



MAINLIACHT SURGICAL DISCHARGE

Post-operative guidance

Robert Murray

B. Sc (Hons) Biomed, DVM (Hons), MRCVS

Complex Small Animal Surgery
Orthopaedic and Soft Tissue

- Complex Surgery
- Cruciate Disease
- Patellar Luxation
- Fracture Repair
- BOAS / TECA-LBO



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Anal Sacculectomy Discharge Sheet

Procedure Summary

We have performed an anal sacculectomy today to remove one or both anal glands due to chronic infection, abscessation, or tumour. This procedure permanently removes the affected gland(s) to prevent recurrence. Mild swelling, bruising, or a small amount of bleeding at the surgical site is expected for several days after surgery.

Complications

Common and expected: Mild swelling, bruising, minor bleeding, temporary discomfort when defaecating, and occasional mild faecal soiling during early healing.

Occasional risks: Wound infection, wound breakdown, delayed healing, seroma formation, or temporary irritation of surrounding tissues.

Less common risks: Transient faecal incontinence, scooting or tenesmus during healing, or localised nerve irritation.

Rare but serious complications: Permanent faecal incontinence due to sphincter or nerve damage, significant haemorrhage, severe infection, or recurrence of disease if any glandular tissue remains.

Operation Site Care

Areas of fur have been clipped for surgery and intravenous catheter placement.

Sutures are dissolvable and do not require removal unless they cause irritation.

Keep the area clean and dry. No bathing, swimming, or licking.

An Elizabethan collar must be worn at all times for 10–14 days to prevent interference with the wound.

Occasional mild faecal soiling can occur during early healing. Gently clean the area with damp cotton wool if needed.



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Medications

Medication	How to Give	Duration	Purpose
Meloxicam (NSAID)	Once daily	21 days	Pain relief & anti-inflammatory
Amoxicillin/Clavulanic Acid (Antibiotic)	Twice daily	5 days	Infection prevention

Important: Always give medications with food, never double dose if one is missed, and monitor for vomiting, diarrhoea, or inappetence. Contact us if these occur.

All doses have been calculated and written on the medication labels provided by your veterinary practice. Do not adjust doses or frequency unless instructed by a vet.

Home Care Instructions

Activity and Exercise

Restrict exercise for 10–14 days to avoid wound tension.

Lead walks only for toileting. Avoid rough play, running, or stairs until re-examined.

Feeding and Hydration

Feed your pet's normal diet unless otherwise advised.

Encourage regular drinking and a diet that maintains soft stool consistency to reduce straining.



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Monitoring at Home

Monitor closely for any swelling, discharge, excessive licking, or difficulty defecating.

A small amount of blood on faeces is normal for a few days.

If your pet strains, passes no stool, or shows significant pain, contact the clinic immediately.

When to Contact the Clinic Immediately

Persistent or severe bleeding

Significant swelling or wound breakdown

Loss of appetite or lethargy

Straining or inability to pass stool

Foul odour or pus from the surgical site

Follow-Up and Prognosis

A nurse check is recommended at three days, with a re-examination at ten days to assess healing.

Most patients recover well within two weeks, though mild sensitivity when defaecating may persist briefly.

Long-term outlook is excellent once healing is complete and the affected glands have been fully removed.

If you have any concerns at any point, please contact the practice for advice.

Kind regards

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Veterinary Surgeon