



**Surgical Release For
Prophylactic Gastropexy Procedure (Muscular flap-Incisional or Endoscopic
Assisted Technique)**

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: _____

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper and Franklin) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area.

You have elected to perform a prophylactic (preventative) technique on your pet due to the fact that a large percentage of deep chested dogs can develop a severe disease called gastic dilatation and volvulus (GDV). This disease presents acutely and can lead to possible death due to complications if not corrected surgically in timely fashion. Therefore, you have elected to surgically tack the stomach to the abdominal body wall in order to prevent the volvulus event (twisting of the stomach). This technique will not definitively prevent gastric distension, therefore, if pain is noted within the abdominal region, please see a veterinarian immediately.

I consent to the following surgical procedure(s): Prophylactic Gastropexy
Surgical Risks Include:

1. Infection (peritonitis) which may require additional testing and medication at an additional cost.
2. Incision leakage of intestinal contents necessitating further surgery.
3. Short term diarrhea and frequent bowel movements that improve over time.

Telephone (800) 707-0167/(210) 706-0167

Email: tsvsinfo@tsvs.net

4. There is a possibility that dilatation could reoccur at some point in the future due to nature of the primary disease process affecting the gastrointestinal tract.

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases. Your pet may need to be on a special diet recommended by your veterinarian for a period of time or life.

Texas Specialty Veterinary Services (TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please initial to allow TSVS to mention your pet _____

Date

Pet Owner/Agent Signature

Phone I Can Be Reached At Today