



Post-operative care after surgery involving large wounds

These cases will usually be either large traumatic wounds or wounds following cancer resection surgeries. These cases may have involved large skin flaps to allow the wound to be closed with as little tension as possible.

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 have dispensed tramadol (tablets given twice daily) for dogs or buprenorphine (liquid given every 8 hours by mouth) for cats.

The wound must not be interfered by the patient or bathed. A T-shirt can make a good improvised cover to wounds on the body for large dogs, but ensure it is changed regularly and that it doesn't stick to the wound. An Elizabethan collar will usually be required to help prevent interference with wounds. Any ooze from the wound 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 if travelling is not an issue, and all post-op check-ups are free of charge with us 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/staples and check that all is going to plan.

Dressings may be used post-operatively to help control swelling. These should be kept dry at all times. If they do become significantly wet, or if they slip, then they can be removed. A thin white Primapore adhesive dressing may have been used in direct contact with the skin to give the wound some on-going protection. Unless they become soiled, these are left in place until they slough off naturally.

Drains are often used. These are usually soft and well tolerated by patients. However they should not be chewed or interfered with. An Elizabethan collar should be used while a drain is present. If the drain is interfered with by the patient there is a risk that part of the drain can remain inside the patient as a "foreign body", and this can lead to a persistent discharge and the need for a second surgery. If you can't see an inch or so of the drain external to the body, please seek advice. This part of the drain is anchored to the skin at the exit hole with a loose suture.

Some discharge around the drain is expected as the role of the drain is to allow this fluid to escape to the outside. Gently blot around the drain with clean kitchen towel several times a day. Please do not use cotton wool or any other material which which "lints" (leaves fibres stuck to the exit hole). Please take care not to pull on the anchoring suture or the drain itself. After drying, a sparing smear of Vaseline can be applied to the skin around the drain to help keep local skin soreness to a minimum. Please be careful not to smear Vaseline into the actual hole through which the drain exits.

Drains are typically left in place for 2-5 days and they are typically checked by a vet every couple of days. The decision to "pull" (remove) the drain is based on how much discharge is still coming from the drain.

The drains are anchored in such a way that removal is easy, quick and painless and doesn't required sedation or anaesthesia. The exit hole will close over within a few days and heals with a negligible scar.

Strict lead restriction is required in the early stages of healing, anywhere outside of the house including the garden. Running/jumping/climbing (into cars, upstairs, onto furniture) should all be prevented. Consider using stair gates and ramps. The wound is vulnerable to breaking open in the early stages of healing until it has acquired enough strength of its own through healing. The first two weeks are the period when most care needs to be exercised.

What does the future hold?

This will largely depend on the reason for the surgery. For wounds that follow tumour removals, the prognosis will depend on the nature of the tumour and on the completeness of the excision.

Our fixed prices include any follow up consults and x-rays done with us, but don't include further medication or revision surgery. For further details please see www.wm-referrals.com, "about us", "FAQs".

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