

Range Animal Hospital**E6116 US Highway 2
Ironwood, MI 49938**

1-906-932-3531

1-888-380-6319

FAX 1-906-932-6017



Thoraco-lumbar Disk Disease

- A problem in the lower chest and lumbar area of the back, generally in smaller breed dogs, especially the Dachshund.
- It is caused by the rupture of the dorsal annular ligament with protrusion or extrusion of the nucleus pulposus into the spinal canal. The resultant spinal cord compression produces the clinical signs.
- Sometimes difficult to diagnose, it should be the primary rule-out for low back pain, paresis, or paralysis in the rear legs of smaller, older dogs.
- If there is complete paralysis in the rear legs and rigidity in the front legs, a severe complication called *ascending myelomalacia* has occurred. This is often untreatable and tragic. It can be confirmed with a myelogram.
- Plain radiographs are often diagnostic; the narrowing of the affected disk space is often present, along with calcification of the remaining disk material as the disk continues to deteriorate. But myelography is needed if surgery is to be performed. It is necessary to determine the exact location of the lesion requiring specific surgical treatment. We also often find multiple disk ruptures, some old and healed, that would lead us to operate on the wrong disk. Myelography shows the presence of spinal cord compression in the actively diseased disks, and the lack of such in the old and healed disks.
- If spinal cord compression is minimal and clinical signs are not dramatic, conservative medical therapy is appropriate to start. If pain and minimal neurologic losses do not resolve, surgery is indicated, but without immediacy
- With severe paresis or paralysis, a surgical approach should be taken. After myelography establishes the exact location of the offending disk, a dorsal laminectomy or hemilaminectomy is appropriate to remove the offending disk material from the spinal canal and to relieve the spinal cord compression. Additionally, the remaining disks should be fenestrated to prevent their future rupture. This removes the nucleus pulposus from the adjacent disks, hopefully preventing their rupture.
- This is a potentially life threatening disease, as *ascending myelomalacia* is present in about 7% of cases with paralysis. Those patients never return to any acceptable level of rear leg function. Dogs without this complication, and who are *operated on early* generally do well and do return to normal function. The important idea here is '*operated on early.*' If profound paresis [loss of feeling in the legs] or paralysis is present, surgery should be done with out delay, i.e., within 24 hours, or earlier if possible!
- We will coordinate postoperative aftercare with your hospital. Typical care includes:
 - At home physical therapy. We will teach you how to accomplish that.
 - A 4-5 day postoperative incision check.
 - A 10-12 day suture removal.
- Call ASAP with your request for referral. It is appropriate to call Dr. Martinson after-hours to aid in coordinating his schedule. We perform these operations on Saturdays and Sundays if need be.
- Surgery is done daily as needed. If it is indicated for non-emergent disease, surgery will generally be scheduled for Monday, Tuesday, or Thursday. The patient typically has 2 to 5 nights of hospitalization, based on their return to function and their need for in hospital therapy.
- Please send any preoperative laboratory tests and radiographs.
- Uncomplicated cases are \$2400 to \$2600 for hemilaminectomy with myelography and 2-3 days hospitalization, and \$2600-2900 for dorsal laminectomy and a more extended hospitalization. [January 2011]. All cases that are operated also have fenestration to the neighboring disks. Always feel free to ask for an estimate.