Post-operative care for patients after anal furunculosis surgery

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

It usually doesn't respond to antibiotics. However treatment with cyclosporin, an immune suppressing drug, is often effective in reducing signs or putting the condition into remission. When treatment stops, signs can flare up again. Unfortunately this medication is expensive, and long term treatment in large dogs (requiring more of the drug than small ones) often proves very costly for owners.

Prior to the end of the 1990s, this disease was generally treated surgically. Since then, when cyclosporin treatment was found to be effective, surgery has generally been reserved for refractory cases or for cases where small localised areas of problem are present.

Surgical treatment involves cutting out the affected tracts with 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 is compromised, there will be long term faecal incontinence post-operatively which may result in faecal soiling in the house. If just one side is damaged, faecal incontinence is likely to be transient and to resolve when scar tissue on the operated side gives the remaining muscle on the other side something to pull against.

Medication:

Antibiotics: Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily).

Anti-inflammatories: Non-steroidal anti-inflammatory drugs usually start/resume the morning after surgery. These are tablets (eg carprofen, Onsior or Previcox), or liquid (meloxicam). They should be given with food. If vomiting or diarrhoea is noted, stop this medication and seek prompt advice.

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. Some straining to defaecate in the early post-operative period is expected.

Food can be resumed following surgery, and they 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 on a lead while the wound matures.

Complications

Wound infection occasionally occurs but the sutures we use are fully absorbable, and this region of the body has an excellent blood supply and excellent healing capability.

Breakdown of the wound repair 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, this is uncommon.

Recurrence of the furunculosis, or development of fresh lesions at other locations around the anus is relatively common. This can require long term expensive medical treatment of further surgery.

Transient or permanent faecal incontinence is possible as explained above.

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