

Post-operative care for patients after perineal urethrostomy surgery

This surgery is typically performed on male cats that have had recurrently or persistently obstructed urinary outflow, usually because of obstruction with urinary calculi (mineral deposits) that get stuck in the penis as the urethra narrows. Cats will usually have been medically managed for one or more obstructive episodes. The composition of the calculi influences the management. Special diets are advised long term to reduce the likelihood of future calculus reformation. Perineal urethrostomy involves changing the external genitalia. If the cat is entire it is castrated. The long, narrow male-type urethra is shortened by penis amputation so that the cat is left with a shorter, wide, female-type urethra. Sometimes a cystotomy is required too, which involves surgically opening the bladder to remove calculi which are still in the bladder.

- Medication:**
- Antibiotics:** We usually dispense antibiotics like claviseptin (tablets given twice daily).
 - Anti-inflammatories:** We usually dispense meloxicam (a liquid given once daily with food). Meloxicam occasionally causes vomiting or diarrhoea in which case advice should be sought.
 - Analgesics:** We may dispense buprenorphine, a liquid given by syringe by mouth every 8 hours for the early post-operative period.
 - Bladder wall protectants:** Cystaid, Cystease capsules or the equivalent. Dosing regimens vary but dosing frequency is often reduced as time goes on and your vet will advise on whether these should be continued long term.
 - Urethral relaxants:** Drugs that relax the urethra like phenoxybenzamine (Dibenyline), prazosin (Hypovase) or benzodiazepine (Xanax) are sometimes prescribed.
 - Stress relieving medication:** Your vet may recommend stress relieving agents including pheromone diffusers, oral medication like amitriptyline, or combination treatments like Cystophan combining bladder wall protectants with drugs that aim to reduce stress.

The wound must not be interfered with or bathed. A secure Elizabethan collar is essential. It is maintained for two weeks. If bleeding or ooze is seen, advice should be sought. The sutures are usually left to slough on their own.

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.

Strict restriction and supervision of activity is required. We advise that cats are confined to a cage. Cages which will fold flat when not in use are readily available from pet superstores, from your own vet, or from us. Cats can be given several short periods of supervised walking around the kitchen. Running / jumping / climbing (upstairs, onto furniture, onto kitchen work tops etc) should be prevented. Ensure that doors and windows are shut to avoid escapes!

Careful observation of urination is required. If you doubt that this is normal, seek urgent advice. Make litter tray(s) readily available. Frequent small urinations are typical in the early post-operative period. Periodic urine testing with a dip-stick is worthwhile and your vet will be able to assist with this. The pH of cat urine should be on the acidic side of neutral.

Water intake is encouraged to keep urine dilute to reduce the likelihood of calculus reformation. Some cats prefer rain water and some prefer moving water. Water fountains can be purchased from pet superstores and are well worth trying.

Urinary acidifying diets are recommended, at least pending analysis of any calculi removed. Your vet can provide these. Some calculi can actually be dissolved by these diets. Moist variants of these diets are strongly preferable to the dry variants, because maintaining hydration and a regular flow of dilute urine assists in reducing calculus reformation. Long term management depends on analysis of calculi. The analysis is done in the USA and takes about 6 weeks.

Stricture of the urethral opening, ascending urinary tract infection and on-going renal failure are recognised complications after this surgery. Stricture is unlikely if the stoma is neat and if wound interference is prevented post operatively. Preoperative blood tests will have indicated the presence of renal failure prior to surgery. Perineal urethrostomy will not reverse any established kidney damage. Increased risk of ascending UTI simply reflects the fact that the urethra is wider and shorter which makes it easier for calculi to get out but also makes it easier for bacteria to get in.

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