



# Lone Star Veterinary Surgical Services

Surgical Solutions for Your Loved Pets

## Discharge Instructions for Anal/Rectal Surgery

Pet: \_\_\_\_\_ Client: \_\_\_\_\_ Dr. \_\_\_\_\_ Date: \_\_\_\_\_

**Activity:** For the next 10 -14 days activity must be limited to very short leash walks for the purpose of your pet going to the bathroom only. Your pet should be kept in an enclosed area such as a kennel, dog run, or a small room in the house.

**Sutures:** Do not allow your pet to lick or chew at his/her surgery site. Check the incision(s) twice daily for swelling, redness, or discharge. If you notice these signs, or if the sutures have been removed please contact us immediately.

You have been sent home with an Elizabethan or Bite-not collar. **It is imperative that the collar remains on your pet at all times.** Make sure your pet is able to eat and drink while wearing the collar. If not, supervise your pet during these times and replace the collar once he/she has finished eating or drinking. It only may take a few of seconds of chewing to open an incision. Do not let your pet outdoor unsupervised while wearing the collar.

**Medications:**  Please give medications as directed by your family veterinarian. This may include Lactulose to produce a soft stool, as well as Baytril, metronidazole, and pain medication.

**Cleaning** Keep surgical site clean by using warm water from a Yorker bottle to remove debris after each bowel movement. Pat dry and apply either BNP or Neosporin ointment on top of surgical site. If debris is difficult to remove a mild soap is acceptable. **DO NOT IRRITATE SITE WITH EXCESSIVE SCUBBING OR CLEANING.**

**Follow up:** Suture removal in 10- 14 days

If your pet is experiencing any of the following symptoms you should contact or go to the nearest emergency hospital immediately: Difficulty breathing, lethargy, vomiting, bloody diarrhea, inability to urinate, a fever of > 103F, or not eating or drinking for more than 24 hours.

*By signing below you are confirming that you have read and understand the above discharge instructions as well as any accompanying handouts you were given indicated above and that the co-signing individual has reviewed these instructions with you.*

Client Signature \_\_\_\_\_

Receptionist/Technician Signature \_\_\_\_\_