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

Portosystemic Shunt (Ameroid Constrictor) Surgery Discharge Sheet

Procedure Summary

Your dog has undergone surgery to treat a congenital extrahepatic portosystemic shunt (PSS). A portosystemic shunt is an abnormal blood vessel that diverts blood away from the liver, preventing the liver from filtering toxins and processing nutrients normally.

During surgery, the abnormal blood vessel was identified and partially or gradually occluded using a specialised device such as an ameroid constrictor or cellophane band. These devices slowly reduce blood flow through the shunt over several weeks, allowing the liver and its blood supply to adapt safely.

Unlike many surgical procedures, improvement is often gradual rather than immediate. Some dogs show rapid improvement within days, while others continue to improve over several weeks to months as liver function recovers.

Strict adherence to medication, dietary management and activity restriction is essential during the early recovery period.

Complications

Common and expected

• Mild swelling or bruising around the incision
• Reduced appetite for 24–48 hours
• Mild lethargy during the first few days
• Temporary gastrointestinal upset

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Occasional

- Wound irritation or superficial infection
- Delayed improvement in clinical signs
- Mild abdominal discomfort

Less common

- Persistent neurological signs despite surgery
- Delayed closure of the shunt
- Portal hypertension requiring ongoing monitoring

Rare but serious

- Post-operative seizures
- Acute portal hypertension requiring emergency treatment
- Shunt persistence or development of multiple acquired shunts
- Liver failure or need for further surgery

Most complications are uncommon, and careful post-operative management helps minimise risk.

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Medications

Medication	How to Give	Duration	Purpose
Lactulose	As prescribed	As directed	Reduces absorption of ammonia
Antibiotic	As prescribed	As directed	Reduces toxin-producing intestinal bacteria
Additional analgesia	As prescribed	Short course	Post-operative comfort
Anti-seizure medication (if prescribed)	As directed	As prescribed	Prevents neurological complications

All medications should be given exactly as prescribed. Anti-inflammatory medications should be given with food and may occasionally cause vomiting or diarrhoea. If this occurs, contact the practice for advice. Do not administer any human medications.

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Feeding and Dietary Management

Diet plays an important role in recovery following shunt surgery.

• Continue feeding the prescribed hepatic diet unless advised otherwise.

• Feed small, frequent meals during the first few weeks.

• Avoid high-protein treats, raw diets and table scraps.

• Fresh water should always be available.

Dietary recommendations may be adjusted following repeat blood testing and assessment of liver function.

Wound Care

The surgical incision should be kept clean and dry.

An Elizabethan collar, inflatable collar or medical pet shirt should be worn until advised otherwise.

Check the wound daily for:

• Redness

• Swelling

• Discharge

• Opening of the incision

A small amount of bruising is expected during the first few days following surgery.

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Activity Restriction

Although no bones have been repaired, internal healing is still taking place.

For the first two weeks:

• Lead walks for toileting only (approximately 5–10 minutes, three times daily)

• No running, jumping or rough play

• Prevent climbing stairs where possible

• Avoid off-lead exercise

After the initial recovery period, exercise may gradually increase as advised by your veterinary surgeon.

Monitoring at Home

Many dogs improve steadily over the weeks following surgery.

Monitor for:

• Improved appetite

• Increased energy levels

• Improvement in neurological signs

• Normal urination and defaecation

Contact the practice if you notice:

• Vomiting

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• Persistent diarrhoea

• Loss of appetite

• Behavioural changes

• Increasing lethargy

When to Contact the Practice Immediately

Seek veterinary advice urgently if your dog develops:

• Seizures

• Collapse

• Persistent vomiting

• Marked lethargy

• Abdominal swelling

• Difficulty walking

• Severe disorientation or circling

• Worsening neurological signs

Prompt assessment is essential, as these signs may indicate post-operative complications requiring immediate treatment.

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Follow-Up Schedule

• 10–14 days: wound check and suture removal

• Approximately 6–8 weeks: repeat bile acid stimulation test and blood tests

• Further re-examinations as required depending on recovery

Some patients may also require repeat abdominal ultrasound to assess shunt closure and liver development.

Long-Term Outlook

Most dogs experience a significant improvement in quality of life following successful surgical treatment of a congenital extrahepatic portosystemic shunt.

Many patients are able to discontinue medication and transition back to a normal diet following confirmation of successful shunt attenuation, although some require longer-term dietary or medical management.

Outcome depends upon:

• Successful gradual closure of the shunt

• Development of normal liver function

• Compliance with medication and dietary recommendations

• Early recognition of complications

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Summary

Successful outcome depends on:

• Careful administration of all prescribed medications

• Continued feeding of the recommended hepatic diet

• Strict activity restriction during early recovery

• Close monitoring for neurological signs

• Attendance at scheduled follow-up appointments

If you have any concerns at any stage, please contact your veterinary practice.

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