

SURGICAL INFORMATION PACKET



Dear Valued Client,

Your pet has been scheduled for an upcoming surgery in the near future. In our attempt to assist clients, we have put together this packet to make surgery day as easy and stress-free as possible.

In addition to this page of information, the following information has been enclosed:

1. Pre-Anesthetic Blood Testing Information
2. Surgical Information Sheet
3. Post- Surgical Expectations and Post-Surgical Complications

Please read carefully all the enclosed information. If you have any questions, please feel free to call us. On your pets' surgery day, we require you to review and sign an **Anesthesia/Surgical Consent Form**.

We require a phone number(s) on file for the day of surgery where we can contact you directly if a question should arise or an emergency should occur. **Failure to be reached on the day of the procedure may result in postponement of the surgery.**

The night before your pet's surgery...

- **Withhold all food and treats after 9:00pm, the patient must be fasted!**
- **Water may be left down after this time period.**
- **If you are currently administering any medications, vitamins and/or injections, withhold the morning doses unless otherwise instructed by the doctor.**

On the day of surgery, please make arrangements to drop your pet off at the specified time our receptionist gave you, or according to what time your reminder text said!

Our veterinary nurse will escort your pet to the surgical prepping area to wait for their surgery. If you have elected any of the recommended blood tests, our nurse will collect all blood samples and tests prior to surgery. If any questions arise, the doctor may contact you at the number on the Authorization Form.

You are welcome to check up on your pet's status at any time throughout the day, however, we request that you allow plenty of time for your pet's procedure to be done.

- We normally start doing call backs and discharge calls between 12 and 3pm. At this time, we will be able to give you a detailed account of how everything went, as well as any discharge instructions and medications to go home.
- Surgery patient discharges usually go home between 5-6pm so we are able to properly monitor each patient throughout the entire day post-op.
- When you arrive to take your pet home, the receptionist will bill you out and the front desk will give you a written copy of all the discharge instructions your veterinary nurse went over already with you! If you do not understand any instructions, please do not hesitate to ask them to go over them one more time, they would be more than happy to do so!

We hope surgery day will be a pleasant experience. Remember, our team knows surgery can be an anxious time and we are always available to answer any and all questions concerning the upcoming procedure. We look forward to serving you and your pet on the upcoming surgery day and years to come!

PRE-ANESTHETIC BLOOD TESTING INFORMATION

PLEASE READ CAREFULLY.

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we routinely perform a full physical examination.

We also highly recommend and sometimes require that a **Pre-Anesthetic Blood Panel** be performed on all pets' undergoing anesthesia to maximize patient safety.

When you check in on the day of surgery, the veterinary nurse will go through the **Anesthesia/Surgical Consent Form** with you. This is where you will either **ELECT** to have the pre-surgical panel performed, or **DECLINE** to have the pre-surgical panel performed and proceed with surgery without it.

- The **Pre-Anesthetic Blood Panel** helps alert our doctor to the presence of dehydration, anemia, infection, diabetes and/ or kidney or liver disease that could complicate the procedure. These conditions may not be detected **without** a pre-anesthetic profile thus not allowing for the most appropriate and safest anesthetic regime to be administered. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, these tests may be useful if your pet's health changes to develop faster, more accurate diagnoses and treatments.
- The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds, age, and sick and healthy patients. Evaluating electrolytes, hematocrit and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension, and facilitating patient recovery.
- If the patients are in their senior years (above 7 years old) or are sick, the FULL comprehensive profile can be done the day of the procedure at the owner's request or doctors requirement at the price of \$250.

**State of the art equipment enables us to perform the pre-anesthetic blood profile at our hospital and we are committed to making this technology available to our patients.*

For our feline owners we highly recommend a **FelV/FIV Test** be performed on all feline patients at least once in their lives because Feline Leukemia and Feline Immunodeficiency Virus (Feline Aids) are viruses for which no cure exists. If your pet goes outside, we recommend administering the Feline Leukemia vaccine as well. Please ask questions if you would like to learn more about Feline Leukemia and Feline Aids.

We realize surgery and anesthesia are scary for both the owner and patient and we attempt to make surgery day as safe and comfortable for all involved. The physical examination and blood work done prior to any surgical procedure allows us to best minimize anesthetic and surgical risks and maximize patient safety.

If you have any questions or hesitations about the scheduled procedure, please do not hesitate to call us to discuss any aspect of the upcoming procedure.

SURGICAL INFORMATION FORM

PLEASE READ CAREFULLY.

As with all anesthetic, treatment, and/or surgical procedures, there are risks inherent in these services. We make sure you acknowledge that staff members at this practice have explained the procedures to you and answered questions to your satisfaction and that this hospital cannot be held responsible for any unforeseeable results. We also make sure you understand that you are financially responsible for all costs incurred during the surgery, treatment, and hospitalization. While you accept that all procedures will be performed to the best of the abilities of the staff at this hospital, you understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures.

Anesthetic Procedures & Risks-We use a combination of pre-anesthetic medications/injectable and/or inhalant anesthetics to achieve optimum levels of anesthesia that are safe for your pet.

For short procedures- an injectable anesthetic is given alone that produces a good plane of surgical anesthesia with a quick recovery.

For most procedures- your pet is anesthetized and then intubated (insertion of a tube into the trachea or wind pipe). This will ensure that your pet is able to receive oxygen at all times and prevents aspiration of any fluids into the lungs.

For procedures that require minimum sedation, an injectable anesthetic is given that produces a good plane of sedation with quick recovery. Anesthesia is maintained with a gas anesthetic, Isoflurane, which is very safe and is not metabolized by the body. This allows us to have more control over anesthetic depth and it is less irritating to the airways. Another advantage to Isoflurane is a quick induction using a mask verses using injectable anesthetics that require metabolism from the body.

Monitoring & Pain Management- Monitoring of patients during anesthesia is done in two ways. First, a veterinary nurse is with your pet continuously from beginning of anesthesia to recovery. Second, we have a computerized monitor that records heart rate, pulse rate, oxygen levels, respiration, ECG, blood pressure, core and rectal temperature.

Our clinic strongly believes in compassionate, quality, medical care for our patients. As a result, all surgery patients will receive pain management before, during and after surgery. Additionally, pain medication may be prescribed home. Additional information will be given at discharge.

Intravenous Catheterization & Fluids-We highly recommend the placement of an IV catheter and use of IV fluids during all anesthetic procedures. This allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. The fluids help provide support to the circulatory system and prevent dehydration, as well as aid in a quicker recovery from anesthesia.

Post-op Expectations

- The patient may be sleepier than normal when you get them home, or they may return to their normal self quite quickly
- It is NORMAL for patients not to want to eat after surgery- however if they still will not eat the following day, please let us know.
- Rest and restriction of activity are the primary post-operative care you should provide.
- Do not try and clean the surgical site- none should be needed unless otherwise instructed.
- An e-collar should be worn at all time when you are not closely monitoring your pet to prevent licking and irritation of the surgical site-this can lead to infection and dehiscence (reopening) of the site.
- You may notice some red discharge from the surgical site for the next couple of hours on the day of surgery. This is NORMAL. However, if there is a LOT of discharge and it concerns you, please do not hesitate to call us at **216-252-1077**.

Potential Surgical Complications

It is important for you to understand that there is always a risk of anesthetic and surgical complications anytime these procedures are performed. We strive to take the highest quality care of your pet and take all the added precautions you allow to avoid potential problems. Thank you for entrusting your pet to us.

- Spay, neuter, exploratory, cystotomies, etc. are all considered major operations and require general anesthesia. With any anesthetic the risk of serious complications, including death, is always present. However, with modern anesthetics and monitoring equipment, the risk of a complication is very low.
- Another potential danger associated with anesthesia arises if the patient is not properly fasted prior to anesthesia. Anesthetized patients lose the normal reflex ability to swallow; during swallowing, the epiglottis, a cartilage flap at the entrance to the windpipe, closes and prevents food or water from entering the lungs. If there is food in the stomach, the patient could vomit while under anesthesia or in the early post-anesthetic period, allowing the food to enter the lungs and cause aspiration pneumonia, a potentially life-threatening condition.

Complications we tend to see

1. Canine and Feline Spay

1. Bleeding 2. Infection 3. Recurrent Heat 4. Urinary Incontinence 5. Weight Gain 6. Suture Reactions

2. Canine and Feline Neuter

1. Bleeding 2. Infection 3. Testicular Swelling 4. Suture Reaction (Canine only)

3. Feline Front Declaw

1. Bleeding 2. Infection 3. Limping/Lameness 4. Regrowth of Nail

4. Tumor/Lump Removal

1. Bleeding 2. Infection 3. Swelling and Drainage 4. Suture Reaction

Explanations

Internal bleeding. This can occur if a ligature around a blood vessel breaks or slips off after the abdomen has been closed. This is very rare, and is more likely to occur if the patient is extremely active. Clinical signs include weakness, pale gums, depression, anorexia, or a distended abdomen.

Post-operative infection. This may occur internally or externally around the incision site. In most cases, the infection can be controlled with antibiotics. A post-operative infection most commonly occurs when the patient licks the site excessively or is in a damp environment.

Suture reaction or sinus formation. Although extremely rare, occasionally the body will react to certain types of suture material used during surgery. This results in a draining wound or tract that may appear up to several weeks after the surgery was performed. Often a further operation is required to remove the suture material.

Seroma. A seroma is a non-painful pocket of relatively clear fluid involving the incision. It contains serum (the water portion of blood) that has leaked under the skin. This usually occurs if the patient has been too active in the first few days after surgery. Seromas will resolve over time but some can open onto the skin, often needing antibiotics to prevent secondary infections.

Dehiscence. Wound dehiscence is a surgery complication where the incision, a cut made during a surgical procedure, reopens. This can be caused by too much exercise post-op, infection of the surgical site or internal infection and lack of or inappropriate postoperative protection/support (e.g. bandage, Elizabethan collar). Surgical correction is necessary, often needing more antibiotics to prevent further infection/complications.