

Informed Consent

Perineal Urethrostomy (PU)

Your pet has been diagnosed with a condition referred to as feline lower urinary tract disorder (FLUTD), feline idiopathic cystitis, and/or a lower urinary tract obstruction (ie bladder/urethral stone(s) or a plug) or trauma that prevents the normal flow of urine through the urethra. While medical therapy can often relieve the obstructions (blockage) in the short term, you have elected a more permanent surgical therapy, called a perineal urethrostomy (PU). The goal of surgery is to remove the very narrow end of the urethra (and penis), to allow a wider opening. The prognosis is generally excellent (10% complication rate) after PU 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.

Stricture (narrowing) of the urethra- the goal of surgery is to widen the urethra. However, if healing doesn't occur as expected and/or scar tissue affects the healing process, the diameter of the urethra may become too narrow to allow normal urination. This can lead to the same signs you have observed previously when your cat had blocked. Revision surgery is recommended.

Leakage of urine in the subcutaneous tissues- closure of the tissues should create a watertight seal. If it doesn't, urine may leak into the tissues and additional therapies may be needed.

Urinary tract infection- the removal of a portion of the urethra effectively shortens the urethra. A shorter urethra is more prone to infection and antibiotic therapy may be warranted.

Urine scald- the skin in the region of the new opening (where the penis was) is not used to being exposed to urine and urine scald may result. Usually this is temporary but monitoring and keeping the skin clean and dry is recommended. Use of Vaseline or Vitamin A&D ointment around the incision can help.

Hemorrhage (bleeding)- is common and can be profuse, but is generally of short duration and rarely life threatening

Urinary incontinence- this is rare after PU surgery but can occur. It is usually temporary.