Crowning Ben

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BEN, a five-year-old German shepherd–dingo cross military working dog, was recruited in 1995, trained at Amberley with his handler LAC Anthony McGauley, and on 8 April 2000 deployed to Dili, attached to 383 Expeditionary Combat Support Squadron at Comoro airfield.

Previously, in July 1998, Ben had undergone root canal treatment and the fitting of a crown to a partially broken right lower canine, undergoing three general anaesthetic procedures, and subsequently achieving "a good bite". Unfortunately, the crown became dislodged in Dili, although it and the underlying gold peg were fortuitously retrieved from the back of his kennel. In training drills Ben began to have gum trauma, and it became apparent that the crown would have to be replaced.

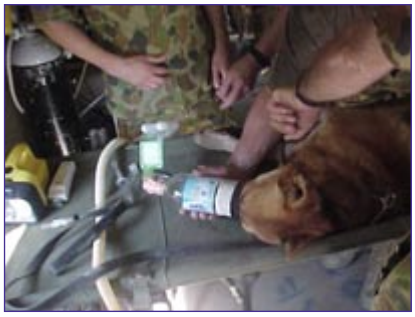
Ideally, this dental work would have been done in Australia, but this would have required a significant quarantine period and disruption of the team in Timor. Instead, the UN Military Hospital (UNMILHOSP) and 6th Battalion, Royal Australian Regiment were able to provide the necessary professionals for a local solution.

At an initial consultation, little rapport was achieved between the anaesthetist and his patient. Advice from the veterinarian who had performed the previous anaesthetic procedures was sought, as was a further opinion from a veterinarian in Darwin who had managed military working dogs. It was apparent that the physiological and pharmacological issues were not dissimilar to those in humans, and of course there was always that source of further advice, "the Net".

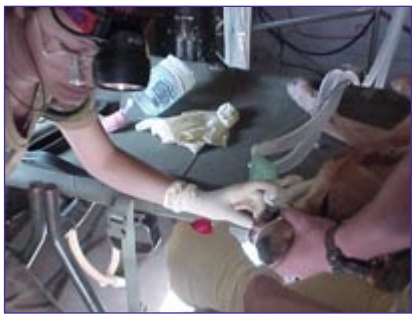
On 15 July 2000, in the triage tent of the UN Military Hospital, anaesthesia was induced with an inhalational technique, via a glove-diaphragmmed plastic water bottle, snugly placed over Ben's muzzled snout (Box 1). The experience of the dog handler, who had participated in the previous procedures, was invaluable. The usual ADF portable military anaesthesia machine (ULCO Manufacturing, Marrickville, NSW) was used. Conditions were judged satisfactory for intubation with 50% nitrous oxide in oxygen, an end-tidal isoflurane concentration of 2.5%, and a flaccid jaw. It was not possible to visualise the glottis, despite the assurances of the veterinarians that this should be possible, but blind oral placement of a size 9 endotracheal tube was successful after several attempts. The Dental Officer's preparation of the root canal and surfaces and placement of the gold peg and crown proceeded uneventfully (Box 2). Ben woke promptly after the cessation of anaesthesia, bypassed the recovery room for a sunny "stepdown" area (Box 3), and was then "fastracked" back to the airfield and his kennel.

Recent ADF deployments have seen the attachment of medical, dental, nursing and associated personnel to facilities in unusual locations. These operations have exposed regular and reserve personnel to clinical problems quite different from those experienced "at home". The deployment of animals is not new, but the use of RAAF dogs in East Timor is novel for the ADF. The need for canine intervention by medical and dental members could scarcely have been foreseen.

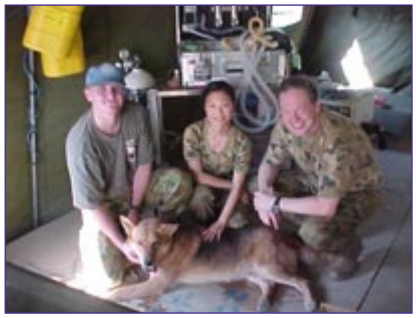
Ben's procedure was the 359th logged procedure performed in Dili under Operations Warden and Tanager, and he is believed to be the first dog to receive endotracheal general anaesthesia for a surgical intervention on ADF Active Service. ❑



1 A glove-diaphragmmed water bottle was used for inhalational induction of anaesthesia.



2 Reinsertion of peg and crown during endotracheal general anaesthesia.



3 After the event. With Ben, from left: LAC McGauley, CAPT K Lai (Dental Officer) and WGCDR Bradley (Anaesthetist).