

## **Informed Consent**

### **Anal Sacculectomy Excision of the Anal Sac(s)**

You have elected to have your pet undergo a surgical procedure called anal sac excision. Diseases affecting the anal sacs include inflammation/infection and masses (tumors). Generally, anal sacculitis (inflamed or irritated anal sacs that usually require frequent expression) is treated by removing both glands (if both glands are affected) and tumors are treated by removing only the affected gland (unless there are tumors on both sides). We try to avoid removing more tissue than necessary, because the more tissue we remove, that increases risk of complications. In addition, larger masses may require more tissue dissection/removal and may be more prone to complications as well. Prognosis is generally excellent after surgery. However, we need to make you aware of the risks and complications associated with this surgery. If you have any questions or concerns, please let us know.

The risk of complications after anal sacculectomy is low, about 10% of cases. Here are some potential risks:

Skin or wound Infection- this is a risk with any surgery and usually treatable with antibiotic therapy

Wound dehiscence (opening)- if the incision opens up, usually additional medical care is needed, but not usually more surgery

Fecal incontinence- this occurs due to disruption of the muscles around the anal sac. Their job is to control the anal sphincter. Weak or dysfunctional muscles are usually temporary, but permanent changes can occur. The risk goes up with multiple gland removals, or mass removals of a significant size.

Excision of the rectal wall- inadvertent or purposeful violation of the rectal wall may occur, especially during removal of some large masses. The tissues are closed, but that wound is at risk of infection or dehiscence as well.

Hemorrhage- bleeding can be moderate, but isn't usually severe

Recurrence of disease/draining tract- in cases of inflammation, the anal sac lining must be removed to prevent abscess/fistula. In cases of anal sac rupture, it may be difficult to find and remove all the relevant tissue.

Tumor recurrence/spread- we can see and feel tumors, but we cannot see or feel tumor cells. If tumor cells remain in the wound bed, they may cause local recurrence where the tumor regrows in the same place. If the tumor is malignant (capable of spreading), it could

have spread prior to surgery, even if all the cells are removed in surgery, so that tumor may occur elsewhere in the body, like in the lymph nodes, liver, lungs, etc.

Damage to adjacent structures- dissections could cause damage to some structures in the area, including nerves and blood vessels

Anal stricture (narrowing)- aggressive or extensive surgery may lead to excessive scar tissue to form in the area and that has potential to cause a stricture. This could lead to difficulty defecating and constipation.