

A MINI GUIDE TO











BOAS stands for **Brachycephalic Obstructive Airway Syndrome** and effects short-nosed (brachycephalic) dogs.

These dogs have compressed skulls that result in overcrowding of the soft tissue within the skull, meaning that they are at risk of developing respiratory problems.

BOAS is seen in certain breeds, however Pugs, English Bulldogs and French Bulldogs are over-represented.











— Overview —

tenotic



Stenotic nares

Narrow nostrils that do not allow sufficient air to pass through

Hypoplastic trachea

The trachea has a smaller diameter, allowing less air to pass through

normal trachea







Abnormal nasopharyngeal turbinates Cartilage growths that extend into the nasal airway, restricting airflow

normal turbinates

normal soft palate

Elongated soft palate

The soft palate is too long and folds at the back of the throat, restricting airflow and causing a 'snoring' sound when breathing





- Overview -



Everted saccules and tonsils

These protrude into the airway restricting the passage of air into the trachea







-Symptoms -

Symptoms of BOAS include:	Breathing difficulties
	Reduced exercise tolerance
	Noise whilst breathing
	Regurgitation
	Sleeping disorders
RFG Grading Scheme:	
Grade 0 - BOAS free	Yearly check up recommended
Grade I – mild respiratory symptoms, but otherwise well	Yearly check up recommended
Grade II - moderate respiratory symptoms	Thorough assessment recommended with management intervention, e.g. surgery, weight loss
Grade III - BOAS affected with severe respiratory signs	Thorough assessment required with surgical intervention likely.

Speak to your vet to find out how to book a BOAS assessment







There is no cure for **BOAS**, however management can help alleviate the symptoms

Before surgery is considered, a specialist will perform an initial evaluation. This includes a **full historical assessment**,

an exercise tolerance test, an airway examination and diagnostic imaging



Surgery can involve a combination of **tonsillectomy** (removing the tonsils), **palatoplasty** (reducing the length and thickness of the soft palate), **laryngeal surgery** (if laryngeal collapse is present) and **rhinoplasty** (widening of the nostrils).

If crowding of the nasal turbinates is noted we will also perfrom **laser turbinectomy** (removal of crowded cartilage folds in nasal passageway)



