

VULVOPLASTY:**A nip and tuck approach to exposing moist vulvar folds to the light of day!****Synopsis-- Anatomy and the Disease**

Excessive vulvar folds, primarily dorsal folds, create recesses of moist, bacterial excess. These folds can be conformational, induced with prepuberal neutering and/or obesity, or resulting from traumatic contracture. Often adding to the problem is low-level urinary incontinence that sets up the moisture and epidermal excoriation that flairs into varying degrees of dermatitis/pyoderma. When excessive self-cleaning and/or recurrent-persistent urinary tract infections (UTIs) present in one of your patients, the vulvar anatomy is but one of your rule-outs. Many dogs have a “tucked vulva”, while few develop the dermatitis and recurrent UTIs that necessitate a vulvoplasty trial. And trial it is, since it is difficult (or impossible) to determine to what degree other factors predispose to UTIs.

Surgical Overview:

Surgery is a bit of nip and tuck. The goal is to slightly evert the primary vulvar structure without creating excessive tension to the incision. The dorsal and lateral (or unique) offending folds are removed along with underlying excess subcutaneous fatty tissues. Tissues are closed in a routine layered manner.

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

- Moderate to severe vulvar fold pyoderma/dermatitis w excoriation.
- Any vulvar fold pyoderma requiring frequent manual cleaning/antiseptic to maintain comfortable skin.
- Recurrent/persistent UTI with other contributing factors managed.
- Traumatic contracture interfering with normal urine stream.

Other options for treatment (besides surgery) are:

- Strict calorie restriction to achieve lean body condition.
- Daily topical fold cleaning with antiseptic and astringent products.
- Drying of folds after each urination.
- Trail treatment for occult/low-grade urinary incontinence.

Supportive/ancillary options with surgical treatment are:

- Daily topical fold cleaning several days-week in advance of surgery to optimize skin health

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

- Preoperative fold cleaning to optimize skin health.
- Postoperative daily monitoring and focal cleaning of surgical site (fecal or debris contamination)
- E-collar or other barrier clothing to prevent self-trauma to surgery site for 2wks
- Uncomfortable perineum making sitting and squatting uncomfortable for 1wk
- Pain medication administration for 2wks
- Local wound dehiscence may require additional sedation for “touch up” treatment/closure.



Expectations for outcome are:

- Improve peri-vulvar skin health and comfort.
- Potential reduction/elimination of recurrent/persistent UTI if related to ascending infections from vulvar fold pyoderma.
- Reduction in self-cleaning (“licking”).

Complications that may arise with this procedure are:

- Local skin dehiscence (uncommon; necessitating conservative wound treatment or re-suturing)
- Incisional inflammation/infection (uncommon; necessitating topical treatment and/or oral antibiotics)

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

- Persistence of UTI problems
- Cosmetic appearance of perineum will be changed, and vulvar anatomy will be more visible in short haired dogs

What a surgeon needs prior to surgery:

- Skin near the surgery site ideally CLEAR of infection (papules, pustules, crusts, excoriation, etc.) If urgent surgery, owner must be alerted to *increased risk* of incisional infections.

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 (rare, 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 **Vulvoplasty**.

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