VETERINARY EMERGENCY CLINIC

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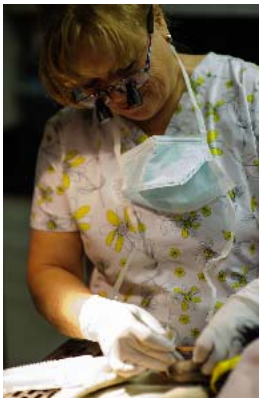
# NEVER SAY NEVER TO SENIOR DENTISTRY



"Age is not a disease" so we are told. "You are as young as you feel" - well that is certainly true on a daily basis. I am sure I am older on Mondays!

It is now not uncommon to see senior cats and dogs that do not appear to understand how ancient they are. 18 years old isn't a "crazy" phenomenon anymore. However with such advanced age often comes significant dental disease and with it the great dilemma of how to treat it. The problem is that we generally do not expect these patients (some with serious health issues) to live as long as they do, so when they approach 14 or 15 years of age many clients, and many of us, fear the risks of general anesthesia and the procedure itself – so we wait, and then they get to 17 or 18 or 21 and we are faced with a dire situation. It is my theory that these old patients get to this old age because of their tenacity of spirit. I think if they continue to soldier on then it's our job to help them be free from pain and infection.

At the VEC, this fall alone, we treated a series of 17-and-older cats and dogs with dental and oral pain, all had a successful outcome. Treating these seniors requires a group effort. I am often asked how I feel about doing these cases, or if we will even try to take on a case of this nature. My answer is invariably that, while it is always an anxiety inducing situation, if the groundwork is properly laid and we follow all the rules then we can have a successful outcome.

One of my favourite cases provides an excellent illustration. Ginger was a 21 year old, small - and opinionated - orange cat, and medical management of her abscessed teeth was no longer proving to be effective – those teeth needed to come out (lots of pressure!). Ginger and her owners were selected to be filmed for an episode of the ER Vets TV show (more pressure!), she was older than the kids in the family (even more pressure!) and her heart and kidneys that were not in very good health (excruciating pressure!!!). Her case is a brilliant example of how, in working together as a team, we can achieve the absolute best result. Ginger's referring veterinarian had completed all of the pre-operative preparation and discussion with the owner. Then Dr Williams assessed her cardiac function and started her on medication to ensure she had better contractility. One week later she was admitted , placed on intravenous fluids and then, with the anesthesiologist's minute-by-minute management of her brief anesthesia ( Dr Williams had informed me I had 10 minutes for my procedure), I was able to extract both abscessed maxillary canines . Ginger spent the night in ICU to recover as a precaution - these old patients do not clear the anesthesia as well as a younger patient – and with renal disease patients we must support the delicate kidneys, in order to not to lose any more function. As such, overnight stays for these patients of advanced age are the norm. Ginger went on to live for another year after her surgery, and I am so happy to know that her final year was free from the terrible pain of abscessed teeth.

Sometimes things go a little differently. Recently I had a patient with multiple issues, which we had worked out how to manage. However, after sedation, an upper airway issue – laryngeal paralysis or mass - became very evident. After quick consultation with Drs Ringwood (surgery), Singh (anesthesia) and Mason (internal medicine), the owners elected not to proceed with induction and intubation because of the extreme risk and we have gone to plan B.

Both of these cases demonstrate what is so exceptional about practicing at a place like the VEC, here I have immediate access to a variety of specialists and therefore schedule these older patients mid-week when everyone is on board and available. These cases are both frightening and enormously rewarding. My experience this fall with all these old patients (who really want to live) has reaffirmed my belief that we can, and should, help.

Sometimes our clients need a stepwise approach. I always suggest blood work first and then a discussion with you. I always remind clients that although renal values, for example, could be normal - those kidneys have been around for 16 plus years and may be more fragile than we suppose. So intravenous fluids must be juggled with what the heart can manage.
Anesthesia management requires finesse and is essential for these patients. We do tell clients about the numbers and types of monitors and the large varieties of drugs and protocols available but perhaps the most comforting thing I will say is that if it is not going well we will stop – though thankfully that circumstance is a rarity.

Most commonly these patients are those with thyroid disease, diabetes, cardiac or renal disease and sometimes all of those things at once. Dr Singh (anesthesia) has instituted a new protocol for our diabetic dental patients. We ask that they are given their insulin as usual and are fed a reasonable meal. Often clients feel this is their pet's last meal forever so we need to caution against a refrigerator "free for all". We do get them on intravenous fluids after admission but delay the procedure until mid-day. Dr Singh believes this is less disturbing to diabetic control than ½ dose insulin and fasting.

As the medicine continues to advance we will continue to see more and more of these very elderly patients. It is possible to improve the quality of this extended life, and in fact there is often no reason not to try. Please feel free to contact me to discuss patients such as these at any time, I am also happy to talk to clients about their concern. I can say with confidence that, throughout my long career, we have never had an anesthetic crisis with any of these patients.

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