



# MAINLIACHT SURGICAL DISCHARGE

## Post-operative guidance

Robert Murray

B. Sc (Hons) Biomed, DVM (Hons), MRCVS

Complex Small Animal Surgery  
Orthopaedic and Soft Tissue

- Complex Surgery
- Cruciate Disease
- Patellar Luxation
- Fracture Repair
- BOAS / TECA-LBO

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### **BOAS Surgery Discharge Sheet**

#### **Procedure Summary**

We have performed surgery today to address Brachycephalic Obstructive Airway Syndrome (BOAS). This condition results in increased airway resistance and breathing difficulty due to anatomical abnormalities of the upper airway.

The following procedures were performed to improve airflow and reduce airway obstruction: Staphylectomy. This involves shortening of the elongated soft palate to reduce airway obstruction.

Resection of stenotic nares. This widens the nostrils to improve airflow and reduce airway resistance.

Removal of redundant upper airway tissue, including everted laryngeal sacculles and/or tonsillar tissue where indicated.

This surgery aims to improve breathing, reduce respiratory noise, improve exercise tolerance, and reduce the risk of progression to more severe airway disease such as laryngeal collapse.

Mild swelling, increased respiratory noise, coughing, or gagging can occur in the early post-operative period due to airway inflammation.

#### **Complications**

Common and expected: Mild swelling of the airway, increased respiratory noise, coughing, gagging, and reduced appetite during early recovery.

Occasional risks: Post-operative airway inflammation requiring additional medical management, regurgitation or reflux, wound irritation at the nares, or delayed healing.

Less common risks: Aspiration pneumonia, significant upper airway swelling requiring hospitalisation, or persistent respiratory noise despite surgery.

Rare but serious complications: Severe airway obstruction, respiratory distress requiring emergency intervention or tracheostomy, collapse, or death.



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### Operation Site Care

Areas of fur have been clipped for monitoring and intravenous catheter placement. Soft palate sutures are dissolvable and do not require removal. Nares sutures are dissolvable and typically fall out within 10–14 days. If they do not cause irritation, they may be left to dissolve naturally. Mild swelling or discharge from the nostrils is expected during early healing. Do not allow rubbing, scratching, or interference with the surgical site.

### Medications

Medication	How to Give	Duration	Purpose
Omeprazole	Once daily	5–7 days	Reduce gastro-oesophageal reflux
(NSAID)	Once daily	5–7 days or as directed	Pain relief and anti-inflammatory

Important: Always give medications with food. Do not double dose if a dose is missed. Monitor for vomiting, diarrhoea, or reduced appetite and contact the clinic if these occur.

All doses have been calculated and written on the medication labels provided by your veterinary practice. Do not adjust doses or frequency unless instructed by a veterinary surgeon.

### Home Care Instructions

#### Activity and Exercise

Strict rest is required for 10–14 days following surgery. Avoid excitement, stress, heat exposure, and overexertion during recovery. Use a harness rather than a neck collar at all times.



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### Feeding and Hydration

Feed soft food (such as wet food or soaked kibble) for approximately 10–14 days.  
Offer small, frequent meals to reduce the risk of regurgitation.  
Allow access to water but discourage rapid or excessive drinking.

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### Environmental Management

Keep your pet in a cool, calm environment at all times.  
Avoid warm environments, car travel without ventilation, or situations that may increase respiratory effort.

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### Monitoring at Home

Monitor closely for breathing effort, noise, and overall comfort.  
Some mild noise or coughing can be expected initially but should gradually improve.  
Monitor for vomiting, regurgitation, or signs of aspiration.  
If breathing becomes more laboured, noisy, or distressed at any stage, seek veterinary attention immediately.

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### When to Contact the Clinic Immediately

Any signs of breathing difficulty or increased respiratory effort  
Open-mouth breathing or distress  
Blue or pale gums or tongue  
Collapse or weakness  
Persistent vomiting or regurgitation  
Inability to settle or signs of significant distress  
Excessive bleeding or swelling from the nostrils



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### Follow-Up and Prognosis

A recheck is recommended at approximately three days to assess early recovery, with a further examination at 10–14 days.

Most patients show a significant improvement in breathing and quality of life following surgery.

However, BOAS is a progressive condition, and some degree of respiratory noise or limitation may persist.

Early surgical intervention improves long-term outcomes and may delay progression of airway disease.

If you have any concerns at any stage, please contact the practice for advice.

Kind regards

*Robert Murray*

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