
Tail amputation



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.

Photo and video examples may be found on our website: www.directvetsurg.com in the Pet Owner Portal under "DVS Resources".

The tail may need to be removed ("amputated") for several reasons (trauma, tumor, self-injury) and at different lengths. The postoperative medical results for the removal of part or all of the tail are generally good to excellent. One non-medical consideration when balancing the benefits and drawback to removing the tail is the degree to which your pet communicates with her/his tail (i.e body language). Balance may be another non-medical consideration, primarily in very active cats. Often the medical benefits strongly outweigh these other concerns.

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. Our surgery group will contact your primary care team on **Day 2** (after their phone follow-up with you) and **Day 14** (after your recheck visit with them) to check in on your pet's progress and see if you have had any concerns or questions. This method will maintain continuity in care and an accurate patient medical record.

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.*

You can expect your pet to have a bowel movement within 5 days. Some animals take longer than others depending on when they last ate prior to surgery and when they started eating after surgery. It may be abnormal in color and consistency for 2-3 days. 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 (IF PRESENT)

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 7-10 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.

A padded bandage *may have been* applied to the operated site. The goal of the bandage is to provide pressure to the surgical site to minimize swelling and improve patient comfort for 12-24 hours. You may remove the bandage or return to your primary care clinic for removal 2-3 days following surgery. If the bandage slips below the incision or

becomes soiled or wet *before this time*, please remove it by simply cutting away one layer at a time (use caution, avoid skin); no need to replace unless otherwise directed.

Week 1-2 postop

MONITORING

Please look at the incision twice daily. It should be dry, slightly red along the margins, slightly swollen/thick on the edges with a light crust down the center. Over several days, it should lose redness and swelling.

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; this can compromise the incision and predispose to infection. If necessary, please prevent access to the incision by using creative clothing options (ex. boxer shorts), 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

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.)

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.

DIET

Often the tail is being removed due to trauma that has caused the tail to be limp. Although shortening the tail helps with perineal hygiene, stool character management with insoluble fiber additives to your pet's food may be needed for awhile or indefinitely. Wheat or oat bran is an easy and highly effective supplement; you may find this in grocery store "baking" sections (Bob's Redmill is a common brand). The goal is to create bulky, easy to pass stool that efficiently breaks off when exiting the anus; minimal residue remains to be caught under the tail nub.

RESTRICTIONS

Avoid any rigorous activity for 2 weeks; no running, jumping, playing or anything that feels like "exercise". For dogs, short, leashed walks around the yard to urinate/defecate are fine. Walking around one level of the house is fine.

Please use a short (~6ft), hand-held leash when outside to urinate/defecate. Confine your pet to a small area/room/crate when unattended. Please do not allow your pet to run, jump or play during this restriction period.

Long-term lifestyle

There are no long-term restrictions after a tail amputation procedure. Be aware of the potential change in dog-to-dog (and cat-to-cat) communication "body language" when introducing your pet to new animals.

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 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