



VETERINARY SURGICAL SOLUTIONS

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## BOAS: Owner Surgical Release/Consent Form

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

Phone Number (day of procedure): \_\_\_\_\_ Email: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

**IF YOU ARE UNSURE WHICH PROCEDURE YOUR PET IS HAVING, PLEASE CHECK WITH YOUR PRIMARY CARE VETERINARY CLINIC TO ENSURE THE CORRECT PROCEDURE IS LISTED AND DETAILS ABOUT THE SURGERY ARE AVAILABLE. ALTERNATIVELY, YOU CAN CONTACT OUR OFFICE AT (602) 321-1944 AND WE CAN PROVIDE YOU WITH THE PROCEDURE YOUR PET IS SCHEDULED TO HAVE WITH US AT YOUR VETERINARY CLINIC.**

Your pet has been diagnosed with brachycephalic obstructive airway syndrome (BOAS). The major components of this syndrome include stenotic nares (nostril openings too small), an overlong soft palate which interferes with normal breathing resulting in noisy respirations, and everted laryngeal sacculs (eversion or prolapse of the mucosal lining of the laryngeal crypts) which also interfere with normal respirations. Surgery is designed to correct these abnormalities thereby making it easier to breathe and reducing the noise associated with the syndrome. The goal of surgery is not to eliminate all the noise that is present pre-operatively, but to reduce it to a level that allows your pet to breathe easier and stop the progression of the syndrome. Without surgery, further collapse of the larynx can occur which can result in complete obstruction of the airway and collapse of your pet with strenuous exercise. Please be aware that although your pet should be improved after surgery, their breathing will never be completely normal. Any patient with a compromised airway should avoid stress whenever possible. Also, activity should be limited to mild levels and on hot days they should be kept in a cool environment. Lastly, an ideal body weight should always be maintained. I consent to the selected surgical procedure(s).

My pet is having the following procedures (check all that apply), in addition to Laryngeal Sacculectomy (if needed) on the above date:

☐ Stenotic Nares Resection (rhinoplasty)

☐ Soft Palate Resection (staphylectomy)

I have been advised by my primary care veterinarian as to the nature of the procedure above including potential complications and risks thereof. I authorize ROMAN S. SAVICKY, DVM, DACVS-SA, a representative of PEAK Veterinary Surgical Solutions, LLC (hereinafter "PEAK"), to perform the above procedures. Anesthesia planning, review of diagnostics, anesthesia administration, and anesthesia monitoring will be performed by your primary care veterinary hospital and staff. Anesthesia services are also provided by PEAK and your primary care veterinarian may elect this service. I understand that either the above hospital/clinic (with the assistance of PEAK personnel when needed) or PEAK, if elected by your primary care veterinarian, will be using appropriate sedatives and/or anesthetics and medications needed to perform this procedure. **If your primary care veterinary hospital elects to be responsible for anesthesia, I understand that the above hospital/clinic will be responsible for providing and performing a preoperative/preanesthetic examination of my pet in addition to monitoring, premedication, induction, anesthesia, and recovery of my pet.** I understand no guarantee or warranty can be made as to the outcome of the procedure.

**Anesthetic Risks:** Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, I understand that anesthesia has inherent risks. The incidence of complications from anesthesia is extremely low and we do not anticipate any in your pet, due to their breed confirmation they are at a higher risk of the following: **1) Allergic reaction to the anesthetic agents 2) Heart rhythm abnormalities 3) Reactions to the anesthetics, gas, and other**

medications including drops in blood pressure or respiratory difficulties **4)** Strokes or vascular events **5)** Just like in humans, on very rare occasions, general anesthesia can even result in death.

**Surgical Risks Include:** **1)** Infection which may require additional testing and medication at an additional cost **2)** Blood clots that can lodge in major organs causing stroke or rarely death **3)** Breakdown of the repair necessitating revision surgery at an additional cost **4)** Hemorrhage and/or surgical swelling causing respiratory distress **5)** Continued respiratory noise or distress.

**Regional/Local Anesthetic:** PEAK believes in providing cutting-edge and advanced medicine to our patients, this includes proper pain control. For certain cases and procedures that are more painful (fracture repair, patella luxation, TPLO/extracapsular repair, etc), PEAK will provide regional/local anesthetics for additional pain control. The regional/local anesthetic will temporarily "numb" the nerves to the area that surgery is being performed on. This will dramatically decrease pain during and after surgery as well as decrease the need for higher doses of gas anesthesia making it safer for your pet. PEAK will perform this additional procedure using specialized instrumentation. Although extremely safe, potential risks are, but not limited to: **1)** Nerve damage, temporary or permanent (very rare) **2)** Hemorrhage **3)** Drug reactions that can be fatal.

**Education Release:** To better community education and outreach, PEAK occasionally will feature patients on its social media pages (Facebook, Instagram, YouTube...) and in publications (print or online). I grant PEAK and its associates the right to use, reuse, and publish for commercial or non-commercial purposes the image, video, pet name (**owner name will not be used**), or likeness of the above-named animal.

☐ **YES - I consent to using my pet on social media or website.**

☐ **NO - I do not consent to using my pet on social media or website.**

**Emergency Situations:** In the unexpected event that your pet should experience cardiac or respiratory arrest (heart stops beating or stops breathing) during hospitalization, we need to know your wishes regarding resuscitation so we can act appropriately. For the best outcome, CPR must be started immediately (before calling you). With either choice, the doctor will call ASAP.

☐ **I wish to have CPR performed on my pet (may include oxygen, fluids, chest compression, resuscitation drugs, breathing tube and assisted breathing, open heart massage) which could incur additional charges of \$400-\$1000 or more.**

☐ **I elect to have a DNR order for my pet. I DO NOT wish for any resuscitation measures or therapeutic interventions be made should my pet pass away unexpectedly.**

**A cancellation fee of \$650 will be charged if the procedure is cancelled or rescheduled within two (2) business days of the scheduled surgery date.**

☐ **I have read this Consent form, fully understand the risks associated with the above procedure, and authorize Dr. Roman Savicky and PEAK to perform the above procedure on my pet.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*THIS FORM MUST BE COMPLETED, SIGNED, & EMAILED (info@pvssaz.com) NO LATER THAN 48HRS PRIOR TO SURGERY, OR SURGERY WILL NEED TO BE RESCHEDULED\*\***

**\*\*If you do not have access to a PDF viewer, you can either 1) Print this form, FULLY complete/sign, scan, and email or 2) Use your programs "draw" feature to sign and then email\*\***