve had anaesthetised him, he identified an **elongated soft palate**, which causes obstruction of airflow into the larynx, so this was shortened as well during surgery.

Drs Steve & Connor Heap assessing his soft palate

BOAS can be treated conservatively in some patients with maintenance of a healthy weight, use of a harness instead of a collar and minimising panting (reduced stress, leash exercise and avoidance of excessive heat). Severe cases require surgical correction. Earlier intervention leads to better outcomes for the dog.

Arlou anaesthetised and carefully positioned for BOAS surgery

The anaesthetic and surgical set up for Boas require careful planning as these patients have a much higher anaesthetic risk than dogs with normal conformation. Add into the mix an obese Brachycephalic and the risk increases by another 40%. Avoiding stressful clinic situations and anxiety before the surgery is paramount. Careful selection of your anaesthetic drugs and doseages and pre operative nebulisation improves patient outcomes. Many other drugs are used to prevent reflux and vomiting post surgery. Post operatively a dedicated surgical nurse sits with the patient until they are fully awake and breathing easy. It is also important to be skilled as a surgeon in BOAS to avoid long anaesthetics and improve surgical outcomes. The correct surgical equipment, lighting and magnification with surgical loupes makes surgery easier.

Arlou breezed through his surgery and recovery period like a pro. At his post surgical check up with Dr Connor Heap, his snoring was basically undetectable and he was breathing so much easier through his nostrils.

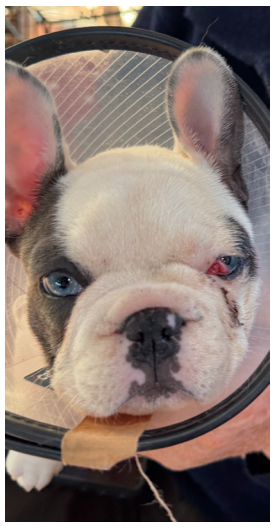
9 week old Winnie before the surgery

Winnie was referred to us late on a Friday night from the country, with a large tear in her left 3rd eyelid, due to accidental play gone wrong with the other dog in the family. She was so cute and brave and it was pretty obvious Steve would need to surgically operate.

The 3rd eyelid has many important functions so needs to be preserved at all costs. It protects the cornea from dust, grass, dirt and trauma. It helps spread a tear film across the eye and it contributes roughly 30-50% of aqueous tear production in dogs. Surgical removal of part of this gland can decrease tear production leading to KCS (dry eye) which requires life long topical medications. It also forms part of the immune defence system in the eye.

The torn left 3rd eyelid

Winnie was prepped for surgery on the Saturday morning and Steve did an immaculate job at repairing the 3rd eyelid flap. She breezed through a surgery at 9 weeks of age and hasn't looked back. Eyes are very unforgiving and this sort of surgery couldn't have been left longer than 24 hours due to the devitalisation of the traumatised tissue. We are so lucky at McMaster & Heap that Steve Heap will operate 7 days a week, whatever is in the best interest of the patient.



2 days post surgery looked settled and comfortable.

I guess the first take-home message here is NOT to wait if you have an ocular emergency. There is a much better surgical outcome for the patient if Dr Steve Heap gets to the eye sooner.

The second piece of advice is to get your Brachycephalic puppy examined by a vet who understands and performs BOAS surgery, between 6-12 months of age. These puppies that get surgery early on in their life, have a much happier, healthier life where they can actually breathe and exercise normally. We have two surgeons at McMaster & Heap who routinely perform these surgeries.

Dr Michele McMaster

Post op wearing her Elizabethan collar