

Hogan's Story: A Veterinarian's Point of View
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Hogan is a 5-year-old male Golden retriever that presented to his primary veterinarian after running into a car. At that time, facial fractures were diagnosed. Fractures are common in



patients that have trauma but this is not often their life-threatening problem. They often have concurrent trauma to other organs systems including the cardiovascular system and respiratory system that need to be evaluated prior to receiving surgery to fix their orthopedic problems. These other organ systems need to be deemed stable prior to putting them under anesthesia for surgery to help ensure the best possible outcome. (The exception to this is if the patient cannot be stabilized without surgery. For example uncontrollable hemorrhage, which requires surgery to stop the bleeding, but these patients still need aggressive medical treatment to try to improve their status prior to anesthesia for surgery). Because of the potential life threatening problems that can occur in these patients, trauma patients should be seen on an emergency basis. Hogan was referred to the Animal Emergency Service for further stabilization,

diagnostics and transfer to the surgery service for repair of the fractures. On presentation to the emergency service, Hogan was noted to have fractures to both the maxilla and mandible (the upper and lower jaw), an oronasal fistula (communication between the nasal cavity and mouth), a lip avulsion, avulsion of his left canine tooth and he was bleeding significantly from his mouth. Bloodwork, and chest radiographs were performed. Bloodwork was unremarkable and chest radiographs did not reveal significant trauma to the lungs or rib cage. Hogan was started on intravenous fluids, pain medication and antibiotics and his blood work was reevaluated which revealed that his red blood cell count was rapidly decreasing. He was given a blood transfusion and stabilized prior to being transferred to the surgery service. Hogan had skull radiographs, which revealed multiple fractures of the maxilla and mandible. Evaluation of fractures of the mouth can be performed with radiographs or ideally a CT scan. For either diagnostic the patient needs to be under heavy sedation or general anesthesia. Surgery was performed to stop the bleeding, repair the oral fractures and close the traumatically induced communication between the mouth and nose. At surgery, a feeding tube was also placed so Hogan could receive nutrition while allowing his mouth to heal. There are multiple different types of feeding tubes that can be placed. They all have their advantages and disadvantages. An esophageal feeding tube was placed in Hogan. This allowed his entire intestinal tract to receive nutrition and he could be fed at home through this type of tube. Hogan did well after surgery and tolerated his feedings well. He was discharged from the hospital 6 days after surgery. When his e-tube was removed he was slowly transitioned from wet dog food to dry without a problem. Radiographs of his mouth were taken 6 weeks postoperatively which showed the fractures had healed well. It is now a year and a half since Hogan had surgery and he is doing well. He has no lasting effects from the trauma; he eats normally and has even resumed chewing on his toys and bones! While trauma cases can have severe life threatening injuries, with early intense stabilization and care they can have a good outcome, emphasizing the importance of a 24-hour emergency service.