

## TIBETAN MASTIFF & ANESTHESIA: CRITICAL CARE DATA SHEET

**⚠ IMPORTANT NOTICE FOR VETERINARIANS & OWNERS**

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### BREED OVERVIEW

**Breed:** Tibetan Mastiff

**Origin:** Himalayas (Tibet, Nepal, India)

**Type:** Working, Livestock Guardian Dog (LGD)

**Weight:** 40–72+ kg (88–160+ lbs)

**Temperament:** Stoic, protective, intelligent, highly bonded

**Lifespan:** 10–14 years

**Unique Traits:**

- Primitive breed type with unpredictable drug responses
- Slow metabolic processing of sedatives and anaesthetics
- High pain threshold masks clinical distress



### UNDERSTANDING THE RISK

Tibetan Mastiffs have a **heightened risk of complications from anaesthesia** due to:

- **Slow metabolism of injected or oral drugs**
- **Sensitivity to sedation and restraint**
- **Increased likelihood of adverse or delayed reactions**
- **High pain tolerance masking internal issues**
- **Breed-specific responses inherited across bloodlines**

These traits make **standard anaesthesia protocols potentially dangerous** if not carefully adjusted.

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# MINIMIZING ANESTHETIC RISKS

## ⚙ Drug Metabolism Matters

Once administered, anaesthetic agents whether oral or intravenous remain in the body until metabolized and eliminated, primarily via the **liver and kidneys**. The duration of this process varies with:

- Age, weight, and fat-to-muscle ratio
- Liver/kidney efficiency
- Overall hydration and health status
- Type and dosage of drug administered

In Tibetan Mastiffs, this elimination can take **multiple hours or several days**, which raises the risk of **drug accumulation, delayed reactions, and organ strain**.

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## ⇒ Inhalation Anaesthesia: The Safer Choice

Many experienced breeders and owners now **avoid injectable anaesthetics whenever possible**. Instead, they work exclusively with veterinarians who use **gas inhalation anaesthesia**, which:

- Is exhaled through the lungs rather than metabolized by organs
- Reduces systemic toxicity
- Allows tighter control of anaesthetic depth
- Promotes faster, more predictable recovery

### Preferred inhalation anaesthetics include:

- **Isoflurane** (a volatile anesthetic, primarily used for inducing and maintaining general anesthesia during medical procedures. It is administered by inhalation )
- **Sevoflurane** (a volatile inhalation - anaesthetic used for inducing and maintaining general anaesthesia during surgical and procedural interventions )
- **Desflurane** (a volatile inhalational anaesthetic used to induce and maintain general anaesthesia)
- *(Supplementally)* Nitrous Oxide mixed with oxygen



Gas delivery is typically via a mask or endotracheal tube. Once discontinued, the drug is expelled naturally with every breath.

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## 💧 IV FLUID THERAPY IS ESSENTIAL

**Tibetan Mastiffs must be placed on IV fluids throughout any procedure involving anaesthesia.**  
Fluid therapy:

- Maintains **blood pressure and perfusion**
- Supports **kidney and liver function**
- Assists in **drug clearance**
- Aids **temperature regulation**
- Shortens **recovery time** and improves surgical outcomes

**Fluid administration is non-negotiable** during sedation or surgical anaesthesia for this breed.

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## 💊 DRUGS TO USE WITH EXTREME CAUTION

Drug	Risk
<b>Acepromazine</b>	Prolonged sedation, risk of hypotension, possible fatal collapse
<b>Ketamine</b>	Excitatory response, dissociation, increased stress or panic
<b>Xylazine</b>	Cardiac depression, bradycardia, hypotension – avoid completely
<b>Barbiturates</b>	Slow metabolism and unpredictable response
<b>Propofol</b>	Can be used if titrated slowly; risk of apnea if bolused

## ✓ SAFER ALTERNATIVES

### Pre-medication:

- Dexmedetomidine + Butorphanol
- OR Midazolam + Butorphanol (lower cardiovascular effect)

### Induction:

- Alfaxalone (preferred)
- OR Propofol titrated slowly to effect

### Maintenance:

- Isoflurane or Sevoflurane
- IV fluids and warming blanket or heat pad
- Oxygen supplementation and continuous monitoring



## PRE-PROCEDURE SAFETY CHECKLIST

- ✓ Full bloodwork (CBC, liver, kidney function)
- ✓ ECG for dogs over 6 years
- ✓ Accurate weight & body condition scoring
- ✓ Quiet, stress-free handling and induction
- ✓ Pre-anaesthesia discussion with a **Tibetan Mastiff - knowledgeable breeder**
- ✓ Review previous anaesthetic history or bloodline patterns

## ☎ BREEDER INPUT COULD SAVE A LIFE

**Before any procedure involving anaesthesia, contact your breeder.**

Experienced breeders may be aware of:

- Drug reactions seen in littermates or parents
- Preferred agents and dosages based on bloodline
- Vets with successful experience with the line

**This information may prevent serious or fatal complications.**

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## ● POST-ANESTHESIA MONITORING: WATCH FOR DAYS

After anaesthesia, **monitor your Tibetan Mastiff for a full week**. Toxicity may present late.

Watch for:

Symptom	Possible Cause
<b>Lethargy past 48 hours</b>	Organ strain or delayed drug clearance
<b>Lack of appetite or thirst</b>	Liver overload, nausea, dehydration
<b>Limping or unstable movement</b>	Neurological impact or drug accumulation
<b>Pale gums, vomiting, panting</b>	Emergency — contact your vet immediately

These can be signs of **toxic build-ups**, which in this breed can escalate quickly and silently.

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## ✗ RED FLAGS IN A VETERINARY CLINIC

Be cautious if a clinic:

- Dismisses breed-specific anaesthetic risks
- Uses Acepromazine (use in dogs for tranquilization and as a preanesthetic agent). The injectable form of acepromazine is FDA-approved for use in dogs and cats for sedation, to alleviate itching, help relieve vomiting associated with motion sickness, and as a preanesthetic agent ) without adjustment
- Does not provide IV fluids or overnight care
- Uses standard dog protocols across all breeds
- Will not allow you to speak to the vet directly

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## QUESTIONS TO ASK YOUR VET

- “What is your anaesthesia protocol for large guardian breeds?”
- “Do you use gas anaesthesia and IV fluid therapy?”
- “Have you worked with Tibetan Mastiffs or similar breeds before?”
- “Will my dog be monitored closely during recovery?”



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- “Can I speak with the anaesthesiologist or senior veterinarian before the procedure?”

## **KETAMINE: DOCUMENTED CASES OF FATALITY IN TIBETAN MASTIFFS**

The anaesthetic **ketamine**, commonly used in veterinary medicine for induction or sedation, poses a **significant and proven risk to Tibetan Mastiffs**. Based on **firsthand accounts and breeder documentation**, there have been **multiple confirmed fatalities** involving the use of ketamine in this breed.

### **! What's Especially Alarming:**

In numerous cases, the Tibetan Mastiffs appeared to **initially recover without incident**. They woke from anaesthesia, stood, walked, and even ate or drank—only to experience **sudden and irreversible collapse hours or days later**. In most cases, the collapse was due to **cardiac arrest, seizure activity, or respiratory failure**.

These events often occurred **after the dog had been discharged** from the clinic, creating a false sense of post-anaesthesia safety. This suggests that **delayed-onset systemic or neurological complications** were at play—most likely related to:

- **Drug accumulation in fat or muscle tissue**
- **Heightened neuro-excitability or dysphoric rebound** (a known issue with ketamine in primitive/guardian breeds)
- **Cardiopulmonary instability not immediately detectable during basic recovery observation**
- **Silent hepatic or renal overload that progressed rapidly once the dog returned to its home environment**

### **Why Ketamine Is Especially Risky for This Breed**

Tibetan Mastiffs have demonstrated:

- **Unpredictable reactions** to ketamine, even at adjusted doses
- **Extreme sensitivity to excitatory anaesthetics**
- **Inefficient clearance** of dissociative agents, especially when used in combination with other drugs like xylazine or diazepam

Even when ketamine is paired with sedatives or pre-medications, its use in Tibetan Mastiffs should be considered **high-risk and strongly discouraged**. The drug's **dissociative properties** - which are useful in many breeds can cause **neurotoxicity**, seizures, or fatal autonomic responses in this breed due to its unique neurochemical and metabolic profile.

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## 🚫 OUR FIRM WARNING:

**Based on multiple confirmed deaths and near-miss incidents**, we strongly advise that ketamine **not be used under any circumstances** in Tibetan Mastiffs, regardless of age, weight, or surgical need unless no other option exists and the situation is life-saving, and even then only under advanced monitoring in a specialty hospital setting.

If your veterinarian proposes ketamine in any combination or protocol, **you must object and request a safer alternative** - such as **alfaxalone** or **gas induction under sedation**.

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## 🔊 OWNER & VET COMMUNICATION POINTS:

- **Clearly inform your veterinarian** that ketamine has caused fatal reactions in your breed and provide examples if needed.
  - **Do not accept ketamine-based protocols**, even when mixed with other sedatives.
  - **Document and share** any unusual post-anaesthesia responses, especially involving disorientation, tremors, or sudden collapse.
  - **Consult your breeder** or guardian-breed veterinarian about successful past protocols.
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### **Disclaimer:**

*This document is intended as an informative resource only to raise awareness of the potential risks associated with anesthesia in Tibetan Mastiffs. It is not a substitute for professional veterinary advice.*

*All medical decisions, including anesthesia protocols, should be discussed in detail with your qualified veterinarian or veterinary anesthetist, who can assess your dog's individual health status, history, and procedural needs.*

*The author(s) of this guide are not licensed veterinarians and accept no liability for medical outcomes based on its content. Always seek professional advice when planning any procedure involving anesthesia.*