



Lone Star Veterinary Surgical Services

Surgical Solutions for Your Loved Pets

Perineal Urethrostomy Discharge Instructions

Pet: _____ Client: _____ Dr. _____ Date: _____

Activity: Following surgery, your pet will his/her activity limited to indoor only for a period of 2 weeks. If you have other animals in the house, or children that play with or come in contact with your injured pet, please keep them separated unless you can fully supervise all interaction.

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 your notice these signs, or if the sutures have been removed please contact us immediately.

You have been sent home with an Elizabethan 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 licking to irritate the PU site and cause scarring which can result in stricture and necessitate another surgery.**

Medications: Please give medications as directed by your family veterinarian.

Special PU Instructions: Use only paper product litter until the suture have been removed. This is to prevent dust and debris from irritating the surgical site.

Feed only the food that your Family Veterinarian has recommended.

Follow up Instructions: Suture removal in 10-12 days , **Your cat may have his/her sutures removed while under sedation please do not give your pet any food after 8 PM the night before suture removal.**

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 _____