

## **ANAL SAC GLAND TUMORS:**

Often mistaken for an impacted anal sac, these tumors are a concern at any size.



**Overview—“I don’t understand what an anal sac/gland tumor removal procedure is; please help me understand the condition and the treatment.”**

Most tumors of the anal sac/gland are malignant tumors, meaning they have the behavior of spreading to distant organs like the lymph nodes, liver and lung. These are tumors that are treated well with surgery; size and “catching it early” really do matter. The prognosis for a tiny tumor without lymph node spread (average 1750 days) is three times as long as that for a large tumor that has spread to the lymph nodes (average 510 days). Still, the surgical removal of these tumors (and their diseased lymph nodes) offers prolonged disease-free and comfortable quality of lives for pets.

In 25% of patient with this tumor, there is an abnormal substance secreted by the tumor that makes the blood calcium level rise to dangerous levels. These high calcium levels can be a problem mainly with the kidney, causing significant damage if not treated (temporarily with medication) or permanently (with tumor removal). Both the tumor near the anus and the tumor in the lymph nodes (if present) will cause this rising calcium, so both need to be removed. The prognosis for patients with this tumor variant that raises calcium levels is shorter (average 250 days).

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

Approximately 50% of these tumors are noticed on routine annual examinations during a digital rectal exam performed by your primary care veterinarian. Other times, owners notice pets straining to defecate or excessive pet attention directed at their own bum. These tumors can grow quite large, and if/when they spread to the lymph nodes in the abdomen, they can cause significant problems with abdominal discomfort and inability to pass stool or urinating. Surgical removal is the primary treatment for both the mass near the anus and the diseased lymph nodes in the abdomen.

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

The first finding is a lump near the anal sac/gland. Taking a needle sample will help understand the nature of the lump, whether infection/inflammation or tumor. If this sample suggests the lump is a tumor and it is in the expected location for an anal sac/gland tumor, the most effective treatment is surgical removal. Additional tests before surgery will help determine whether there is any tumor spread to lymph nodes or other organs; ultrasound of the abdomen and chest x-rays are the most useful tools for this exploration. If the lymph nodes in the abdomen appear diseased, surgical removal of these lymph nodes is effective at slowing down the progression of the disease and additional medications postoperatively may delay progression as well.

A discussion with a veterinary oncologist may also be a useful experience to gain the most information before making your final decision for you pet.

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

Removing a tumor near the anus requires the removal of a portion of the anal “ring”. If the tumor is small enough, if less than 50% of the anal ring is removed, and if important nerve/blood vessel structures are not involved, postoperative problems with dropping stool may be avoided. There will be some cosmetic puckering

of the anus, and it will look abnormal, but function is usually maintained when the patient has normal stool. Bouts of diarrhea can cause loss of stool control temporarily. Managing the level of the fiber in the diet and attention to defecation habits can reduce the impact this abnormality has on daily life for all involved.

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

Spread of the original disease, usually to (additional) lymph nodes in the abdomen and then to liver, lung and spleen, is the major long-term concern with this type of tumor. Approximately 15% of patients will have the tumor re-grow at the original surgery site; 30% of patients will have the tumor grow or re-grow at the abdominal lymph node sites; and 15% will have spread to liver, lungs or spleen. If the tumor regrows at the surgery site, the original concern for problems with defecation and discomfort will come back. If the tumor grows large enough in the abdominal lymph nodes, it can push down on the colon and the urethra preventing defecation and urination, and causing significant abdominal discomfort. If the tumor spreads to other organs, it will make the patient feel sick and lose weight.

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

If the tumor is small and easy to remove, there is unlikely to be any lifestyle change for your pet. A larger, more challenging removal might result in the need for more attention to your pet’s hygiene and defecation habits, if stool control is reduced. Sometimes, simple changes to the diet can reduce the impact of these problems.

The removal of enlarged, diseased abdominal lymph nodes is a technically challenging surgery but not excessively invasive for your pet. There are not long-term negative effects likely for lymph node removal. But even if the diseased lymph nodes in the region are removed, additional regional lymph nodes can, and likely will, be a problem in the future. Surgery is the first step to slowing this progression; additional medication therapy is another step toward that goal.

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

Surgery on the bum hurts; we control much of that pain with medications, but the act of defecation and “pinching the anus closed” to hold stool back can be painful. Because of this, we advise not to expect your pet to have good stool control for up to 3 weeks postoperatively. Accidents in the house may happen and will not be the pet’s fault. Conscientious dogs are upset and feel guilty about this, so do your best to let them know you are not unhappy with them! Expect to walk them more to help with outdoor defecation; and plan on tidying up their bum after being outside to maintain hygiene (a damp, warm cloth for blotting gently or a light warm water spray from hand-held sprayer are both useful for this job.)

We usually recommend an addition of insoluble fiber to the diet in the form of wheat or oat BRAN. This can be found in the grocery store or near flour products (Bob’s Red Mill is a commonly found brand). Sprinkling on wet kibble or canned food is all that is needed. The goal is large, well formed, bulky stool that is easily passed. Monitor stool character and adjust the volume of bran daily to achieve that goal.

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 the 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 **Anal Sac Gland Tumor Removal**.

(See additional materials at [www.directvetsurg.com](http://www.directvetsurg.com) for pet owners and veterinary professionals.)