Median time between initial questionnaire completion and surgery was 5 days (range 1–91). Mean follow-up time was 8.6 months (SD 4.5).

20/22 dogs (90.9%) had a lower FETCH score post-surgery. Total median FETCH score was 22 (range 2–77) pre-surgery and 2.5 (range 0–31) post-surgery, ($p = <0.001$). Mean rank scores were significantly lower post-operatively for 14/17 questions.

STATEMENT (CONCLUSIONS)

QOL is increasingly recognised as an important outcome measure in veterinary medicine. The negative impact of MMVD on QOL was significantly reduced post MVR in this cohort of dogs. The results of this study may help to guide decision making after diagnosis of MMVD.

Curative minimal ostectomy for oral osteoma in 2 dogs: a case series

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OBJECTIVES

To describe a novel surgical treatment for oral osteoma in dogs.

METHODS

Retrospective case review.

RESULTS

A fifteen-month-old neutered male, Rottweiler had a mandibular osteoma excised with narrow margins and developed no recurrence within 24 months postoperatively. An eighteen-month-old spayed female English sheepdog had a previously incompletely debulked maxillary osteoma subsequently excised with a one millimetre margin that did not recur within 12 months postoperatively.

In both cases, curative intent surgery was performed using a surgical burr to shell out the benign tumours minimising functional and cosmetic changes.

STATEMENT (CONCLUSIONS)

Minimal ostectomy should be considered for excision of mandibular and maxillary osteoma as an alternative to wide excision by maxillectomy or mandibulectomy with good medium-long term outcome and minimal associated morbidity.

Surgical adhesiolysis to treat chronic non-specific post-operative gastrointestinal tract signs in a dog

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OBJECTIVES

To report the successful use of surgery to treat intraperitoneal adhesions causing gastrointestinal tract (GIT) signs in a dog after multiple GIT surgeries.

METHODS

A case report of a single dog.

RESULTS

A 4-year-old Flat Coat Retriever presented for investigation of chronic GIT signs including lethargy, vomiting, diarrhoea, hyporexia and weight loss over 20 months. The dog had a prior history of enterotomy, enterectomies, septic peritonitis and gastropexy. Medical investigations included abdominal radiographs and ultrasound, and endoscopic intestinal biopsies. No specific diagnosis was made beyond an iron deficiency anaemia and hypobalaminemia. There was a poor response to all medical management. The owner declined exploratory coeliotomy and intestinal biopsy until, after three months, the dog presented with abdominal discomfort and clinical findings consistent with a partial GIT obstruction.

An exploratory coeliotomy was performed. There were extensive fibrous omental, peritoneal and enterocentric adhesions preventing separation of bowel loops and causing a mechanical obstruction at the site of a previous stapled enterectomy. Surgical adhesiolysis was

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