

## Post-operative care for patients after surgery to remove anal mass & abdominal lymph nodes

Tumours round the anus usually cause discomfort, straining and sometimes bleeding during defaecation. These tumours are frequently locally invasive and may well have spread to abdominal lymph nodes or further afield. Some of these tumours produce hormone like substances that can lead to raised calcium levels, which can cause increased thirst amongst other things. As part of the pre-operative investigations we will have checked calcium levels, other biochemistry including parameters indicating kidney function, and we will have done an ultrasound scan of the abdomen to look for lymph node enlargement.

Anal sac carcinoma is a common tumour affecting the anus and about half of these will have obvious spread to abdominal lymph nodes at the time of surgery. The usual cause of demise of these patients is compromised ability to defaecate resulting from enlargement of the abdominal lymph nodes. The good news is that treatment can often give survival times of a couple of years, with a good quality of life. Treatment involves surgical excision of the primary mass at the anus and removal of the abdominal lymph nodes, and sometimes the treatment includes metronomic (regular low dose) chemotherapy with melphalan or chlorambucil.

Abdominal lymph node removal is occasionally accompanied by major haemorrhage. Excision of the anal mass can sometimes result in temporary or permanent incontinence because of loss of nerve supply to the anal sphincter, the ring of muscle that surrounds and closes the anus. Even animals that have lost the innervation to the anal sphincter may still be aware that they need to go out to the toilet, so defaecation within the house won't necessarily be a practical problem, even for these animals. It would be usual to submit excised tissue for laboratory examination.

**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, Onsiar 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 have dispensed tramadol, (tablets given twice daily) for 5-7 days.

**The wound** must not be interfered with by the patient or bathed. An Elizabethan collar should be used to 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(s) 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 in the early post-op period. Dogs should be on a lead anywhere outside of the house including the garden, at least until we've checked the wounds at 2-3 weeks post-op. Running / jumping / climbing (into cars, upstairs, onto furniture etc) should be prevented for this period too. There may be temporary (or permanent) incontinence, so it makes sense to keep pets away from carpets and furniture until it is clear how continent your pet is. Consider using stair gates and keeping doors shut!

### The future

Recurrence of the abdominal masses may lead to a recurrence of problems with defaecation – straining, blood on faeces, pain or apparent constipation. The primary mass can sometimes recur if margins of excision were incomplete. If raised calcium levels were a feature of the case pre-operatively, excision of the masses should have normalised the calcium levels. If further masses are developing in the future, then the calcium levels may become raised again so signs like increased thirst might be noted.

**Our fixed prices include any follow up consults and with us, but don't include further medication or revision surgery. For further details please see [www.wm-referrals.com](http://www.wm-referrals.com), "about us", "FAQs".**

**For further advice please contact us by phone on 07944 105501 or at [enquiries@wm-referrals.com](mailto:enquiries@wm-referrals.com). Consider texting/emailing pictures.**