



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

www.mainliacht.com



TECA-LBO Surgery Discharge Sheet

Procedure Summary

We have performed a total ear canal ablation (TECA) with lateral bulla osteotomy (LBO) to remove the diseased ear canal and address infection within the middle ear. This procedure is performed to manage chronic, irreversible ear disease and improve long-term comfort.

Mild swelling, bruising, and a small amount of discharge from the surgical site are expected in the first few days following surgery. A degree of facial nerve neuropraxia may occur following surgery. This can result in a temporary loss of the blink reflex and lip movement on the affected side and typically improves over time.

Complications

Common and expected: Mild swelling, bruising, discomfort, and a small amount of bloody or serosanguinous discharge from the surgical site during early healing. Temporary facial nerve weakness, including reduced blink reflex, is common and usually improves within days to weeks.

Occasional risks: Wound infection, seroma formation, delayed healing, or persistent discharge due to residual infection within the bulla.

Less common risks: Persistent facial nerve paralysis, Horner's syndrome (sunken eye, drooping eyelid, reduced pupil size), vestibular signs (head tilt, balance issues), or chronic pain.

Rare but serious complications: Significant haemorrhage (including from regional vessels such as the retroglenoid vein), deep infection requiring further surgery, abscess formation, or incomplete resolution of clinical signs.



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Operation Site Care

Areas of fur have been clipped for surgery and intravenous catheter placement. The wound does not require a dressing. A small amount of discharge is expected and should reduce over several days.

Keep the area clean and dry. Do not allow licking, scratching, or rubbing.

An Elizabethan collar must be worn at all times until sutures are removed to prevent self-trauma.

Monitor closely for swelling, pain, discharge, or any signs of discomfort and contact the practice if concerns arise.

Medications

Medication	How to Give	Duration	Purpose
NSAID	Once daily	5–7 days or as directed	Pain relief and anti-inflammatory
(Antibiotic)	Twice daily	5–7 days	Infection control
Gabapentin (Neuropathic Pain)	Twice daily	5–7 days	Adjunctive pain management

Important: Always give medications with food. Do not double dose if a dose is missed. Monitor for vomiting, diarrhoea, or reduced appetite and contact the clinic 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 veterinary surgeon.



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Home Care Instructions

Activity and Exercise

Restrict activity to short lead walks only for approximately 4 weeks.

Begin with 5–10 minutes, up to four times daily, and gradually increase after two weeks if recovery is progressing well.

Use a harness rather than a neck collar.

Confine to a quiet, controlled environment when unattended to prevent trauma to the surgical site.

General Care

A buster collar must be worn at all times until healing is complete.

Avoid any activities that may result in head shaking, rubbing, or trauma to the surgical site.

Monitoring at Home

Monitor for swelling, discharge, pain, lethargy, or changes in behaviour.

Some discharge is expected initially, but this should steadily reduce.

Monitor for neurological signs such as head tilt, imbalance, or worsening facial asymmetry.

If your pet appears painful, unwell, or deteriorates at any stage, contact the clinic immediately.

When to Contact the Clinic Immediately

Persistent or excessive bleeding

Significant swelling or wound breakdown

Foul-smelling discharge or signs of infection

Loss of appetite, lethargy, or fever

Neurological signs such as head tilt, imbalance, or worsening facial paralysis

Severe or worsening pain



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Follow-Up and Prognosis

A recheck is recommended at approximately three days to assess early healing, with suture removal at 10–14 days.

Most patients experience a significant improvement in comfort and quality of life following recovery.

Facial nerve function typically improves over time, although mild residual deficits may persist in some cases.

The overall prognosis is good, although complications can occur and may require further treatment.

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

Kind regards

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