

# GOLPP STANDARDIZED DISCHARGE DISCUSSION CHECKLIST

What to include in your discharge notes for the owner

## DIAGNOSTICS RELATED

- Upper airway examination results
- Physical and neurological examination results (e.g. proprioceptive deficits muscle atrophy, weakness)
- Any imaging results (e.g. rads, CT, ultrasound)
- Esophagram results (if done)
- Relevant blood work

## PROCEDURE RELATED

- There may be some residual noise (stridor), but that this is not respiratory distress- it is due to other side not being "tied back."
- Will probably have change or loss of bark
- Throat-clearing will continue
- Incision care and monitoring (e.g. ice packing, clean and dry, etc)
- Medication for post-op pain, if any



Additional resources available!

## FOLLOW UP

- Risk of aspiration pneumonia, including earliest 3 signs of aspiration pneumonia (inappetance, lethargy, pyrexia...sometimes increased respiratory rate and cough)
- Medications for swallowing: sildenafil or cisapride
- Antacid medications: omeprazole
- Slowly progressive nature of the polyneuropathy (but not painful), and how sometimes after anesthesia it can be transiently worse
- Need for harness (as opposed to collar); future Helm-em-up harness
- Physical therapy and return to gentle exercise (restrict for 10 days post-op)
- Feeding: soft food for a few days, then large kibble. Try on an incline plane and also on the floor. **MUST NOT GORGE ON WATER.**
- Fine to go swimming, but not to retrieve underwater objects or dive off dock. Life-vest if big swimmer.
- Provide follow-up contact if they are concerned.

*Stanley, 2023*

