

Informed Consent

Prostate Surgery Treatment for Abscess and Mass removal

Your pet has been presumptively diagnosed with a problem within the prostate gland. The prostate gland can be affected by infection and tumors/masses or a cyst. We can drain infections and we can remove part of the prostate if there is a tumor (partial prostatectomy). Usually the entire prostate cannot be removed because the urethra runs through the prostate gland. We will perform an abdominal exploratory surgery and if we can visually confirm disease in the prostate gland, we will treat that as best as we can. There are risks with both general abdominal surgery and specifically with prostatic surgery, and they will both be discussed separately below. The complication rate after prostate surgery is moderate, about 20-30 % (though the risk of recurrent tumor is high because it is difficult to remove some tumors entirely). If you have any questions or concerns, please let us know.

Abdominal Surgery Risks

Skin incision infection- this is a risk with any surgery, and usually treatable with oral antibiotic therapy

Damage to abdominal structures- this could cause bleeding, or contamination by contents of the intestines

Peritonitis- this is a rare but serious infection within the abdomen. If this occurs, additional therapies will likely be recommended.

Abdominal wall dehiscence (opening)- this can occur when the incision line used to close the abdominal wall fails. At first, the abdominal contents may stay covered by skin and subcutaneous tissue. However, once the abdominal incision fails, surgical revision is recommended. If the abdominal contents become exposed, emergency intervention is required.

Adhesion formation (scar tissue formation in the abdomen)- scar tissue can impact the tissues in the abdomen in the future

Abdominal foreign body- very rarely, sponges or even instruments can be left in the abdominal cavity during surgery. We take precautions to ensure this doesn't happen, but it is possible.

Prostate Surgery

Systemic complications/peritonitis- in severe prostate disease, the problem can spread (before surgery, during surgery, or after surgery) beyond the prostate gland to affect the abdomen, and could then cause systemic effects including peritonitis, blood infection (sepsis), shock and death.

Recurrence of any tumor/tumor spread during surgery-if the underlying cause of prostate disease was a tumor, and if tumor cells are left behind (we cannot see the cells) the tumor may regrow. Most prostate cancer in animals is considered to be aggressive/malignant. Cure following surgery for prostate cancer is unlikely in most cases.

Swelling of the legs- noted after surgery but usually self-limiting

Recurrence of a prostatic or paraprostatic cyst or abscess- depending on the underlying cause, recurrence of the cyst or abscess if possible and additional therapies may be needed.

Urinary incontinence- if there is damage to the urethra, it may affect urinary continence. This may be temporary or, depending on the underlying disease process and surgical treatment, permanent.

Urinary retention-this can occur if the nerve supply to the bladder is damaged. It may be temporary, but additional therapy may be needed.

Hemorrhage (bleeding) and hematuria (bloody urine)- is common and can be profuse, but is rarely life threatening

Urine leakage in the abdomen- damage to the urethra could cause urine leakage in the abdomen. Additional therapies may be needed

Urethral stricture- damage to the urethra could lead to narrowing of the urethra. Additional therapies may or may not be needed, depending on severity