Anal sacculectomy

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Overview: Anal sacs are small paired pouches on either side of dog or cat's rectum that secrete a foul smelling fluid. Normally, your pet will secrete a small amount of the fluid every time he/she defecates. Sometimes these sacs become inflamed and infected or impacted and need to be manually expressed or treated with antibiotics. In some cases, anal sacs can develop tumors. If your pet's anal sacs become a recurrent problem for him/her or a tumor develops, surgical removal is recommended.

Signs/symptoms: Dogs with anal sac infections or impactions frequently will scoot their rear ends on the floor, have pain on defecation, or a swelling will be noted. Untreated impactions can result in abscess formation and rupture. If these problems recur frequently, anal sacculectomy is recommended.

Dogs with tumors may have a visible swelling, be constipated, or the mass may be found as an incidental finding on a physical exam. There may be other signs (such as excessive drinking) depending on the type of tumor.

Diagnosis: Diagnosis is made on palpation and physical examination. If a tumor is present, other tests may be recommended or required, such as an aspirate, bloodwork, chest radiographs (x-rays), or an abdominal ultrasound.

Treatment: Surgical excision of both anal sacs is recommended. This is done on each side through an incision adjacent to the rectum. In the case of some tumors, aggressive excision of surrounding tissues may be desired, though it is not always possible because of involvement or possible encroachment of the mass to the adjacent rectum or anus.

Aftercare/outcome: Your pet will be discharged from the hospital with an Elizabethan collar to prevent him/her from licking the incision. This will need to be left on until the incisions are healed and sutures are removed in about 10-14 days. Until that time, exercise restriction is recommended.

Complications such as incision site infection can occur. The e-collar should be kept on and antibiotics administered to help prevent this. In addition, postop incontinence is a possibility. It is usually temporary and occurs more commonly when the gland has a tumor present. Rare long term complications can include later abscessation if any anal sac tissue is left behind. This would require an additional surgery to remove residual tissue.