

# GREYHOUND ANESTHESIA



Von Grone, Antoinette Baronesse (1954 - )

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Writing about greyhound anesthesia today is far changed from 5 to 10 years ago. We have moved into an age where just about every veterinarian has isoflurane gas (some even use sevoflurane) and the dreaded barbiturate induction (Surital, BioTal, Pentothal) has been virtually replaced by ketamine/valium or alternate injectables.

New anesthetics have been introduced -- most notably propofol, which is rapidly eliminated and has been a Godsend for compromised patients. Injectables like Torbugesic and Telazol have been incorporated into everyday anesthetic protocols. The introduction of Yobine, which reverses Rompun, has made its use much safer for short procedures. Similarly, the new Domitor is reversed by Antisedan.

Most anesthetic protocols typically incorporate 2 to 4 of these drugs. Additionally, atropine is widely used to prevent excessive salivation and keep the heart rate up. Your vet may have 4-5 different combos that he uses quite routinely. For instance, he'll have his most commonly used standard regimen for healthy dogs, very likely the same as what he'll use on your greyhound. Additionally, perhaps, another for epileptics, another for aggressive models, another for compromised patients, and yet another for quick up-and-down procedures.

Which to use? I've seen several very different "greyhound anesthesia protocols." The most widely used seems to be acepromazine/atropine premed followed by ketamine/Valium induction and isoflurane gas, same as in the general dog population. At our clinic, we never give more than 1 mg of acepromazine to a greyhound. Several years back, it would have been fair to walk through your vet's door, protocol in hand. Nowadays, he may well have something better for the situation. Maybe it's a short procedure and he can get by with putting your greyhound out briefly with propofol or one of the new reversible combos. Maybe he's induced seizures in a greyhound with ketamine/Valium and prefers to replace it with Telazol or a narcotic. Maybe he's simply heard horror stories of greyhound anesthesia and just prefers to "play it safe" with propofol/isoflurane.

But, even propofol, like everything else, has its drawbacks. Occasionally, a dog abruptly stops breathing on induction - not to worry, so long as you're paying attention, this can be rectified

immediately. Sometimes dogs just won't stay asleep on propofol and the procedure takes twice as long as it should. Some vets prefer their old tried and true to putting up with this on a regular basis, reserving the propofol for select cases.

Often, the safest anesthetic protocol is the one your veterinarian has the most experience with. I think the key is using a vet who anesthetizes lots of ( or at least some) greyhounds. Since the greyhound has historically been touchy with anesthetics, some of us feel most comfortable with what has always worked. If your vet's been anesthetizing greyhounds for years with halothane or Metofane and prefers it to isoflurane, I wouldn't worry. Often vets that use these gases rely heavily on the injectable induction agent and may use only marginal amounts of gas.

Worthy of mention is anesthetic monitoring. Gizmos are nice – there are lots of them. EKGs and pulse oximeters are the most commonly used. However, these are preferably in addition to – not instead of – a real live technician monitoring the dog. Given a choice between equipment and a capable tech, I'd choose the tech in a heartbeat.

If your vet is new to sighthound anesthesia, see if he minds contacting the adoption vet for some suggestions. Both of you may be more comfortable when your best friend needs anesthesia.