



## Post-operative care for patients after partial pericardectomy to relieve pericardial effusion

Partial pericardectomy is performed to relieve pressure on the heart (cardiac tamponade). Fluid (“effusion”) can sometimes accumulate in the space around the heart within the tough fibrous, inelastic bag called the pericardial sac that surrounds the heart. The heart is squeezed so it can less efficiently fill with blood. Some signs of heart failure may well be seen, like reduced exercise tolerance and fluid accumulation in the abdomen (ascites).

These cases will have had an ultrasound scan as part of the pre-operative work up. The cause of the fluid is sometimes due to a tumour in the pericardial sac. Sometimes no cause for the fluid accumulation is apparent (“idiopathic pericardial effusion”). Even if a tumour isn’t confirmed, it is still possible that one nevertheless underlies the condition.

Surgery involves thoracotomy (opening the chest cavity) to remove a substantial portion of the pericardial sac to leave a substantial “window” through which the fluid can drain out into the larger chest cavity from where it can be absorbed. We may biopsy any mass that is identified if it is considered reasonably safe to do so, but effective removal of any tumour is very unlikely so continued tumour growth should be assumed.

We usually approach the heart between the ribs on the right side, but may elect to approach from the left (eg to better access any identified tumour location). At the end of the surgery the space between the ribs is closed and a chest drain will have been used by us for the early post-operative period to ensure that the lungs reinflate and stay inflated. However this will always have been removed before discharge, leaving a small exit wound high on the chest wall. This exit wound closes rapidly once the chest drain is removed, but some minor discharge may be seen from this site for a day or two.

**Any breathing difficulties should be viewed as an ACUTE EMERGENCY. Seek our advice immediately.**

<b>Medication:</b>	<b>Antibiotics:</b>	Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily).
	<b>Anti-inflammatories:</b>	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.
	<b>Analgesics:</b>	We usually dispense tramadol, (tablets given twice daily)

**The wounds** 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** may be requested a few days after surgery, and may be with your own vet to save un-necessary travelling. We could do this check-up where 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. 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. Cages which will fold flat when not in use are readily available from pet superstores, Argos, many DIY stores or from on-line retailers. Patients can be allowed several short periods of supervised walking around the kitchen each day. Running / jumping / climbing (into cars, upstairs, onto furniture, onto kitchen work tops etc) should be prevented. Consider using stair gates and ramps, and ensure that doors and windows are shut to avoid escapes!

**Our fixed prices include any follow up consults and x-rays done 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”. Consults, dressings, x-rays and drugs from your usual vet will be chargeable. For further advice please contact us on 07944 105501 or at [enquiries@wm-referrals.com](mailto:enquiries@wm-referrals.com). Consider texting/emailing pictures.**

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