

ANAL SACCULECTOMY (ANAL GLAND REMOVAL)

What are the anal glands and why do they cause issues?

The anal glands are a paired gland that excrete mucous onto faeces as it passes in normal toileting behaviours. Anal glands can become diseased in a few different ways including sacculitis (inflammation), infection or cancer. Anal gland infection and sacculitis are more common in animals with obesity, allergies, inflammatory bowel disease, frequent soft stools and smaller dogs. The common signs of anal gland disease include straining to defecate, scooting, licking/biting at the bottom or pain around the bottom.

What can we do about anal gland issues?

Minor cases of anal sacculitis or infection can be treated medically by expressing the glands, treating with appropriate medications and by identifying potential underlying triggers. In some cases, flushing the gland and placing antibiotics into the gland directly under sedation is necessary. Surgery to remove the anal glands is considered if there are recurrent issues that don't respond to medical therapy or if the gland has completely blocked due to scar tissue. Cancers of the anal gland require surgical removal but other testing may be necessary first to ensure this cancer has not spread elsewhere. After surgery, some medical issues (such as allergies or bowel disease) may still need management but the issues associated with the anal glands will be cured by surgical excision.

What does the procedure involve?

Anal sacculectomy is the surgical removal of the anal glands performed under general anaesthetic. The procedure involves a crescent shaped cut next to the anus opening in the skin. The anal gland is first cleaned out and then filled with a gel to help locate the gland. The gland is removed through the skin cut and is generally kept intact so that the risk of infection is reduced. Some diseased glands can rupture before or during surgery which increases the risk of infection post-operatively. Skin sutures are placed to close the skin. These stitches are dissolving material that can be left to fall out or removed if they are causing irritation.

What are the risks of surgery?

There are risks associated with all procedures that are performed in veterinary surgery. It is important to understand the risks associated with the procedure being performed and what that may lead to.

Infection

Infection is a potential complication of any surgical procedure. Antibiotics at the time of surgery and sterile surgical techniques ensure that this risk is minimised. Despite these efforts, surgical site infections are still possible. Medical treatment is necessary to control infections when they occur. Infection can delay healing of skin and muscle which can slow down the recovery process.

Wound Issues (Swelling/Discharge/Breakdown)

Minor swelling is fairly common after anal gland surgery due to inflammation from the procedure. Discharge may develop as a result of swelling, infection or due to a reaction to surgical suture material. Severe swelling may indicate more serious complications. Any swelling, discharge or abnormal colouration at the surgical incision should be reported to your primary care veterinarian. It is also recommended patients wear an elizabethan collar during initial recovery period to reduce any licking or biting at the incision that may increase risk of infection or wound breakdown

Haemorrhage

Haemorrhage (bleeding) is an expected part of any surgery. This is typically minimised and managed with routine surgical techniques. Major haemorrhage is considered rare with anal gland surgery. If major haemorrhage occurs, further medical treatment may be necessary.

Neuropraxia and Neurologic Deficits - Faecal Incontinence

Surgical procedures performed in close proximity to nerves can result in inflammation/irritation to these nerves. This can lead to a condition known as neuropraxia which can involve altered sensation/feeling, weakness and abnormal function of the nerve. Iatrogenic damage (accidental damage associated with surgery) can occur if nerves are located very close to the surgical site.

Faecal incontinence is the loss of normal control of bowel functions. The nerves that control anal function are in close proximity to anal gland surgery incisions. Temporary inflammation (neuropraxia) that causes faecal incontinence is reported in approximately 5-10% of cases. This will typically resolve without further treatment within 10 days. Permanent dysfunction to the nerves is rare and reported in less than 1% of surgery cases.

Stricture

Stricture is the term that describes scar tissue formation around a circular structure that constricts the structure. Stricture is a rare complication of anal gland surgery but can be serious as it can cause obstruction of the anus. It is more frequent if post-operative infection occurs. If it does occur, stricture may require further surgery to fix the abnormal scar tissue formation.

What to expect after surgery

Recovery generally takes 2 weeks for skin to heal and normal toileting function to return. An elizabethan collar is recommended to prevent biting or licking at the surgery site. It is possible to see straining to defecate and loss of normal control in the initial days after surgery and so frequent toilet walks are recommended.