



IVDD Decision Worksheet

Surgery or conservative treatment: a calm way to weigh it with your vet

PETSLIKEMINE
INTERVERTEBRAL DISC DISEASE

PET NAME _____	GRADE TODAY _____	DATE _____	VET / NEUROLOGIST _____
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There is rarely a single right answer here, with surgery as the heroic choice and rest as the cheap one. There are two genuine paths, each suited to different dogs and circumstances. Work through these six questions with your vet, on paper and calmly, and the fog becomes a structured choice. This does not replace your vet's advice; it helps you have the conversation well.

THE SIX QUESTIONS, WORKED THROUGH WITH YOUR VET

QUESTION	YOUR DOG
<p>1. What is the grade? Milder grades, a dog still walking, lean toward conservative management, where the odds are good. More severe grades, a dog that cannot walk, lean toward surgery, whose advantage widens with severity.</p>	_____
<p>2. Is deep pain present? The single biggest factor in the outlook. Its presence is reassuring and widens your options; its absence makes surgery more urgent. This is for your vet to judge, never to assess at home.</p>	Present <input type="checkbox"/> Absent <input type="checkbox"/> Vet to confirm <input type="checkbox"/>
<p>3. How long since the signs started? A recent, sudden, severe loss of function points toward acting fast, especially without deep pain. This is not a decision to sit on for days in a severely affected dog.</p>	_____
<p>4. Can you reach MRI and surgery quickly? Surgery is only an option if you can get to a referral centre with a scanner and a surgeon in a useful timeframe, so practical access is part of the real decision.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Finding out <input type="checkbox"/>
<p>5. What can you realistically afford? Is the dog insured? A legitimate question, not a shameful one. Good lifetime cover taken out before any signs appeared can change the decision entirely. See our cost and insurance planner.</p>	_____
<p>6. What does your vet advise? Your own vet, and where appropriate a neurologist, knows your individual dog and is your most important guide.</p>	_____

Written and reviewed by Dr Alastair Greenway MRCVS and Claire Greenway BVM&S MRCVS. This sheet explains and records. It does not diagnose or prescribe. Always follow your own vet's instructions.

How to use. Fill this in with your vet rather than alone in the small hours online. The figures overleaf show what each path really offers, so you decide on evidence rather than fear.

BRING THIS WITH YOU TO YOUR NEXT VET APPOINTMENT



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PETSLIKEMINE

INTERVERTEBRAL DISC DISEASE

What each path really offers, and room to land your decision

THE TWO PATHS, SIDE BY SIDE

	CONSERVATIVE (STRICT REST + PAIN RELIEF)	SURGERY (REMOVE THE DISC MATERIAL)
Best for	Milder grades: a dog in pain but still walking, or wobbly but on its feet. Selected grade 3 dogs too, in discussion with your vet.	Dogs that can no longer walk, grades 3 to 5, especially where deep pain raises the stakes.
Rough recovery odds	Around 90% for grade 1 to 2. Around 70% for grade 3. Around 50% for a paralysed grade 4 dog.	Around 90% for grade 3. Around 80 to 90% for grade 4. Around 60% for grade 5 against under 5% with rest, and best treated early.
Recurrence	Common: reported anywhere from about 15% to 66%. Around half of still-walking dogs relapsed in one series.	Reported from about 3% to over 40%, but for most dogs lower than after rest alone.
The catch	Not do-nothing-and-hope. Needs close monitoring; if your dog worsens or the pain is not controlled, surgery is reconsidered promptly.	Needs an MRI and a surgeon you can reach, plus the money. Recovery is still a few days in hospital, then weeks of rest and rehab at home.

Rough group figures from the veterinary literature: a guide to the odds for dogs as a whole, not a prediction for your dog. Both paths ask weeks of you.

THE URGENT THREAD: DEEP PAIN AND TIME

If a severely affected dog has lost deep pain, the odds are best when surgery relieves the pressure soon, so make the decision quickly rather than waiting and seeing. This is urgency, not panic: the window narrows with time but does not slam shut, and dogs have recovered after longer delays. Get to a vet or neurologist without delay.

WHERE WE HAVE LANDED

WRITE IT DOWN WHILE IT IS CLEAR

Our leaning today, and why

Questions still to answer with the vet

Decision, and the date we made it

TAKE IT FURTHER

Use our IVDD cost and insurance planner to weigh question 5 properly, and if surgery is on the table, bring the neurologist questions checklist to your referral appointment. Both at petslikemine.co.uk.

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How to use. This is a hard call, but the figures give you something solid to hold onto, and there is more than one good answer.

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