Post-operative care for dogs after urethrotomy and cystotomy surgery

When calculi – mineral deposits – form in the bladder of male dogs, they can get flushed out of the bladder with urine and then lodge in the penis, typically where the bone in the penis begins, a few inches from the tip. This can be an acute emergency. When the urethra is obstructed in this way it is often necessary to cut a hole into the base of the penis to liberate the calculi. Sometimes a cystotomy is required too, which involves surgically opening the abdomen and the bladder to remove calculi which are still in the bladder but haven't yet passed into the urethra. We send the calculi away for analysis and results can take 6 weeks to come back. The composition of the calculi influences the post-operative management. Special diets are usually advised long term to reduce the likelihood of future calculus reformation.

Medication:

Antibiotics: We usually dispense antibiotics like claviseptin (tablets given twice daily).

Anti-inflammatories: We may dispense carprofen (tablets given twice daily) or meloxicam (a liquid given once daily). These are given with food and they occasionally cause vomiting or diarrhoea, in which case advice should be sought.

Analgesics: We may dispense tramadol, tablets given twice daily.

The wounds must not be interfered with or bathed. An Elizabethan collar is often used for two weeks post-operatively. Sutures are not placed in the urethral wound unless it is required to stay open long term. The dog typically urinates in part through the urethral hole for a few days, often with some bleeding. This hole is expected to close over with minimal scarring by a couple of weeks post-operatively. Sutures in the abdominal wound can be removed after 2 weeks or so.

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. Running / jumping / climbing (upstairs, onto furniture 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. Frequent small urinations are typical in the early post-operative period, usually with some blood.

Lab tests. We typically take blood to document the function of the kidneys prior to giving an anaesthetic. Periodic urine testing with a dip-stick is worthwhile to check the concentration of the urine (which can give a good indication of kidney function) and to check its acidity. Your vet will be able to assist with this into the future. The result of the analysis of the calculi can take 6 weeks to come back, but this information is extremely useful for long term planning.

Water intake is to be encouraged to keep the urine dilute to reduce the likelihood of calculus reformation. Rain water is ideal as it has no dissolved minerals, so consider collecting rain water in a "water butt". Avoid "hard" water if at all possible. Beware water from the kettle may contain lumps of calcium carbonate "lime-scale" in it.

Urinary acidifying diets are recommended, at least pending analysis of any calculi removed. Your vet can provide these. Some residual calculi can actually be dissolved by these diets without further surgery. 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. The precise details of long term management depend on the analysis of calculi.

Prognosis. Stricture of the urethral wound is unlikely if the urethral wound is not interfered with post operatively. Preoperative blood tests will have indicated the presence of renal failure prior to surgery. Surgery will not reverse any pre-established kidney damage. With long term management appropriate to the particular calculus involved, recurrence of the calculi can usually be controlled. Occasionally a permanent urethral opening is created with sutures to the skin to allow small calculi to flush out should they form in the future, thereby avoiding obstruction developing.

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