



Discharge Instructions Following Anal Sacculectomy for the Management of an Anal Sac Tumour/ or Recurrent Anal Sac Infection

Surgery was performed today to remove either one or both of the anal sacs to treat a tumour affecting the anal sac or management of recurrent episodes of anal sac blockage, irritation or infection. The affected glands were excised via an incision made on either side of the rectum, and which lay beneath the sphincter muscles of the anus.

Due to the location of the surgery and incision near the anus and stools, the rate of wound infection is higher than a routine surgery, and should be monitored closely in the next 10 days. The wound has been closed using sutures which may be buried beneath the skin and not require removal, or be placed through the skin and require removal in 10 days time.

Other complications which have been reported are faecal incontinence due to injury to the nerves supplying the sphincter muscles and trauma to the muscles themselves, but the risk of this is low.

Patients may often be uncomfortable following the surgery performed around the backside and may want to rub or traumatise the wounds by rubbing along the ground. This behaviour should be avoided as this will increase the likelihood of infection and wound complication. Should the area appear to be inflamed, similar to a nappy rash, please use a thin layer of a barrier cream, such as Sudocrem, Nappy Rash Cream or Vaseline, on the wounds and inflamed skin.

Please examine the wounds every day for signs of swelling, redness, opening or discharge, and contact your veterinarian should you be concerned for re-examination. It is better to identify any complications early. Please ensure the wounds are clean of faeces/stools, and bathe with warm water or dilute chlorhexidine solution and cotton wool if required.

Occasional soiling of the kennel or bedding, or frequent desire to posture to toilet may be observed due to irritation of the surgery site and around the backend, but this will decrease in the coming 2 weeks as the wound heals.

Please allow 2 weeks of restricted activity and no off-lead activity to ensure wound healing, prior to returning to normal activity thereafter.

An Elizabethan Collar should be used until re-examination in 10 days time to prevent self-trauma and licking of the wound.

A diet of soft foods should be given over the next 2 weeks, avoiding bones.

Re-examination

Several routine examinations are advised in the early post-operative period to monitor for any signs of infection or complication.

DAY 5: Wound examination (fentanyl patch removal if required).

DAY 10: Final wound examination (suture removal if required)

WEEK 4: Final assessment

Please fast your pet prior to these appointments in case sedation is required.



Medication

A course of antibiotics and anti-inflammatory medication will be dispensed. Please follow the label instructions carefully and contact your veterinarian should you have any queries. Should there be any gastrointestinal signs (vomiting, diarrhoea) please stop the medication and contact your veterinarian for further advice.

A fentanyl patch may be required in some cases where additional pain-relief is deemed to be necessary. A fentanyl patch may be placed on the skin for pain relief and will be covered by an adhesive bandage. The patch will provide analgesia for 3-5 days. This may be removed after 5 days and disposed of in the household waste. Occasionally side effects may be observed and vary widely between patients, with the main effect being dysphoria (appearing high, overly quiet or over excitable) and loss of appetite. Should you notice any of these signs at home, please remove the patch and dispose of in the general waste. Patients have been known to eat the patches and currently I have not observed any signs of over-dosage, but please avoid this and monitor your patient carefully at home. Should you have any concerns contact your regular veterinarian or an emergency afterhours service if needed.