EMPHASIS:

Many female dogs suffer from vulvar fold pyoderma. Typically, these patients are obese, or have an infolded “juvenile” vulvar conformation. Incontinence secondary to hypoestrogenism may contribute to persistent dampness and inflammation of the area. Persistent odor, discomfort and self-trauma result.

Due to the deep folds of tissue, topical medication and cleansing of the area often fail to provide relief. Excision of the vulvar folds (episioplasty) provides permanent relief.

PREOPERATIVE DIAGNOSTICS:

1. Physical examination.
3. Aerobic and anaerobic bacterial culture & sensitivity of the skin fold.
4. Vaginoscopy to check for a

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persistent hymen, conformational abnormalities, and urine pooling.

**PREOPERATIVE CARE:**

1. Indwelling cephalic catheter.
2. Intravenous anesthetic induction protocol (Ketamine/Valium, Propofol, etc.)
3. Endotracheal intubation and inflate cuff.
4. Isoflurane inhalant anesthesia to effect.
5. Lead II ECG and pulse oximetry monitoring during prep and surgery.
6. Clip and prepare the perineal region for aseptic surgery.
7. Purse-string suture in anus.
8. Place the patient in sternal recumbency, with the hind legs extending over the end of the table and the tail tied forward.
9. Cephalexin 20mg/kg IV and Enrofloxacin 7.5mg/kg IV immediately preoperatively.

**SURGICAL TECHNIQUE:**

1. Clip and prepare the perineal region 8-10 cm. in all directions around the vulva.

**AXIOM:** *Work gently, since the inflamed tissues can easily be cut by the clipper teeth.*

2. At the dorsal midline, probe the fold to determine how much tissue is to be initially resected *(See Figure 1).*
3. Incise from the 8 o’clock to 4 o’clock position, circumferentially around the vulva. *(See Figure 2).*
4. Make a similar incision 5 to 10 mm. from the mucocutaneous junction, removing the skin fold in an inverted crescent pattern. *(See Figure 3).*
5. In obese patients, debride any excessive subcutaneous fat protruding into the surgical field.
6. Place three simple interrupted subcutaneous sutures as shown, to determine if enough skin has been resected *(See Figure 4).*

**AXIOM:** *There should be no remaining fold whatsoever along the entire length of the incision. If even slight infolding is still present (usually in the ventrolateral ends of the incision), more skin should be excised.*

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7. Complete the subcutaneous closure, with simple interrupted sutures.

8. Routine skin closure (See Figure 5).

**AXIOM:** We use skin staples for this closure. They are rapidly and easily applied, and if (as occasionally happens) the surgeon concludes after closing the skin that still more tissue should be excised, the staples are easier and faster to remove and reapply than skin sutures.

**POSTOPERATIVE CARE:**

1. Post-operative antibiotic treatment based on culture & sensitivity results.

2. Pain management using oral, injectable or transdermal analgesics.

3. Elizabethan collar until the sutures are removed.

4. Suture removal 2 weeks postoperatively.

**PROGNOSIS:**

Excellent for complete resolution of clinical signs.

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**AUTHOR’S NOTE**

If you have any questions concerning this paper, additional references, surgical supplies or sources of products mentioned or used in this protocol, please FAX us at 1-310-479-8976. We will answer your questions promptly.

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**Coming Attractions**

In several previous articles, we have discussed stabilization of comminuted long bone fractures using external skeletal fixation. In such cases, interfragmentary fixation is often difficult, and may cause devitalization of the fragments; buttress plating may not give sufficient support. External fixation is an excellent choice for this type of fracture. The tibia is particularly suited to this technique, due to the ease of placing a type II (full pin) fixator.

Next month, we shall outline our surgical protocol for tibial fractures utilizing external fixation.

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**Figure 4:** This schematic drawing depicts the placement of three subcutaneous sutures. This allows the surgeon to see if additional skin should be resected.

**Figure 5:** This schematic drawing depicts a skin staple machine being used to close the skin incision. A tissue forceps approximates the skin before stapling.

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