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DISCHARGE INSTRUCTIONS: THIS IS VERY IMPORTANT!! MUST READ!!!

1: DO NOT remove your cat from the carrier until fully awake. Premature removal may cause harm to you or your cat. Keep warm for at least 24 hours after surgery as he/she cannot regulate body temperature because of anesthesia.

2: Your cat may be lethargic, nauseous and depressed for 24 hours. If lethargy or anorexia lasts for more than 24 hours please call.

3: Your cat can eat and drink tonight WHEN FULLY CONSCIOUS to reduce chances of choking and regurgitation. Give ½ the normal amount of food and offer small amounts of water tonight, then normal feeding tomorrow. If any vomiting occurs pull the food and water and offer tomorrow. You may need to try wet food, tuna, steak, chicken, clam juice, sardines, baby food with NO onion/garlic, etc to stimulate the appetite. Some cats are very finicky post-op and may require force feeding using a syringe with a mushy puree (baby food consistency). IT IS VERY IMPORTANT THAT KITTENS AND CATS UNDER 1 YR GET FOOD THE SAME DAY OF SURGERY TO PREVENT HYPOGLYCEMIA. We recommend red dye free foods.

4: Please see: https://www.fearfreehappyhomes.com/how-to-manage-a-fear-free-return-home/; some cats will not accept their returning housemate so take these steps to ensure they do

FOR FEMALE SPAYS:

1: **NO RUNNING/JUMPING/STAIRS/ETC FOR 14 DAYS**—this means that you may need to keep children away until healed.. KEEP AWAY FROM ALL OTHER PETS so she is not playing and the other pets do not lick the incision...make sure no jumping on counters or furniture, and CRATE IF TOO ACTIVE. Too much activity can cause herniation, seroma formation, delayed healing. We do have gabapentin to calm them if needed and you can use other vet approved calming treats as well.

2: There are no sutures to remove: an intradermal suture was used and the skin was glued.

3: DO NOT use peroxide, etc on/around the surgery site and no bathing for at least 2 wks.

4: If LICKING occurs you will NEED to get an INFLATABLE COLLAR, SOFT ECOLLAR, SURGI SNUGGLY, SUITICAL or homemade suit so that she does not open the incision, pull out the underlying sutures, get a seroma (fluid filled pocket under the skin) or get an infection. INFLATABLE COLLARS, SOFT ECOLLARS AND SUITS WORK BEST FOR CATS..cats can lick through suits though so sometimes collars work best. Amazin and Chewy.com have soft collars.

5: If you see any yellow or bloody discharge from the incision, if the incision opens, becomes swollen or red, or if you have any other questions or concerns please call ASAP. A small lump may be present under the incision and will disappear in 3-4 wks. It will take 4 weeks for the underlying muscles to be completely healed even though the incision heals in about 2 wks.

6: DO NOT give any human pain meds as they can kill cats

FOR MALE NEUTERS: The scrotum was incised and not sutured; you will see an open slit in each side of the scrotum and a scab will form which is normal. If you see any bleeding or yellow discharge from the scrotum please call ASAP. Your cat may resume normal activity in 48 hours. Licking can cause infection and bleeding—please see above for licking deterrents. Castration will decrease testosterone in a few days but NO guarantee it will eliminate spraying. Males can inseminate females 1 mo post-op.

RELEASING CATS OUTSIDE

Please try to keep boys inside for AT LEAST 24 hours and females at least 48-72 hours. If the female has kittens she should be released when awake for feeding. Females should not be left outside if raining.

IN WINTER: keep females inside until the hair grows back to protect them from snow or ice and maintain body heat. When releasing an outside cat, set the ½ covered carrier/trap in shielded familiar surroundings and walk away for 30 minutes. It is a good idea to release the cat where it is used to being fed, where it socializes with other cats, where it has a place to hide, i.e., where you trapped him/her.

If any complications arise please call Dr. Deaven at 717-304-9987 ASAP. Please call immediately if you note any of the following symptoms: significant lethargy, anorexia after 24 hrs, pale gums, abnormal incision, fever, or any other abnormal behaviors.

SIMBADOL

Buprenorphine is usually used as a short-term analgesic (pain killer) for mild to moderate pain in small animals. Buprenorphine is commonly used in combination with other analgesics, such as NSAIDs (meloxicam). The FDA (U.S. Food & Drug Administration) has approved this drug for use in cats and humans.

In cats, as with other opioids, mydriasis (dilated pupils) and behavioral effects (eg, excessive purring, pacing, rubbing, hiding) can be seen and last for 24 hrs. Vomiting, salivation, anorexia, and hyperthermia occur rarely; however, hyperthermia was observed in ≈28% of cats on the day after surgery; constipation and mydriasis also were noted. Adverse effects included hyperactivity, tachycardia, difficulty in handling, disorientation, agitation, and mydriasis. Some cats may also walk abnormally or wobbly for 24 hours.
The drug is contraindicated in patients with a known hypersensitivity to it or other opioids.
Because of the potential for decreased clearance with subsequent exaggerated/prolonged effects, all opioids should be used with caution in patients that have hypothyroidism, impaired hepatic function, or adrenocortical insufficiency (Addison's disease), and in pediatric, geriatric, or severely debilitated patients.
Rarely, patients may develop respiratory depression from buprenorphine; therefore, it should be used cautiously in patients with compromised pulmonary function. Like other opioids, buprenorphine must be used with caution in patients with head trauma, increased CSF pressure, or other CNS dysfunction (eg, coma), as any degree of respiratory depression could result in excessive partial pressure of arterial carbon dioxide with a subsequent increase in intracranial pressure.
Patients with severe hepatic dysfunction may eliminate the drug more slowly than normal patients. Buprenorphine may increase bile duct pressure and should be used cautiously in patients with biliary tract disease[29]; however, this appears to not have any clinical impact. Mild sedation can occur in both dogs and cats, making buprenorphine an important component of a preanesthetic protocol; however, excitement can occur in horses and, less commonly, in cats, as is true of other opioids. Mild postoperative hyperthermia can occur in cats.[28]

MELOXICAM

Short-term use (eg, single-dose injectable) of meloxicam is indicated in cats to control postoperative pain and inflammation associated with orthopedic surgery, ovariohysterectomy, and castration.[4]

In field trials, some cats given injectable meloxicam at the label dosage developed elevated BUN, posttreatment anemia, and residual pain at the injection site (rare). In other studies, meloxicam has caused GI effects (eg, vomiting, diarrhea, inappetence), behavior changes, and lethargy. Repeated use of meloxicam in cats is controversial, as repeated doses have been associated with renal failure and death. The FDA warns against repeated doses in cats[4]; however, a dosage of 0.05 mg/kg daily PO is licensed in some countries for long-term use, and guidelines for long-term NSAID use in cats suggest the benefits of treatment often outweigh the risks.[54] An even lower dosage (0.02 mg/kg daily PO) given to cats with stable IRIS stage 2 or 3 CKD had no apparent effect on the lifespan and did not adversely affect excretory renal function, although in one study urine protein:creatinine ratio was greater in meloxicam-treated cats than in those receiving placebo.[55–57]

Most animals tolerate meloxicam well, but ulcers or serious kidney and liver problems can develop (rare), especially in cats. Contact your veterinarian if your animal develops side effects such as eating less than normal, vomiting, changes in bowel movements, changes in behavior or activity (ie, more or less active than normal), weakness (eg, stumbling, clumsiness), seizures (ie, convulsions), aggression (ie, threatening behavior/actions), changes in drinking habits (ie, frequency, amount consumed), changes in urination habits (ie, frequency, color, or smell), and/or yellowing of gums, skin, or whites of the eyes (ie, *jaundice*).

Please note: we use a .1 mg/kg dose. This is less than the approved dose in the US that most vets believe is too high. Our dose has been shown to carry minimal risk to the patient while still providing adequate pain relief. It is given post-op along with fluids to further protect the kidneys.