

THE FACTS ABOUT BACKS

DVSC – Setting the Standard for Surgical Care



Introduction

Intervertebral disk disease (IVDD) is a very serious and common disease seen in thousands of dogs every year. The surgeons at the Dallas Veterinary Surgical Center (DVSC) want to have the best possible results with treatment of your patients with IVDD.

The following information is provided to clarify some common questions concerning IVDD. While there may be exceptions, the following are offered as general guidelines.

Progression of clinical signs of IVDD occur in an orderly fashion:

1. first back pain,
2. followed by ataxia and loss of proprioception,
3. loss of the ability to walk but maintaining motor function,
4. loss of voluntary motor function, and
5. loss of pain sensation.

A dog that can walk has to have pain sensation. These signs return in the reverse order in the recovering patient.

Reflexes

Patellar, sciatic, panniculus, and withdrawal are reflexes, controlled by a lower motor neuron arc.

The presence or absence of spinal reflexes only localizes the lesion and does not indicate the degree of cord damage or prognosis.

Dogs can have complete disruption of spinal cord function and still have reflexes, particularly withdrawal. Therefore, withdrawal of the limb is

NOT an accurate assessment of neurologic status or prognosis.

Assessment of pain sensation

Pain perception is only present if the pet shows a conscious mental response to being pinched, like turning the head or trying to get away. If the dog pulls its leg back, but it doesn't act like it is being hurt, deep pain is not intact.

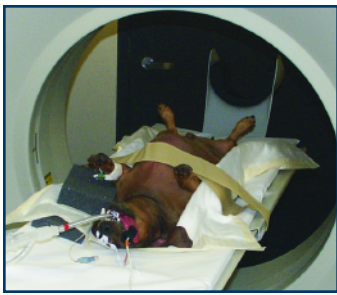
Withdrawal of the limb with a toe pinch is NOT an indication of positive voluntary motor function or pain perception.

When to refer for surgery?

The best chance of returning a dog with an IVD herniation to normal function is for us to be able to help SOONER RATHER THAN LATER.

Pets should be referred as soon as they become ataxic. A surgeon should be contacted for any dog that cannot walk across the floor under its own power. Prognosis declines and duration of convalescence increases as neuro-

continued on reverse . . .



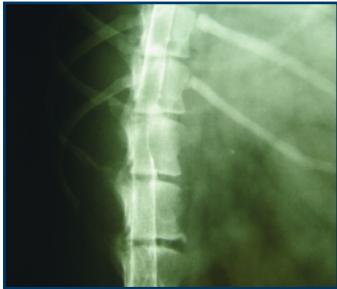
THE FACTS ABOUT BACKS (cont.)



logic status worsens. The urgency and timing of surgery after business hours are determined on a case by case basis.

Medications

Antiinflammatory and analgesic medications may be used unless contraindicated for medical reasons. It is not recommended that steroids and non-steroidal medications be used together. Preferred injectable antiinflammatory medications include SoluMedrol or SoluDelta Cortef. If steroids are not given, NSAIDs may alternatively be used.



What does back surgery cost?

Current average total bill to a client for a typical dachshund or small dog with IVDD is \$2,800–3,200*, or \$3,200–3,600* after normal business hours. This cost includes the skill of a trained and experienced surgeon and support staff, consultation, CT and/or myelogram,

anesthesia, state of the art patient monitoring, surgery, 24 hour post-operative care, pain medications, and 5–7 days of hospitalization.

When to refer for Laser Disc Ablation (LDA)?

LDA is a preventative procedure shown to significantly decrease the risk of future disc herniations. It is not used for acute disc ruptures. Ideal candidates have been pain free and have had stable neurologic status for four weeks. Typical cost for the LDA procedure is \$1,500–1,700*. A discount is given for dogs that have had back surgery at the DVSC.

If you have questions or wish to discuss this information further, please call any of the experienced DVSC surgeons. For after-hours consultation and referral, please page the emergency pager (for veterinarians only) at 214.246.2819. If no response in 15 minutes, call 214.289.3215.



*Costs in January 2012. All costs subject to change without notice.

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Neurologic Exam Video

For an excellent video on performing a complete neurologic exam in a dog, visit:

www.vetmedpub.com/vetmed/article/articleDetail.jsp?id=485290

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