

Colon Surgery



One of the most useful and efficient ways to convey information to you about your pet is via the written word. We carefully craft these notes to give you helpful information and accurate expectations around your pet's surgical experience.

Please read this. *Please save it and read it during each stage of the recovery process.* Surprises make for a stressful time for everyone.

Your pet has had surgery performed on the colon (large intestine) to remove abnormal tissue—colectomy. This means that 90-95% of the large intestine has been removed, and the small intestine was connected to the rectum. The procedure is performed when procedures such as enemas and stool softeners fail to medically manage the condition called “megacolon” (a distended colon that does not empty properly). The goal of this surgery is to resolve your pet's chronic constipation/obstipation problems.

The intestines are very fragile structures and healing of the internal incisions can be compromised or delayed, resulting in leakage of intestinal contents. Additionally, surgery on the colon involves exposure to large amounts of bacteria during surgery. The majority of patients recover rapidly and without complication, but careful monitoring is essential to catching any early signs of complications.

Long term, patients having had their colon removed will have soft stool and may need assistance with keeping their high quarters clean. Different food trials and supplements may need to be evaluated to find the ideal fiber, protein and energy foods.

GENERAL INFORMATION

Please keep a note of your questions as you and your pet progress thru recovery and address them to your primary care veterinary team. ****Use your checklist at the end of these notes to make these check-ins complete.****

First few days postop

MONITORING

Please keep your pet in a comfortable, safe, indoor location without free access to stairs for the next 24 hours as he/she recovers from anesthesia and surgery.

Your pet may be groggy for the next few days. He or she may whine or appear more anxious than usual; this may indicate pain/discomfort or side-effects of the medications.

Please call your primary care veterinary team for assistance with medication adjustments or return for exam and additional pain medications as needed.

Monitor appetite and attitude. If both do not steadily improve over the next 2-3 days, please call your primary care veterinary team or return for progress evaluation and problem-solving.

The intestines often slow down or stop moving after anesthesia and surgery; this can be uncomfortable and lead to intestinal leakage problems. The best way to get the intestines moving again is to have your pet move around. This need only be standing up and moving around for a few minutes, nothing strenuous. Every 2-4hrs during the daytime, ask your pet to get up to change positions and move around the room a bit. If and when they are feeling stronger, encourage them to walk around the yard with you.

You can expect your pet to have a bowel movement within 5-7 days. Some animals take longer than others depending on when they last ate prior to surgery and when they started eating after surgery. The stool will be soft or liquid in consistency.

After 2-3wks, and appetite and attitude have returned to normal, speak to your primary care veterinarian about different types of foods to try to improve stool character. If you have any concerns, please speak with your primary care veterinary team.

Please confirm that your pet has urinated within 24 hours of returning home. If he/she does not, or you notice any problems related to urination, please speak with your primary care veterinary team.

Closely supervise your pet's movements over the first 3-4 days when s/he will be groggy from anesthetics and pain medications. Limit activities to necessary events only (on leash/out to go to the bathroom; access to food/water.)

MEDICATIONS

It is likely that you have been prescribed one or more medications (given by mouth) for your pet over the first 2-3wks of recovery. During the discharge appointment or shortly thereafter, please make sure you understand:

- what each medication is being used to treat,
- what side-effects may develop, and
- whether or not the medication should be refilled and continued.

BANDAGE CARE

A clear, plastic bandaid may have been applied to the incision (Tegaderm). This will protect the incision from infection from the environment and a wayward pet tongue! It is useful for up to 2-3 days. You may remove it like a "bandaid" at any time. If it is hard to peel off, waiting longer may make for easier removal. There is no urgency in taking it off.

DIET

Start offering food when your pet comes home from surgery. Commonly, patients are not

interested in eating the first 1-2d postoperatively, so don't be worried. Appetite is actually stimulated by getting the intestines moving as mentioned above. Encouraging your pet to walk around frequently will improve appetite.

Feed your pet's normal food if they are interested. Supplement this with small amounts of good smelling foods like human baby foods, scrambled eggs, canned pet food; keep these supplements to small amounts so that stomach upset is not made worse with the rich foods. Warming canned pet food for a few seconds in the microwave may make it more appealing (test temperature before feeding).

Pets may not always eat well immediately after surgery. Dehydration may occur if your pet is not taking in enough food and water. Please call your veterinarian if your pet is not eating or drinking within 24 hours of coming home.

**If your pet has a had a feeding tube placed, additional information will be provided about how to use this for feeding. While the tube is in place, feeding by mouth is not required, so don't force your pet to eat. After s/he is feeling better, offering food is appropriate. Once eating strongly, the feeding tube will be removed. Please discuss timing with your primary care veterinary team.

Week 1-2 postop

MONITORING

The most dangerous complication of this surgery is a serious infection called peritonitis. This occurs if the incision in the intestine leaks. The colon has a very large number of bacteria that can cause an infection if the reconnected intestine leaks. Fortunately, this is very rare, but when it occurs, it is life-threatening. Signs of peritonitis typically occur 3-5 days after surgery, and include:

- Abdominal tenderness
- Loss of appetite
- Lethargy or hiding

Please call and return for a progress exam immediately (or go to an emergency hospital if overnight or weekends) if you notice these changes. The earlier we catch peritonitis, the easier it is to treat. This is a life-threatening complication.

Problems to call your veterinarian about:

- gapping (the edges should be exactly touching)
- ongoing or new discharge (other than small amount of crusting)
- swelling (other than slightly raised skin near edges).

Some bruising is normal and will resolve in 5-7 days.

The occasional patient will have more extensive bruising and/or swelling on day 2-3. If this develops, please let your primary care veterinarian know; a visit or sending photos will help them characterize the issue and decide on a course of action. The vast majority of the time, this is a transient issue that will follow a typical 5-7 day course resolving.

Do not allow your pet to lick or chew the incision. Pets tend to want to lick early in the healing period and scratch later in the healing period; this can compromise the incision and predispose to infection. If necessary, please prevent access to the incision by using creative clothing options (ex. Human toddler T-shirt or baby "one-sie"), an E-collar or other devices, if you must leave your pet unattended. See www.directvetsurg.com, Pet Owner portal→Pet Links and DVS Resources

TEST PENDING

If there were any samples removed for testing, they will be submitted and results usually will be available in 5-7 days. Your primary care team will contact you with test results and make any treatment changes as needed.

PROGRESS EXAMS

Please return to your primary care clinic in 10-14 days for a progress exam. Skin healing will be evaluated, sutures (if present) will be removed and any questions you have will be addressed.

RESTRICTIONS

Avoid any rigorous activity for 2 weeks. For dogs, short, leashed walks to urinate/defecate are fine.

If your pet's personality-type challenges these restrictions, discuss options for medicinal-assistance for your pet to make restrictions easier to manage (i.e. Trazadone, Gabapentin, Tramadol, other).

Long term Lifestyle

Always advise all veterinary professionals that your pet has had the colon removed in his/her past should your pet become ill for any reason in the future.

For cats, please note that your pet will be visiting the litterbox much more often, so be sure to clean it more frequently. Keeping the box clean will help prevent defecation outside the box. Adding another box to their home environment may help as well.

Some animals will need assistance with keeping their perineum clean, especially long haired breeds. A small "mustache" clipper found in most drug stores can be very helpful with small-scale grooming under the tail.

The main function of the colon is to resorb water from stool before it is expelled from the body. Removing the colon results in stool that contains more water. Your pet will defecate more frequently, and the stools will be soft. Initially, pets may need to defecate many times a day, but over the next 6 weeks, most animals will modify their small intestine function and develop the ability to absorb more water. Stool will look a bit more formed (though not “normal”) and frequency of defecation may be up to 4-5 times daily.

Dietary modifications can be made to help with stool consistency; some trial-and-error is necessary to find the right balance of fiber. Please consult with your primary care veterinarian for assistance.

Most pets do very well after having this surgery, and they typically do not need further medical therapy for constipation. Your pet may live a more comfortable lifestyle with the burden of constipation relieved.

In the rare case, the remnant rectum portion where the intestines were reconnected can distend with stool and have poor motor function. This can result in similar accumulation of stool, like megacolon. If your cat’s litterbox habits change and you are noticing less stool overall, please consult with your primary veterinary team for further evaluation.

Checklist:

HOME MONITORING AND PROGRESS CHECK-IN WITH VETERINARY TEAM

- Pet attitude and appetite—Are these improving daily? What are your observations? What are your specific concerns?
- Pet stool character defecation habits—What is the stool like? Are things changing?
- Pet mobility—Is this improving daily? What are your observations? What are your specific concerns?
- Incision health—Is redness and swelling going away? Is there discharge or moisture? (Photos taken close-up and at different angles are helpful for your primary care veterinary team.)
- Pet pain level—What are your observations? What are your specific concerns?
- Other

Based on your own experience through this, we welcome and encourage suggestions to this information that may help future patients and their people. Pay it forward! (directvetsurg@gmail.com)

--The DVS Crew

