

## Post-operative care for cats after thyroidectomy surgery

This surgery is performed on older cats that develop overproduction of thyroid hormone (hyperthyroidism) from the two thyroid glands in the neck. In about one third cases one thyroid gland is involved, and both thyroid glands are involved in two thirds of cases. These cats usually have voracious appetites yet become thin. They usually drink a lot and may have intermittent vomiting and diarrhoea. They have high heart rates and the enlarged thyroid glands can usually be felt in the neck. A blood test is usually done to confirm the diagnosis and to check for other conditions like kidney disease or diabetes.

Cats are stabilised for a few weeks before surgery with oral medication. This lowers their heart rates, gets them gaining weight, and makes anaesthesia a safer proposition. Some cats can be managed medically long term, but surgery offers an alternative to the commitment of daily medicating which some owners and some cats find stressful.

Although surgery involves an anaesthetic in an older cat, the procedure is short. With careful pre-operative stabilisation the anaesthetic risk is modest. The surgery itself is not risk-free (see below) but the great majority of cats return to normal after surgery and “get their lives back”.

**Medication:**           **Anti-biotics**           Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily).

**Anti-inflammatories:** We may dispense meloxicam (eg Metacam or Loxicom), a liquid given once daily with food). Meloxicam occasionally causes vomiting or diarrhoea in which case medication should be stopped and prompt advice should be sought.

**Analgesics:**           We usually dispense buprenorphine, a liquid given by syringe by mouth every 8 hours for the early post-operative period.

**Thyroid hormone supplementation is generally not required**

**Calcium supplementation (see below) is only given in the occasional cases when problems develop**

**The wound** must not be interfered with or bathed. If bleeding or ooze is seen, advice should be sought. The wound under the neck usually heals very well. Skin sutures can be removed at 2 weeks post-operatively.

**Careful observation and supervision** is advised for the first three days in cats that have had both thyroids removed, to watch for the development of tremors or seizures (see below). We advise that cats are kept under veterinary supervision for this observation period when both thyroids have been removed. Supervised exercise around the house is fine, but ensure that doors and windows are shut to avoid escapes!

**Water intake is to be encouraged post-operatively.** Make litter tray(s) readily available. If you doubt that your cat is drinking normal amounts, and if you doubt that puddles of urine are being passed on a regular basis – say twice daily – please seek prompt advice.

**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.

### Complications

After removal of one thyroid gland, the other one may develop problems and need removing at a later date. You will be familiar with the signs of over production of thyroid hormone when you see them for the second time! About 2% of cats with hyperthyroidism have a cancerous condition of the thyroids, and this will obviously worsen the prognosis.

Some cats have marginal kidney function before surgery. Kidney issues can be “unmasked” post-operatively when the cat’s blood pressure normalises. Preoperative blood tests endeavour to spot poor kidney function in advance of surgery.

Occasionally cats that have had both thyroid glands removed develop low calcium levels in their blood soon after surgery, because of damage to their parathyroid glands which are located next to the thyroid glands. The signs of this complication are tremors and sometimes seizures. Medically management of this complication with calcium and vitamin D is usually successful, but it is a serious complication that can involve a lot of time, effort, commitment and expense in controlling.

**Our fixed prices include any follow up consults with us, but don’t include further medication, revision surgery, or subsequent medical investigations and treatment. 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.**