

Traditional Spays

*In traditional spays, a 2"-3" incision is made in the abdomen through which the ovarian ligament is torn from the abdominal wall. This tearing causes bruising to the abdominal wall and postoperative pain. By performing the procedure laparoscopically the patient experiences less trauma and **65% less pain.***

Laparoscopic Spays

In laparoscopic spays the procedure is performed through two small incisions in the abdomen, typically 3/16" in size depending on the size of the animal. With the laparoscope we are able to perform the surgery with magnified views of the organs, allowing for greater precision. The ovarian ligament is carefully cauterized, and when appropriately sealed, cut, rather than torn. With laparoscopic spays we provide our patients a procedure resulting in 65% less pain, minimal recovery time and less trauma than with traditional procedures.



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A Guide to Laparoscopic Ovariectomy

**A 65% Less Painful Spay
Procedure**

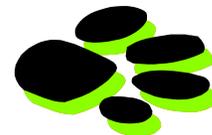


What is Laparoscopy

Laparoscopy is a minimally invasive technique for viewing the internal structures of the abdomen. A laparoscope (camera) inserted through a small incision in the abdomen magnifies internal structures of the abdomen on a TV monitor for thorough examination. Additional small incisions are made to facilitate the use of surgical instruments. The most common application of laparoscopy in veterinary medicine is biopsy. In human medicine, many surgical procedures are done in this manner, for example, gall bladder removal. In recent years, laparoscopy has been adopted to offer a less traumatic and 65% less painful alternative to traditional spays.

Advantages of Laparoscopic Spays over Traditional Surgery

- 1) **65% LESS PAINFUL THAN TRADITIONAL SPAY**
- 2) Smaller incisions reduce recovery time
- 3) Controlled cuts eliminate pain and bruising caused by tearing tissue in traditional spays
- 4) Fewer complications
- 5) Allows for excellent visualization of abdominal organs
- 6) Entire surgery performed through two tiny incisions rather than a large abdominal opening
- 7) In large breed dogs, gastropexy can be performed at the time of spay.



Ovariectomy (OVE) vs. Ovariohysterectomy (OVH)

A study published in the *Journal of Veterinary Surgery* in 2006 compared ovariectomy (removal of the ovaries) to ovariohysterectomy (removal of the ovaries and uterus). The study conclusions were as follows: "OVH is technically more complicated, time consuming, and is probably associated with greater morbidity (larger incision, more intraoperative trauma, increased discomfort) compared with OVE. No significant differences between techniques were observed for incidence of long term urogenital problems, including endometritis/pyometra and urinary incontinence, making OVE the preferred method of gonadectomy in the healthy bitch." The study stated the clinical relevance being "Canine OVE can replace OVH as the procedure of choice for routine neutering of healthy female dogs."

Ovariectomy has been the procedure of choice in Europe for several decades. With the published data available to veterinarians in the United States, Coppell Veterinary Hospital is adopting the study recommendations. Study findings reveal laparoscopic OVE is **65% less painful** and will cause less trauma for our patients by eliminating the need to remove the uterus and the trauma involved in that process.

Your pet will be able to go home the same day and return to normal activities sooner than in the past. Although the procedure is 65% less painful than traditional surgery, your pet will have discomfort. We practice multi-modal pain relief and your pet will receive appropriate pain relief before, during and after their procedure.

Checklist of what to ask

In order to help people make informed decisions, we have created a chart that details what our procedures involve. Unfortunately, similar sounding procedures are frequently not the same at different veterinary hospitals. This chart can be used to better compare our procedures with those of other facilities.

	CVH	Other
Pre-anesthetic blood testing	Yes	___
Pre-procedure sedatives	Yes	___
Multi modal pain relief	Yes	___
Sevoflurane anesthesia	Yes	___
New endotracheal tube	Yes	___
Anesthetic monitoring capabilities:	Yes	___
End Tidal co2	Yes	___
Pulse Oximetry	Yes	___
Blood Pressure	Yes	___
Dedicated anesthetist (Doctor or RVT)	Yes	___
IV catheter and new bag of fluids	Yes	___
Staff member with patient until awake	Yes	___