



Lone Star Veterinary Surgical Services

Surgical Solutions for Your Loved Pets

Surgical Release Form for Diaphragmatic Hernia

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: _____

I authorize Lone Star Veterinary Surgical Services (LSVSS) to perform surgery on my pet. I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

Your pet has been diagnosed with a diaphragmatic hernia. In most cases, these are the result of some sort of trauma. Sometimes the hernia is a congenital defect that was present since birth. Since the large thin muscle that makes up the diaphragm is not visible on plain radiographs (if they were taken at the time) you cannot diagnose the underlying injury until organs from the abdomen inadvertently work their way into the chest cavity and interfere with breathing. Acute hernias tend to be less complicated than the others as there is little time for adhesions to form between the organs and the lungs. In chronic cases, the organs not only adhere (stick) to the lungs in some cases, but the original tear tries to heal and sometimes we have to enlarge the hole in the diaphragm in order to be able to safely return the organs to the abdomen. Additionally, it is not uncommon for there to be inadvertent damage to the lungs that could require additional treatment at additional cost. Sometimes the sections of damaged lungs need to be removed. This requires extending the abdominal incision into the chest by cutting across the sternum.

There are some patients where the hernia is a congenital defect from birth. These present additional unique challenges to chronic hernias. Sometimes there is a portion of the diaphragm missing and we need to utilize expensive synthetic mesh to build a new diaphragm. Since many times the stomach, spleen, pancreas, liver, and intestines are all in the chest cavity, the abdominal wall shrinks down making it sometimes impossible to return all the organs and safely close the incision. In these cases we occasionally have to wait for the muscle to stretch enough to allow complete closure at a second surgery. Although things are very taught, we usually are able to get things back where they belong and close the incision in one surgery. Sometimes chest tubes need to be placed after surgery and must be cared for in the hospital with 24 hour supervision at additional costs. If your pet chews on a chest tube or uses a back leg to pull it partially out without anyone to intervene, life threatening pneumothorax can occur.

Procedure: Diaphragmatic Hernia Repair, Possible Thoracotomy and Lung Lobectomy

Surgical Risks:

1. Dehiscence (suture breakdown) of the repair resulting in a recurrence of the hernia
2. Allergic reaction to marlex mesh (if utilized)
3. Infection in the abdomen or thorax (peritonitis) very rare
4. Reperfusion injury to lungs or to entrapped organs can occur in some cases, this is a serious condition that has a fair to high mortality rate.
5. Sometimes a second surgery is needed if lung damage is not apparent during first procedure

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases.

Date

Pet Owner/Agent Signature

Phone I Can Be Reached at Today