

A PROSTATIC CYST: The “other” bladder



Synopsis-- Anatomy and the Disease

The prostate may keep you up at night, but for most dogs with prostatic cysts, they don't know they have them. These are often incidental findings when palpating or prepping for a cystocentesis or working up hematuria in an intact dog. They come in two varieties—the **parenchymal prostatic cyst** (within the body of the prostate proper) and the **paraprostatic cyst** (next to but closely associated with the body of the prostate but not communicating). Of the two, I'd rather have the paraprostatic if I were a male dog. Since the disease is distinct from the prostate itself, concerns regarding urine leakage, infection, and continence are few.

The parenchymal prostatic cyst may be more likely to be infected/abscessed and treatment carries higher risks for urinary issues. Small cysts may be successfully resolve with castration to reduce prostate parenchyma generally.

Surgical Overview:

Both types are amenable to omentalization, our preferred technique, using Nature's all-in-one solution for life's challenges. In this procedure, a paraprostatic cyst is significantly debrided and then remnants apposed intimately with omentum for the body's ultimate resolution. For the parenchymal prostatic cyst, the chamber is broached, debrided, and omentum is threaded through the defect.

The **indications & rationale** for surgical treatment are:

- Both varieties can reach large dimensions, compressing/strangulating nearby organs (bladder, urethra, colon).
- Infection/abscessation will complicate an otherwise uncomplicated cyst (operate prophylactically prior).

Other options for treatment (besides surgery) are palliative and include:

- Percutaneous drainage (predisposes to abscess formation)
- Stool softeners, etc. for colonic interference
- Bladder decompression via cystocentesis or catheterization for urinary obstruction

Supportive/ancillary options with surgical treatment are:

- Castration, strongly recommended to minimize recurrence risk
- Histopathology
- Intraoperative culture

The **perioperative experience** for pet and owner includes:

- An uncomplicated, incidental (even large) finding of paraprostatic cyst carries relatively low morbidity and operative risk. Patient and owner experience much like an abdominal exploratory.
- An associated prostatitis will require appropriate treatment and monitoring perioperatively.
- Parenchymal prostatic cysts may create *transient or permanent urinary issues* of retention (needing intermittent or indwelling bladder decompression) and incontinence.
- An abscessed cyst may induce a *peritonitis*, preoperatively if ruptured or intraoperatively during treatment, that requires aggressive culture, antibiotic and/or drainage treatment along with patient support.

- Ongoing support may require transfer to and hospitalization at a 24hr facility.

Expectations for outcome are:

- Good-excellent outcome for *paraprostatic cysts*; recurrence is rare but possible.
- Variable outcomes with *parenchyma prostatic cysts* depending upon size, location, infection, involvement of prostatic urethra.

Complications that may arise with this procedure are:

- Urinary incontinence (rare w/ paraprostatic, variable w/ parenchymal)
- Peritonitis

Postoperative **outcomes may be poor** due to the above complications, and/or:

- Recurrent cyst formation (rare w/ paraprostatic, variable w/ parenchymal)
- Organ compromise/resection associated with large, impinging/strangulating cysts

What a surgeon needs prior to surgery:

- Ideally, ultrasound (or other advanced imaging) to characterize abnormal structures and involvement with normal anatomy prior to abdominal explore.
- Client discussion about strong recommendation for castration.
- Client discussion regarding potential need for ongoing postoperative support at 24hr facility.

General considerations and complications for all surgery/anesthesia procedures are:

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional infections (rare, minor; usually require oral antibiotics)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for **Prostatic Cyst**.

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