

URETHRAL PROLAPSE

Urethral prolapse is defined as the extrusion of the urethral mucosa through the external urethral orifice of the penis. This condition occurs most commonly in young male dogs that have not been neutered.

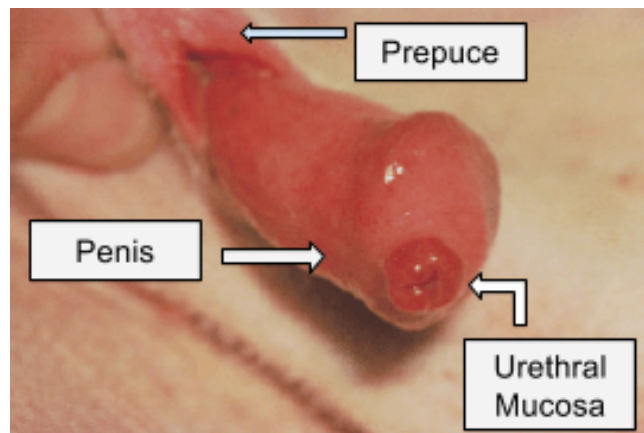
Common breeds include bulldogs, Boston terriers, pugs & Yorkshire terriers may be predisposed to urethral prolapse.

Although, we don't know why this condition occurs, possible causes include increased intra-abdominal pressure secondary to upper airway obstructive syndrome (common condition in brachycephalic breeds), dysuria (painful or difficult urination), developmental abnormalities or sexual excitement. Urethral prolapse has been reported to be secondary to cystitis (inflammation within the bladder). Therefore, additional diagnostics may be warranted.

SYMPTOMS & DIAGNOSIS

The most common clinical signs that will be seen at home are excessive licking of the penis, blood in the urine, or bleeding from the prepuce or tip of the penis.

The diagnosis of urethral prolapse is made on physical examination with a veterinarian. Upon extrusion of the penis from its prepuce, a red to purple mass is observed at the distal end of the penis. This mass is the inflamed protruded urethral mucosa.



Urethral prolapse can be a result of cystitis (inflammation of the bladder). Cystitis can be secondary to a variety of causes including urinary tract infections or uroliths (urinary tract stones). Therefore, abdominal radiographs may be recommended to rule out the presence of urinary stones. It may also be recommended that a sterile sample of urine be obtained via cystocentesis. This procedure requires inserting a needle into the bladder through the abdomen to obtain urine. This sample can then be submitted for urine culture & sensitivity to rule out a urinary tract infection. It will be determined during your initial surgical consult as to whether or not these diagnostics are warranted.

TREATMENT: Medical vs Surgical

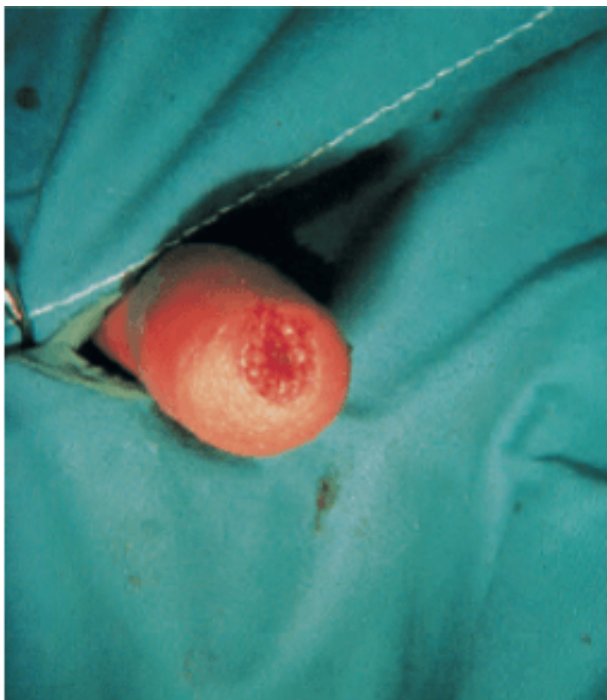
MEDICAL

With no treatment the urethral prolapse will usually NOT resolve on its own. Manual reduction of the prolapsed segment can be attempted if the tissue protrusion is minimal or if the animal is asymptomatic. This procedure requires general anesthesia. Once the urethral tissue is manually reduced (pushed back inside), a purse-string suture pattern is placed in the tunic of the penis at the external urethral orifice. This suture is maintained for approximately 5 days before being removed. Recurrence with this procedure is common. Therefore, surgery is often recommended. If a dog has failed conservative management or if they present with excessive bleeding, discomfort or a severely damaged urethral mucosa, surgery is strongly recommended.

SURGICAL

There are two types of surgical procedures that can be performed to treat urethral prolapse. The first is a resection & anastomosis of the urethral mucosa. With this procedure, the urethral mucosa is gently retracted & the affected urethra tissue is transected. The remaining viable tissue is then sutured to the penis.

Your dog has had a prolapsed (everted) portion of the penile urethral removed. This involved removing a portion of the urethra & using very stitches to reconnect the urethral tube. The tip of the penis is a very vascular area & post-operative bleeding is an expected occurrence; quiet, restricted activity is necessary to keep blood pressures low & allow the site to seal.



Alternatively, a Urethropexy is an additional surgical procedure that is commonly be used. Castration is highly recommended with either surgical procedure because sexual arousal is thought to be a contributing factor in urethral prolapse. Castration may be help prevent reoccurrence.

GENERAL INFORMATION

Please keep a note of your questions as you & your pet progress thru recovery & address them to your primary care veterinary team. Our surgery group will contact your primary care team on DAY 2 (after their phone follow-up with you) & DAY 14 (after your recheck visit with them) to check in on your pet's progress & see if you have had any concerns or questions. This method will maintain continuity in care & an accurate patient medical record.

1st FEW DAYS POST-OPERATIVE MONITORING

Please keep your pet in a comfortable, safe, indoor location without free access to stairs for the next 24 hours as he/she recovers from anesthesia & surgery.

Your pet may be groggy for the next few days. He or she may whine or appear more anxious than usual; this may indicate pain/discomfort or side-effects of the medications. Please call your primary care veterinary team for assistance with medication adjustments or return for exam & additional pain medications as needed.

Monitor appetite & attitude. If both do NOT steadily improve over the next 2-3 days, please call your primary care veterinary team or return for progress evaluation & problem-solving.

You can expect your pet to have a bowel movement within 5 days. Some animals take longer than others depending on when they last ate prior to surgery & when they started eating after surgery. It may be abnormal in color & consistency for 2-3 days. If you have any concerns, please speak with your primary care veterinary team.

Please confirm that your pet has urinated within 24hours of returning home. If he/she does NOT, please speak with your primary care vet team.

Closely supervise your pet's movements over the first 3-4 days when she/he will be groggy from anesthetics & pain medications. Limit activities to necessary events only on leash/out to go to the bathroom; access to food/water.

MONITOR FOR BLEEDING

You can expect blood at the end of urination; at times it can be a spurt or short treat of blood. Ideally this stops after 5 minutes of occasional bloody drips.

You can expect some blood dripping if he gets excited or runs around; higher blood pressure will create bleeding. Ideally this stops after 5 minutes of occasional bloody drips.

If bleeding is a steady drip for 5-10 minutes, try quietly sitting with him & apply firm pressure to the prepuce over an icepack wrapped in light cloth for 10 minutes.

If after trying this conservative technique 1-2 times the bleeding persists as a steady drip, seek veterinary attention. Veterinary care may require sedation, direct compression to the surgery site &/or topical clotting powders. Rarely it is indicated for additional surgical attention.

If bleeding has been frequent during healing period (daily), it may be a good idea to have his blood level checked for anemia. Rarely it is indicated to actively treat any anemia, but staying on top of his condition is helpful for decision making.

MEDICATIONS

It is likely that you have been prescribed one or more medications (given by mouth) for your pet over the first 2-3 weeks of recovery.

During the discharge appointment or shortly thereafter, please make sure you understand:

- What each medication is being used to treat?
- What side-effects may develop?
- Whether or not the medication should be refilled & continued.

WEEK 1 & 2 POST-OPERATIVE

Do NOT allow your pet to lick his prepuce/penis. Pets tend to want to lick early in the healing period; this can compromise the incision & promote excessive bleeding. If necessary, please prevent access to the incision by using creative clothing options. For example: boxer shorts, backward long-sleeved T-shirt worn as “pants,” an e-collar or other devices, if you must leave your pet unattended.

Closely supervise your pet’s movements over the first 3-4 days when she/he will be groggy from anesthetics & pain medications. Limit activities to necessary events only (on leash/out to go to the bathroom; access to food/water).

TEST PENDING

If there were any samples removed for testing, they will be submitted & results usually will be available in 5-7 days. your primary care team will contact you with test results & make any treatment changes as needed.

PROGRESS EXAMS

Please return to your primary care clinic in 7 - 10 days for a progress exam. Urethral healing will be evaluated, sutures (if present) may be removed & any questions you have will be addressed.

RESTRICTIONS

Avoid any rigorous activity for 4 weeks; no running, jumping, playing or anything that feels like “exercise.” For dogs, short, leashed walks around the yard to urinate/defecate are fine.

Walking around one level of the house is fine. Prevent all pets from jumping up & down from furnitures. A bad landing or an awkward take-off can result in excess bleeding.

Minimal, supervised/assisted access to stairs is advised during restricted period. Use baby gates to prevent free access to stairs during this restricted period. When navigating stairs (up & down), have a hand/leash on collar/harness & a leash/safety-strap under the belly to prevent slips, stumbles, falls.

Please use a short (~6 feet) hand held leash when outside to urinate &/or defecate. Confine your pet to a small area/room/crate when unattended or unsupervised. Please do NOT allow your pet to run, jump or play during this restriction period.

If your pet’s personality-type challenges these restrictions, discuss options for medicinal - assistance for your pet to make restrictions easier to manage (i.e. gabapentin, tramadol &/or trazodone).

LONG-TERM LIFESTYLE

Excessive scarring or “stricture” may develop many months after surgery & require further evaluation & treatment. If you notice smaller than normal pools of urine, a weak urine stream or excessive staring to urinate, please have your pet evaluated by your primary care vet.

If is uncommon but possible for more of the penile urethra to prolapse in the future. If new swelling or bleeding is noted months to years after the surgery, please have your pet evaluated by your primary vet.

PROGNOSIS

The vast majority of owners are pleased with the ultimate surgical outcome & are satisfied with the procedure. However, it is important to note that urethral prolapse recurrence does occur in a moderate number of cases, & a second surgical procedure may be necessary. Postoperative care such as wearing an e-collar & keeping an animal quiet after surgery may help prevent recurrence.

If you have any questions, please feel free to ask your primary veterinarian &/or veterinary surgeon.

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