

Brachycephalic Surgery Checklist

Pre-op

- Place IV catheter and E-collar
- Administer appropriate dose of injectable Cerenia.
- Administer dexamethasone (0.5-1 mg/kg) to minimize intra-op and post-op swelling.
- Administer pre-induction drugs (consider including glycopyrrolate in your protocol to decrease secretions and prevent bradycardia)
- Keep patient with an oxygen mask until induction drugs are given.
- Select a couple of different sizes of endotracheal tubes and have them ready (they may require a smaller size tube)
- Have Laryngoscope and cuff syringe available and ready for induction.
- Calculate emergency drugs (epinephrine, atropine/glycopyrrolate, reversal agents) and have them easily accessible.

Induction

- Wait for TSVS surgeon to arrive before inducing, so they can evaluate level of laryngeal collapse, length of soft palate, tonsil size and if saccule eversion is present at time of intubation.
- Administer induction agent and intubate once surgeon has evaluated the airway.
- Connect patient to oxygen (100mL/kg/min), ECG, SpO₂, and blood pressure monitor.
- Start Cefazolin administration.
- Position and cover patient to maintain temperature.
- Start IV fluid administration (5-10 ml/kg/h)

Intra-op

- Monitor HR, BP, RR and temperature closely. Bradycardia is common and should be corrected promptly.
- Administer cefazolin every 90 min.

Post-op

- Maintain dog connected to oxygen during recovery, until dog is ready to be extubated (strong swallow reflex).
- Keep SpO₂ monitor connected to the dog post-extubation.
- Monitor respiratory rate, effort, and noise post-extubation.
- If dog is making respiratory noises, has increased effort, or is not oxygenating well, perform emergency tracheostomy or nasotracheal intubation and keep dog on oxygen.
- Consider referral to emergency or 24h clinic for overnight monitoring for the first 24h post-op.