

**THE SCREWTAIL PHENOMENON:
Taking the high road**



Synopsis-- Anatomy and the Disease

The developmental malformation of the coccygeal vertebra, termed “screwtail” or ingrown tail, is a common finding in the bulldog and other breeds/species with similar spinal abnormalities. The morbidity of the abnormality is on a continuum from minor (skin fold pyoderma problems) to severe (deep abscessation, fistulas and rectal perforation). Problems progress with age and the passage of time; obesity exacerbates the condition as deeper folds develop around the malformed tail remnant.

Other differential for this condition include perianal fistula disease, anal sacculitis, skin or perianal neoplasia, trauma, and migrating foreign body.

Surgical Overview:

Surgery involves the resection of both the redundant and compressed skin folds as well as the abbreviated and malformed coccygeal vertebra. Resection of the coccygeus is high, usually cranial to any deviation that directs the segment ventrally/laterally into soft tissues.

The cosmetic result is usually a smooth rump and exposed anus. Depending on skin available, it is sometimes possible to create a small “tail bump” from the thicker dorsal skin remnants.

The **indications & rationale** for surgical treatment are:

- Persistent and significant tail fold pyoderma
- Tenesmus or painful defecation
- Abscessation or draining perianal tracts
- Coccygeal malformation impinging ventrolateral soft tissues, palpated per rectum

Other options for treatment (besides surgery) are:

- Topical skin care for minor skin fold pyoderma

Supportive/ancillary options with surgical treatment are:

- Stool character management (high fiber vs. low fiber) to accommodate postoperative painful defecation or stool incontinence.

The **perioperative experience** for pet and owner includes:

- Restricted food intake 18-24hrs prior to surgery time with frequent walks to promote spontaneous defecation
- Postoperative fiber addition to diet (wheat or oat bran) to improve defecation comfort for 3wks
- Postoperative hygiene accommodation for transient (typically) or permanent (rarely) stool incontinence
- Incision monitoring and hygiene; recheck appointments prn
- Oral antibiotics, probiotics/prebiotics (diarrhea prevention), and pain medications.

Expectations for outcome are:

- Altered cosmetic appearance of rump area
- Elimination or dramatic reduction in pyoderma-related issues in region.
- Improvement in defecation comfort.
- Stool dropping from poor defecation termination (incontinence) for 1-2wks, or rarely permanent.

- Incision inflammation/infection needing antibiotics, topical therapy or minor revision surgery (dehiscence).

Complications that may arise with this procedure are:

- Incisional problems
- Temporary stool incontinence
- Persistent or newly developed draining tracts

Postoperative **outcomes may be poor** due to the above complications, and/or:

- Ongoing stool incontinence (often accommodated with dietary modifications of fiber content)
- Incision scar following dehiscence/second intention healing

General considerations and complications for all surgery/anesthesia procedures are:

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional infections (uncommon, minor; usually require oral antibiotics)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for **Screwtail Resection**.

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