

Article

Feline onychectomy: Current practices and perceptions of veterinarians in Ontario, Canada

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Abstract – The objective of the study was to determine the proportion of practitioners from Ontario, Canada who perform onychectomy, identify the techniques utilized, and obtain practitioners views on the procedure. An anonymous survey was distributed to Ontario Veterinary Medical Association members. Mann-Whitney U-tests were used to compare responses of opinion questions related to declawing between respondents who indicated they perform declawing procedures and those who do not. Of 500 respondents, 75.8% reported performing onychectomy, with 60.1% of those reporting performing the procedure less than monthly and 73.3% only performing the procedure after recommending alternatives. Statistically significant differences were found between those who do and those who do not perform onychectomy for perception of procedural pain, concept of mutilation, perception of procedural necessity for behavior modification or prevention of euthanasia, and support of province-wide procedural bans.

Résumé – Onychectomie féline : pratiques et perceptions actuelles des vétérinaires en Ontario, Canada.

L'objectif de l'étude consistait à déterminer la proportion de praticiens en Ontario, au Canada, qui réalisent l'onychectomie, d'identifier les techniques utilisées et d'obtenir le point de vue des praticiens sur l'intervention. Un sondage anonyme a été distribué aux membres de l'Ontario Veterinary Medical Association. Des tests U de Mann-Whitney ont été utilisés pour comparer les réponses aux questions d'opinion portant sur le dégriffage entre les répondants qui avaient indiqué qu'ils réalisaient des interventions de dégriffage et ceux qui n'en effectuaient pas. Parmi les 500 répondants, 75,8 % ont déclaré qu'ils réalisaient l'onychectomie : 60,1 % ont déclaré la réaliser moins d'une fois par mois et 73,3 % ont dit l'effectuer après avoir recommandé des solutions de remplacement. Des différences statistiquement significatives ont été constatées entre ceux qui réalisaient l'onychectomie et ceux qui ne la réalisaient pas, au niveau de la perception de la douleur associée à l'intervention, du concept de mutilation, de la nécessité de l'intervention pour la modification du comportement ou la prévention de l'euthanasie et de l'appui d'une interdiction à l'échelle de province.

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Introduction

Feline onychectomy, commonly referred to as declawing, is primarily an elective procedure that involves the removal of the third phalanx using a guillotine-type nail clipper, surgical blade, or laser (1,2). The most common reason for performing onychectomy is unwanted scratching behavior causing personal injury or property damage (1,3). Occasionally, the procedure is performed on 1 or more digits as part of treatment for traumatic injuries or immune-mediated disease. Because there is no medical benefit to the cat when the procedure is elective,

performing the procedure has become increasingly controversial. The movement to ban the procedure in some jurisdictions is causing concern in a profession that has traditionally supported the procedure and requires a closer look at the benefits and risks. Some veterinarians consider elective onychectomy unethical and choose not to perform the procedure; instead they offer alternatives such as environmental and behavioral manipulation and non-surgical techniques such as plastic nail coverings (2,3). Other veterinarians feel that onychectomy is preferred over other possible negative consequences including euthanasia or

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abandonment. Conflicts within the profession about declawing are due in part to the numerous short- and long-term complications that have been attributed to the procedure (4). Many veterinarians feel that declawing involves a significant amount of pain, leading to concerns about appropriate anesthesia and analgesia (5). Other concerns include the belief that declawed cats are more likely to exhibit other behavioral problems including aggression, biting, and house soiling (3,6). It has also been suggested that onychectomy increases stress levels because it prevents cats from performing natural behaviors (3).

It is estimated there are approximately 10.2 million owned cats in Canada with approximately 35% of households owning a cat (7). The exact number of declawed cats in Canada and the number of onychectomy procedures performed are difficult to determine. In the United States, the American Veterinary Medical Association estimates that approximately 24.4% of owned cats are declawed (3). Other estimates of the number of declawed cats vary substantially. A survey given to cat owners through an online bulletin board found that 19.6% of owners reported having cats that were declawed (8) and results of a random telephone survey of 662 cat-owning households in Indiana reported that 45.1% of respondents indicated owning declawed cats (9). A more recent study found that approximately 21% of cats seen in veterinary hospitals near Raleigh, North Carolina were declawed (10). A survey of veterinary practices in Colorado reported a mean of 5.3 onychectomies performed for every 23.7 feline neuter surgeries (11), similar to the 27.6% of cats declawed simultaneously with neutering as reported by a private practice in New York (12). Responding veterinarians in Atlantic Canada reported a mean of 7.8 declaw procedures per month in 2001 (13). Although exact numbers are not clear, taken together, these studies suggest at least 20% of owned cats in the United States are declawed. What is not known, however, is what percentage of practicing veterinarians in Canada perform declaw procedures or the techniques they use.

The purpose of this study was to explore some of the unanswered questions about the procedure within Ontario. The specific study goals were to determine the current proportion of veterinarians in Ontario, Canada who perform onychectomy, what techniques they use, and to assess their views on the procedure.

Materials and methods

An anonymous online survey was created, in collaboration with the American Association of Feline Practitioners, to evaluate the attitudes and practices related to onychectomy procedures among veterinarians in Ontario, Canada. The survey was originally piloted by veterinarians in the Colorado Veterinary Medical Association, Veterinary Information Network (VIN), and faculty at Colorado State University and North Carolina State University, for assessment of clarity, and potentially missing or inappropriate response options. The final survey contained 33 questions. The survey was distributed via an e-mail invitation to Ontario Veterinary Medical Association members ($n = 2800$) from January 29, 2015 to March 15, 2015. Respondents who reported seeing feline patients for routine medical and surgical care were included in the analysis

Table 1. Frequency of performing onychectomy procedures ($n = 386$)

Frequency	Number (%)
Less than monthly	232 (60.1)
Less than weekly, but more than monthly	95 (24.6)
Weekly	40 (10.4)
2 to 3 times per week	16 (4.1)
More than 3 times per week	3 (0.8)

($n = 508$). Respondents were asked about their personal behaviors related to onychectomy as well as those of their clinic. Participants who reported performing onychectomy procedures were asked several questions about their technique, equipment used, and perceived rate of complications. Those who reported they do not perform onychectomies were asked to indicate the reasons. All respondents were asked to identify any alternatives to onychectomy they offer to clients. Lastly, all participants were asked their opinions about a province-wide ban on onychectomy as well as general perceptions about the onychectomy procedure. For many of the questions, multiple answers were allowed.

Statistical analysis

Descriptive statistics and frequency distribution (reported in percentages) were performed using commercially available software (IBM SPSS Statistical software, version 21). Chi-square tests were conducted to compare the responses of opinion questions related to onychectomy of respondents who indicated they perform onychectomy with those who indicated they did not perform the procedure. For these analyses, $P \leq 0.05$ was considered statistically significant. Because not all questions were answered by all participants, the total number of responses for each question varies. Reported percentages for each question are based on total responses for that question.

Results

The online survey was answered by 508/2800 respondents (18.1% response rate). This is approximately 14.1% of the 3592 licensed veterinarians in Ontario. The 3592 veterinarians include those not currently in clinical practice and those who do not practice feline medicine. Therefore, although an exact percentage of the Ontario practitioners working with feline patients who responded to the survey is not known, it is estimated to be more than 15%.

Participants were asked if any veterinarian in their clinic performed onychectomy; 455/499 (91.2%) responded yes, 44/499 (8.8%) responded no. When asked if they personally perform onychectomy, 379/500 (75.8%) responded yes, and 121/500 (24.2%) responded no.

Those not personally performing onychectomy were asked to identify the primary reasons. Reasons identified by those responding ($n = 108$) included: against personal beliefs or ethics (73.1%), never learned the procedure (15.7%), no client demand for service (2.8%), prohibited by clinic policy (5.6%), prohibited by local or national laws (2.8%), and "other" (35.2%).

Table 2. Onychectomy methods and frequency of use

Method	Frequency [number (%)]				Used in past but not currently
	Always	Often	Sometimes	Never	
Scalpel only (<i>n</i> = 279)	206 (73.8)	8 (2.9)	11 (3.9)	32 (11.5)	22 (7.9)
Guillotine-style nail trimmer (e.g., Resco) only (<i>n</i> = 206)	42 (20.4)	12 (5.8)	2 (1.0)	121 (58.7)	29 (14.1)
Guillotine-style nail trimmer (e.g., Resco) and scalpel (<i>n</i> = 194)	29 (14.9)	8 (4.1)	11 (5.7)	124 (63.9)	22 (11.3)
Laser only (<i>n</i> = 177)	50 (28.2)	6 (3.4)	8 (4.5)	95 (53.7)	18 (10.2)

Table 3. Use of perioperative analgesia for onychectomy^a

Perioperative analgesia	Number (%)
Non-steroidal anti-inflammatory drugs	343 (90.5)
Injectable opioid drugs	332 (87.6)
Ring block	279 (73.6)
Transmucosal opioid drugs	65 (17.2)
Fentanyl patch	58 (15.3)
Oral opioid drugs	23 (6.1)
Splash block	21 (5.5)
Opioid-containing CRI	8 (2.1)
None	3 (0.8)

^a A total of 379 responses are reported. More than one response accepted; total does not equal 100%.

CRI — constant rate infusion.

Onychectomy techniques

A series of questions pertained to onychectomy procedures and excluded respondents who indicated that they did not perform onychectomy. Respondents (*n* = 382) were asked to report under what circumstances they perform onychectomy. Most (64.9%) reported performing the procedure only when requested by an owner, 24.1% reported only in certain situations, and 11.0% reported offering the procedure to all owners. When responding to a question about the frequency of performing onychectomy (*n* = 386), most respondents answered less than monthly, followed by less than weekly, but more than monthly (Table 1). When responding to questions about forepaw *versus* hindpaw onychectomy (*n* = 391), most respondents (84.4%) reported performing onychectomy only on the forepaws. However, 15.6% of respondents reported routinely performing onychectomy on all 4 paws [57.4% (35/61)] in the same surgical procedure and 42.6% (26/61) as 2 separate surgical procedures.

When responding to questions about surgical preparation methods (*n* = 388), most (94.8%) respondents reported not routinely clipping the fur on the paws. The most commonly used surgical preparation solution reported was chlorhexidine (60.6%), followed by alcohol (42.5%), iodine (28.9%), and none (9.3%). Tourniquet use was reported by 86.5% (334/386) of respondents to the question. For respondents who reported using tourniquets, 177 (53%) reported the tourniquet position as above the stifle or elbow, 133 (39.8%) reported the position as below the stifle or elbow, 20 (6.0%) reported the position as below the stifle but above the elbow, and 4 (1.2%) reported the position as above the stifle but below the elbow.

Respondents were asked how frequently they use various onychectomy methods. The scalpel method was identified as

Table 4. Analgesic drugs dispensed for post-operative treatment following onychectomy^a

Analgesics	Number (%)
Oral non-steroidal anti-inflammatory drug	335 (88.4)
Transmucosal buprenorphine	163 (43.0)
Other opioid drug	52 (13.7)
Fentanyl patch	48 (12.7)
Oral gabapentin	19 (5.0)
None	8 (2.1)

^a A total of 379 responses are reported. More than one response accepted; total does not equal 100%.

most frequently used, followed by guillotine-style nail trimmer (e.g., Resco) (Table 2). Respondents (*n* = 388) were asked if they routinely remove all of P3 to the P2/P3 joint; 93.3% responded yes and 6.7% responded no. Of those who responded to the question on scalpel blade size (*n* = 271), 57.9% indicated they routinely use #15, 14.0% reported using #11, 12.9% reported #12, and 15.2% reported using #10.

Responses to the most commonly used method of skin closure (*n* = 384) were adhesive or tissue glue (82.0%), suture (13.0%), and none (4.9%). Of those responding to a question on whether paws are routinely bandaged after onychectomy (*n* = 385), 69.5% respondents reported yes, 16.5% reported no, and 14.0% reported only when necessary. For those who reported bandaging paws after onychectomy (*n* = 341), most (69.5%) reported keeping the bandages on overnight after surgery, 9.4% reported keeping the bandages on only for the day of the procedure, 6.7% reported keeping the bandages on for 2 d after surgery, 0.6% reported keeping the bandages on more than 2 d after surgery, and 13.8% reported not bandaging paws routinely.

Respondents were asked about analgesic drugs routinely used in the perioperative period. The most commonly reported analgesic choice was non-steroidal anti-inflammatory drugs (NSAIDs), followed by opioid drugs, and local anesthesia (ring block) (Table 3). Respondents (*n* = 379) were also asked what analgesic drugs they routinely dispense to the owner for home treatment after onychectomy. The most commonly prescribed analgesic drugs were transmucosal buprenorphine and NSAIDs (Table 4).

When asked about the duration of postoperative analgesia (*n* = 386), most respondents (84.5%) reported routinely providing analgesia for 3 to 7 d (Table 5). When responding to a question about postoperative hospitalization (*n* = 388), 44.8% reported hospitalization for 1 night, 52.8% reported

Table 5. Duration of analgesia treatment post onychectomy

Time	Number (%)
More than 1 week	32 (8.3)
3 to 7 days	326 (84.5)
48 hours	20 (5.2)
24 hours	4 (1.0)
Only in the perioperative period (in-hospital)	3 (0.8)
None provided	1 (0.3)

hospitalization for more than 1 night, and 2.3% reported no overnight hospitalization.

The survey asked respondents to estimate the complication rate associated with onychectomy. Of those reporting minor complications ($n = 407$) such as minor bleeding or swelling, and transient lameness, 73.7% reported occurrence in less than 5% of cases, 23.3% reported occurrence in 6% to 15% of cases, and 2.9% reported occurrence in more than 15% of cases. Of those reporting major complications ($n = 345$) such as major bleeding or swelling, protracted lameness, and infection, 97.4% reported occurrence in less than 5% of cases, 1.7% reported occurrence in 6% to 15% of cases, and 0.9% reported occurrence in more than 15% of cases.

Regardless of whether or not they reported performing onychectomy, respondents were asked if they perform deep digital flexor tendonectomy as an alternative to onychectomy. Of those responding to the question ($n = 460$), 96.3% reported not performing deep digital flexor tendonectomy. Those who reported not performing deep digital flexor tendonectomy were asked to indicate the reason for this decision. The most common response was that they never learned the procedure (Table 6).

Regardless of whether or not they reported performing onychectomy, respondents were asked if they *offer* clients non-surgical alternatives to onychectomy or if they *recommend* non-surgical alternatives to onychectomy. Of those responding to the question ($n = 445$), most reported *recommending* non-surgical alternatives (73.3%) compared to 26.7% who reported *offering* alternatives but not recommending them. Respondents were asked to report which non-surgical alternatives they routinely offer or recommend. Many respondents reported offering nail trimming, appropriate scratching devices (e.g., scratching posts), nail covers, or deterrent materials (e.g., double-sided tape, aluminum foil, sprays, etc.) (Table 7).

Attitudes toward onychectomy

Of those responding to a question on what position they feel their local veterinary organization should take pertaining to legislation for an onychectomy ban ($n = 466$), 36.5% of respondents reported opposing legislation, 20.2% reported having no position, and 43.3% reported supporting restrictive legislation. Responses were significantly different ($P < 0.0001$) between veterinarians who reported they perform onychectomy and those who indicated they do not perform the procedure (Table 8).

Perception of pain involved with onychectomy was significantly different ($P < 0.0001$) between veterinarians who reported performing onychectomy and those who indicated they do not perform the procedure. Those who perform ony-

Table 6. Reasons given for not performing deep digital flexor tendonectomy

Reason	Number (%)
Never learned the procedure	200 (49.1)
Concerned about long-term complications	126 (31.0)
Against personal beliefs or ethics	76 (18.7)
Concerned about immediate post-surgical complications	2 (0.5)
Prohibited by clinic policy	3 (0.7)
Prohibited by local or national laws	—

chectomy rated the procedure as less painful than those who do not perform the procedure (Table 9).

Lastly, participants were asked to indicate their level of agreement with differing views on onychectomy (Table 10). These statements included “declawing is a form of mutilation” ($n = 468$); “declawing is necessary in some cats for behavioral reasons” ($n = 464$); and “declawing is an unfortunate consequence of lifestyle issues but is a necessary alternative to euthanasia in some cats” ($n = 467$). Responses to each of these items were significantly different between veterinarians who reported performing onychectomy and those veterinarians who indicated they do not perform the procedure ($P < 0.0001$).

Participants were given the opportunity to provide additional comments when asked under what circumstances they would perform onychectomy. Most comments focused on explaining the specific circumstances when they felt onychectomy was appropriate. For example, these comments included “Must have had serious efforts made to avoid it first,” “Only when requested by owner and after all attempts to educate and convince otherwise, and they still request;” “Only done when requested, but we do discuss and coach clients on alternatives,” and “When owner will not continue alternatives and wants to euthanize.”

Discussion

Most respondents reported performing onychectomy and nearly half of those who indicated they do not perform the procedure themselves work in a clinic in which the procedure is performed. However, as survey participation was voluntary and online, self-selection, and online population biases may be reflected in these results. Women tend to be over-represented in VIN membership and in answering online surveys. How gender impacts attitudes toward onychectomy is unknown. How well the respondents represent the population of veterinarians working with cats is also unknown and is a limitation of the study.

Although most respondents reported performing the procedure, it is not frequently performed, with most respondents reported performing onychectomy less than once a month. The majority of practitioners, regardless of whether they perform onychectomy themselves, recommend a variety of alternative options with the most common being appropriate scratching devices and nail trimming. This study did not assess participant views on the effectiveness of these measures.

For those performing onychectomy, scalpel only technique was reported to be used always or often by most respondents. Current literature suggests that the laser technique is recommended for minimizing complications associated with onychectomy (14). However, cost of laser equipment and the learning

Table 7. Non-surgical alternatives to onychectomy routinely offered or recommended

Non-surgical alternative	Number (%) ^a
Appropriate scratching devices (e.g., scratching posts)	436 (99.1)
Nail trimming demonstrations	433 (98.4)
Nail covers (e.g., Soft Paws or similar)	396 (90.0)
Pheromone spray (e.g., Feliway)	319 (72.5)
Deterrence materials (e.g., double-sided tape, aluminum foil, sprays, etc)	299 (68.0)
Behavior modification	180 (40.1)
Prescription medications	42 (9.5)

^a A total of 440 responses are reported. More than one response accepted; total does not equal 100%.

Table 8. Views on a legislative ban on onychectomy

	Those currently performing onychectomy (<i>n</i> = 363) Number (%)	Those currently not performing onychectomy (<i>n</i> = 101) Number (%)
Support	118 (32.5)	82 (81.2)
Oppose	163 (44.9)	7 (6.9)
No position	82 (22.6)	12 (11.9)

curve for use may be why most veterinarians continue to use scalpel techniques.

There were significant differences in practitioners' personal views about onychectomy between those who perform onychectomy and those who do not. Most respondents who do not perform onychectomy reported believing the procedure and postoperative recovery involves pain, while only about 25% of those who do perform the procedure reported the same beliefs. Similarly, opinions differed between those who do and not perform onychectomy on questions regarding whether onychectomy is viewed as a form of mutilation, if it is sometimes necessary for treatment of behavioral problems, or if it is a necessary alternative to euthanasia for some cats. To the authors' knowledge, no other studies have examined veterinarians' attitudes toward onychectomy to this degree.

Most respondents believe that the procedure causes at least a fair amount of pain, consistent with what is reported in the literature. Numerous short- and long-term complications have been attributed to onychectomy with hemorrhaging and pain being the most common early postoperative complications. Potential later complications include claw regrowth, chronic draining tracts, radial nerve paralysis secondary to tourniquet use, infection, wound dehiscence or incomplete healing, protrusion or loss of the second phalanx, tissue necrosis from improper bandage placement, development of palmigrade stance, chronic pain, and persistent lameness (9,15–19). Anecdotally, it has also been suggested that removal of the claws inhibits normal isometric exercise of the lumbar muscles during scratching, thus changing how the paw contacts the ground and leading to back pain (20). Furthermore, 1 study found abnormal gait, determined by force plate analysis, for at least 12 d after onychectomy (21). Despite nearly 5% of veterinarians reporting that little or no pain is associated with the procedure, less than 3% reported use of no pain control either before or after surgery.

Table 9. Perception of pain involved with onychectomy procedure and recovery

	Those currently performing onychectomy (<i>n</i> = 364) Number (%)	Those currently not performing onychectomy (<i>n</i> = 103) Number (%)
None or minimal	17 (4.7)	—
A small amount	60 (16.5)	4 (3.9)
A fair amount	91 (25.0)	13 (12.6)
Quite a bit	94 (25.8)	23 (22.3)
A great deal	96 (26.4)	59 (57.3)
Unable to determine	6 (1.6)	4 (3.9)

Although onychectomy is performed by most of the respondents to this survey, there are many veterinarians who reported feeling strongly that this procedure is unethical and unnecessary. The lack of conclusive data on adverse long-term behavioral effects, short-term complications, and impact on cat welfare fuels debate on this topic. Responding veterinarians most commonly reported refusing to perform onychectomy on ethical grounds. Other reports suggest that onychectomy is not associated with adverse long-term behavioral effects and that short-term complications, particularly pain and hemorrhage, can be adequately controlled with proper surgical technique and use of analgesia (22). Another welfare argument against onychectomy is the potential adverse effects of depriving a cat of the use of its claws and the ability to engage in species-specific behaviors (e.g., scratching, grooming). This frustration of natural behaviors has been proposed as a cause of chronic stress (3). Those who support onychectomy point out that scratching behaviors are a leading reason for cat relinquishment (23, 24), and directly impact the number of cats euthanized in veterinary clinics and animal shelters due to behavior problems (25). Yet, even this point is contested, with some arguing that declawed cats are actually at an increased risk of relinquishment and euthanasia (26). The lack of data about cat populations, cat ownership and owner attitudes in Canada presents challenges when interpreting studies. The population of cats in Canada includes 10.2 million "owned" cats with an unknown additional number of "feral" cats (7). How many of these are truly feral *versus* free-roaming owned cats is difficult to assess (27–29). The reasons owners allow cats to roam are also not well-described, although personal beliefs about cat welfare, urine spraying, and destructive behaviors such as inappropriate scratching have been identified. Without adequate population data, it is difficult to accurately assess the risk of declawing on shelter relinquishments, euthanasia, or free-roaming cat populations. It is also difficult to assess the impact a ban on declawing would have on overall cat welfare.

To the best of the authors' knowledge, there is no ban in place at any location in Canada, yet nearly 3% of veterinarians reported not performing the procedure because of local or national laws. While a ban is not supported by the Canadian Veterinary Medical Association (CVMA) (30), the Canadian Federation of Humane Societies (CFHS) (31), the American Animal Hospital Association (AAHA) (32), the American Veterinary Medical Association (AVMA) (33), or the Cat Fanciers' Association (CFA) (34), these organizations

Table 10. Agreement level with differing views on the onychectomy procedure

Statement	Perform onychectomy	Agreement level				
		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Declawing is a form of mutilation (<i>n</i> = 468)	Yes	46 (12.6)	94 (25.8)	63 (17.3)	91 (24.9)	71 (19.5)
	No	47 (45.6)	34 (33.0)	4 (3.9)	8 (7.8)	10 (9.7)
Declawing is necessary in some cats for behavioral reasons (<i>n</i> = 464)	Yes	66 (18.2)	177 (48.9)	44 (12.2)	44 (12.2)	31 (8.6)
	No	2 (2.0)	21 (20.6)	16 (15.7)	35 (34.3)	28 (27.5)
Declawing is an unfortunate consequence of lifestyle issues but is a necessary alternative to euthanasia in some cats (<i>n</i> = 467)	Yes	145 (39.8)	165 (45.3)	24 (6.6)	17 (4.7)	13 (3.6)
	No	7 (6.8)	31 (30.1)	12 (11.7)	36 (35.0)	17 (16.5)

publicize strong position statements that onychectomy should only be performed with careful consideration after alternative options have been explored. These statements may be misunderstood as laws by some veterinarians. For example, the CVMA position statement indicates it “strongly discourages onychectomy (declawing) of domestic cats for routine purposes. Surgical amputation of the partial digit prevents cats from expressing normal behaviors and causes pain. Veterinarians should inform clients of the potential negative consequences of declawing and educate them about tools and techniques available to prevent and minimize personal and property damage so that the procedure may be avoided” (30). Similarly, the CFHS position is “opposed to the declawing of cats, but reluctantly accepts declawing if it is the only alternative to having the cat euthanized. The CFHS believes it is the responsibility of cat owners to become educated on the subject of declawing and its alternatives. The declawing of cats should be a last resort when behavior modification has been ineffective and euthanasia or abandonment will result if the behavior does not cease” (31).

It is estimated that as many as 28 countries, including many European countries, have banned onychectomy (35) for welfare reasons, yet there have been no published studies on the potential welfare outcomes of these bans. Attitudes about cats and ownership in these countries may also be different than those in the United States and Canada. This study showed that 94.5% of respondents who perform onychectomy do so only after other alternatives have been offered, following the positions of multiple organizations. However, many individuals feel these policies do not go far enough and that a legislative ban is necessary. Despite the call from many to legislate a ban on onychectomy, the results of this study, and the position statements by key organizations, suggest that most veterinarians do not support a legislative ban. In this study, 32.5% of those who perform onychectomy (78.2% of the surveyed veterinarians) support a ban. And, although 81.2% of veterinarians who do not perform onychectomy support a ban, they comprise only 21.8% of the survey participants. A follow-up study to determine why veterinarians do or do not support a ban would provide additional useful information.

In summary, onychectomy is often an emotional and divisive topic and there are significant differences in opinions between those who perform the procedure and those who do not. Regardless of their position, many veterinarians feel

passionately about the subject, as reflected in the numerous additional comments offered by respondents to the survey. While many veterinarians are strongly opposed to the procedure under any circumstances, results of this study suggest that most veterinarians do perform onychectomy, yet appear to do so only after offering or recommending numerous alternative options — following the guidelines of CVMA. It is interesting to note that despite the interest and controversy that surround onychectomy, there is a dearth of data to help guide the field forward. It is critical to have a better understanding of the number of declawed cats, as well as the impact onychectomy has on behaviors, quality of life, and relinquishment. As communities debate onychectomy bans, an analysis of the impact of the bans that have already been implemented could help political leaders make informed decisions.

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