West Midlands Referrals

Post-operative care for patients after anal furunculosis surgery

This condition involves the formation of infected draining tracts around the anus. It is often seen in German Shepherd dogs, and causes discomfort and straining on defaecation.

Anal furunculosis usually doesn't respond to antibiotics. However medical treatment with cyclosporine, an immune suppressing drug, is often effective and reduces the affected area or puts the condition into remission. When treatment stops, signs can sometimes subsequently flare up again in the months or years that follow. Unfortunately cyclosporine medication is expensive, and long term treatment in large dogs (requiring more of the drug than small ones) often proves very costly for owners. Other drug combinations may be considered but side effects are more likely with other combinations.

Prior to the end of the 1990s, anal furunculosis was generally treated as a surgical disease. Since then, when cyclosporine treatment was found to be effective, surgery has generally been reserved for refractory cases or for cases where small persistent localised areas of problem are present.

Surgical treatment involves cutting out the affected tracts along with the associated anal sphincter muscle. Anal gland(s) are often removed in association. The nerve supply to the anal sphincter controls faecal continence and if the innervation to both sides of the anus is compromised surgically, there will be long term faecal incontinence post-operatively which may result in faecal soiling in the house. If just one side is damaged, any faecal incontinence is likely to be transient and is likely to resolve once scar tissue formation on the operated side gives the remaining muscle on the other side something to pull against.

Medication:	**Antibiotics:**	We usually dispense antibiotics like claviseptin (tablets given twice daily).
	Anti-inflammatories:	We usually dispense carprofen (tablets given twice daily), or meloxicam (a liquid given once daily). These are given with food. They occasionally cause vomiting or diarrhoea, in which case prompt advice should be sought.
	Analgesics:	We may dispense tramadol, (tablets given twice daily).
	Stool softeners:	We might occasionally dispense Peridale granules or the equivalent. 0.5-1 teaspoonful is given with each meal.

The wound must not be interfered with or bathed. An Elizabethan collar must be used to prevent interference with the wounds. Any ooze may be gently blotted with kitchen towel, but if ooze is seen, advice should be sought.

Rechecks a few days after surgery may be with your own vet to save un-necessary travelling. We can do this check-up where travelling is not an issue, and all our post-op check-ups are free under our "fixed price" schemes. Please contact us to book an appointment for us to see the case back 2-3 weeks post-operatively when we can remove sutures if necessary and check that all is going to plan. The sutures we use are fully absorbable and are usually left to fall out on their own. Some straining to defaecate in the early post-operative period is to be expected.

Food can be resumed following surgery, and the dog will probably be hungry because we often ask for these cases to be starved of food (but not water) for a full 24 hours pre-operatively to empty the rectum as fully as possible. We advise that a highly nutritious, low volume, highly digestible, low residue diet should be fed to minimise the volume of faeces that is produced in the early post-operative period. Your own vet can supply you with a suitable commercial diet. Failing that, a chicken and rice diet would be a fair alternative. This should be fed in two daily meals (with Peridale granules added if advised). This feeding regime is recommended for a few weeks post-operatively while fibrosis develops in the wound and it gains strength. The normal diet can be resumed from a few weeks post-operatively.

Restriction and supervision of activity is advised for 2 weeks post-operatively. Dogs should be kept on a lead while the wound matures.

Complications
Wound infection occasionally occurs but this region of the body has an excellent blood supply and excellent healing capability.
Breakdown of the sutured wound can occur. Even if licking is prevented with an Elizabethan collar, "scooting" along the ground might contribute to wound breakdown, but our experience is that with careful post-operative care and wound management, breakdown is uncommon.
Recurrence of the anal furunculosis, or the development of fresh lesions at other locations around the anus is relatively common. This might require ongoing expensive medical treatment or further surgery.
Transient or permanent faecal incontinence is possible following surgery. If only one side has been operated on, any incontinence is likely to be transient. Surgery on both sides (even if done at different times) can result in permanent faecal incontinence as mentioned in the introduction.

For further advice please contact us by phone on 07944 105501 or at mail@wm-referrals.com