

## Post-operative care for patients after colectomy surgery

The colon is the large bowel. The small intestines send sloppy contents into the colon through a valve called the ileo-caeco-colic junction (ICCJ). The colon's functions are to store faeces pending defaecation, and to absorb water from it. The longer faeces remains in the large bowel, the harder and drier it becomes. Faeces passes from the colon into the rectum, then out of the anus through sphincter called the anal sphincter. The colon has muscular walls, but if the colon becomes chronically stretched, it loses the ability to constrict to push faeces onwards. The colon can become chronically stretched with accumulated faeces if there is anything interfering with the passage of faeces onwards through the rectum and through the pelvic canal. Such obstructions might be caused by a badly healed pelvic fracture, or by masses in the structures of the pelvic canal. Sometimes there is no obvious cause for the constipation. Problems with the nerves and muscles in the wall of the colon may underlie the colon becoming impacted with faeces. Once constipation occurs, it often reoccurs at an ever increasing frequency and severity as the colon wall stretches and loses function. Constipation can sometimes be managed effectively, at least for a time, with stool softeners (lactulose, Isogel, Peridale etc) and with periodic enemas. After a period, conservative treatment may become progressively less effective and require a surgical solution.

A full colectomy is removal of all of the large bowel. Sub-total colectomy (STC) is removal of most of the large bowel. Our preference is STC as this preserves the ICCJ. After removing the bulk of the colon, the colon just behind the ICCJ is carefully and accurately sutured to the cut rectum. If this wound would be under too much tension, a full colectomy would be made to allow the mobile small intestine to be sutured to the rectum without problems of tension. Although tension and risk of catastrophic wound failure is reduced, a full colectomy sacrifices the ICCJ and is more likely to result in sloppy faeces being passed. This can be a problem for owners with house cats. Colectomy surgery is most commonly performed in cats for constipation. It is occasionally indicated in dogs and is sometimes done for tumour removal.

**Medication:**

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

**Anti-inflammatories:** We usually avoid anti-inflammatory drugs.

**Analgesics:** We usually dispense buprenorphine to cats (liquid, applied under the tongue by syringe, every 6-8 hours) or tramadol to dogs (tablets given twice daily).

**The wound** must not be interfered with or bathed. An Elizabethan collar can help prevent interference with 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 could 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, typically a thin white Primapore, to give the wound some on-going protection. These should be kept dry at all times. If they do become significantly wet then they can be removed.

**Strict restriction and supervision of activity** is required. Dogs should be on a lead anywhere outside of the house including the garden. Allow just 5 minutes of lead restricted exercise, three times a day, until you are advised to the contrary. Confine cats to a cage. Cages which will fold flat when not in use are readily available from pet superstores, Argos, many DIY stores or from on-line retailers. For both species, running / jumping / climbing (into cars, upstairs, onto furniture, onto kitchen work tops etc) should be prevented. Consider using stair gates and ramps, and keep doors and windows shut to avoid escapes!

It is very unlikely that your pet will have been discharged until it is eating, drinking and until we are confident that this is occurring without vomiting or diarrhoea. However if vomiting and diarrhoea are seen, seek prompt advice.

### Complications

The real "danger period" of internal wound breakdown with the serious and potentially fatal consequence of peritonitis, is the first week or so after surgery. Quoted figures for internal wound breakdown are in the region of 10% of cases. A patient that is still recovering well by a week post-operatively is not "out of the woods" but its likelihood of making a full recovery is greatly increased. Strict exercise restriction and vigilance is still required for at least two weeks post-operatively.

Several small meals should be offered each day rather than just one or two larger ones. The total volume of food that should be consumed per day should be limited to about two thirds of your pet's normal food volume for the first few days post-operatively. A nutritious, readily digestible and balanced food is ideal. Your vet can provide you with a commercial diet or we can advise on this for your particular pet.

Most cats that have had a colectomy surgery settle into a pattern of passage of adequately firm faeces at regular intervals into a litter tray. i.e. They may need to defaecate more frequently (they have less storage capability) and the faeces that they pass may be softer than normal, but they are continent and if they are given easy access to a litter tray they should keep clean.

**For further advice please contact us by phone on 07944 105501 or at [mail@wm-referrals.com](mailto:mail@wm-referrals.com)**