

PERINEAL URETHROSTOMY:**How to surgically solve the “blocked cat” problem**

Overview—“I don’t understand what a Perineal Urethrostomy (P.U.) is; please help me understand this surgical procedure and the condition it treats.”

Male cats have a very small urethra as it passes down through the penis; at the very end, the diameter can be smaller than 1mm. When some male cats get bladder inflammation (*cystitis*, pronounced “siss-tite-iss”) for any reason, the urinary debris that forms in the bladder (white blood cells, bladder cells, crystals, stones and/or mucus) can plug this tiny opening when the cat tries to urinate. We often call this a “blocked cat”, and the condition can be life-threatening. Therapy is urgently needed to relieve the blockage and evacuate the urine from the bladder. After the patient is stable, there are decisions to be made about next steps.

Most commonly, the next steps are conservative in nature—pain and anxiety medications, bladder catheter, time. Occasionally, a patient will not remain “un-blocked” for very long; they “re-block” too frequently for conservative management to be realistic; or the urethra is too damaged or narrowed/scarred for natural urination. This is when the perineal urethrostomy (PU) comes into the discussion.

The PU procedure removes the portion of the urethra within the penis (along with the penis, prepuce and scrotum) and attaches a larger diameter portion of the urethra (up closer to the bladder) to the skin. This increases the diameter to 2-5mm and reduces the chance for debris to plug the urethra in the future.

“Why is this procedure being recommended for my pet?”

If a cat cannot be helped to urinate freely with conservative treatments or “blocking” episodes are happening too frequently, then surgical treatment is a logical next step. The risks and benefits of a more involved treatment tip in favor of the benefits—improved urination with much lower possibility of another blocked episode.

“What options do I have to treat my pet’s condition?”

The three most common initial approaches to a blocked cat all center around the goal of allowing urine to be removed from the bladder (so the patient does not become toxic), reducing the stress/anxiety/discomfort to the patient and decreasing the chance of the blockage returning. One option is to provide oral pain and anti-anxiety medications, brief/light sedation to remove the plug in the urethra and drain the bladder with a catheter, and then quiet/calm seclusion and monitoring of natural urination at home. Another option is similar, although additional support provided in a 24-hour hospital setting. A more involved approach adds an “indwelling” bladder catheter that continuously drains the bladder over several days.

There are benefits and drawbacks to each initial treatment approach and a thorough discussion with your veterinary team is needed to find the best starting place for you and your cat, and a plan to address problems as they arise.

If these treatments are unsuccessful or unavailable for any reason, surgical treatment can be a next step.

“What postoperative complications do I need to know and understand when considering this surgery?”

It is common for urethral bleeding/spotting to continue for 1-2 weeks after surgery. It is uncommon but possible for there to be excessive bleeding that will require hospitalization and sedation for treatment.

Similarly, when the bleeding/oozing is underneath the skin, excessive bruising of the perineum, thighs and groin can develop after surgery. Rarely is this something that needs additional treatment.

Longer term, the new urethral opening can scar excessively and result in too small of an opening. This may require additional surgical treatment to open back up.

Having a shorter urethra very close to the anus predisposes to bladder infections. This is uncommon in most cats with normal, highly concentrated urine. For cats with kidney disease or diabetes, the dilute urine they produce increases the chance of bacterial infection. Routine monitoring of urine cultures may be helpful to prevent serious infections.

“Are there situations when the surgical outcome is not what we hoped it would be?”

As mentioned, excessive scar formation at the new urethral opening can occur months to years down the road, and result in recurrence of blockage problems. Surgical reconstruction and removal of the scar may be needed to improve urine flow again.

“How is my pet’s life and lifestyle likely to change after this procedure?”

Your cat’s use of a litterbox is unlikely to change after surgery; most cats who did use a litterbox routinely will return to that routine. Litterbox use may improve, if litterbox aversion was related to ongoing urethral pain. It may also deteriorate if urethral pain and inflammation continues beyond the typical healing period. Any negative change should be investigated with your primary care veterinary team.

If your pet has been experiencing Feline Lower Urinary Tract Disorder (FLUTD) for a period of time, these signs are unlikely to improve with surgery. The inflammation characteristic of this condition may continue. Discuss the best way to monitor your cat’s signs with your primary care veterinary team.

We strongly recommend that non-clumping/non-clay cat litter be used indefinitely. The urethral opening is often more damp than a normal penis/prepuce; clay and clumping litter can attach to this damp area and accumulate. Problems with healing (early on) and bladder infection (longterm) are risks with these types of cat litter.

Ongoing monitoring for bladder infection signs at home and scheduled urine culture screening may be needed indefinitely to detect problems early.

Hygiene management around the new urethral opening may be needed; routine clipping of medium/long haired cats is beneficial. Weekly attention to the area “under the tail” should be part of your routine interaction with your cat.

“Are there things I can do to prepare myself, my home and/or my pet for this procedure?”

If time allows, begin a transition to non-clumping/non-clay litter. For the postoperative recovery, prepare a safe location at home where your cat can be confined. Urine “accidents” and blood spotting are common for the first 1-2 weeks, so choose a location that can be cleaned. Your pet will be on pain medication that may make him/her wobbly; temporarily adapt the litterbox arrangement so that it is easy to use. Have on hand some very tempting foods (like meat baby foods, canned food, pill pockets) to improve appetite and medication administration.

Outpatient surgery and anesthesia can be uncomfortable, painful, disorienting, and frustrating experiences for animals; watching your pet work through the early postoperative period and recover from anesthesia and pain medications can be worrisome, scary and frustrating for pet owners. The vast majority of the time this period of difficulty is brief, and *your pet is actually more comfortable and secure at home with you*. Sometimes it doesn’t feel like that at two in the morning when your pet is anxious and not consolable, and you are unsure of what to do. You always have the option of transporting your pet to a 24-hour veterinary facility postoperatively. If you do not want to have your pet home in the first few days postoperatively, please advise your primary care

veterinary staff. They will provide contact information for a local 24-hour veterinary facility and help get an estimate for the ongoing care.

It is important that you have proper expectations about this procedure; your experience and your pet's outcome will benefit greatly. Please discuss this information with your veterinarian when working through the decision-making process regarding **Perineal Urethrostomy in a blocked cat**.

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