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Preparing Your Pet for Anesthesia and Surgery

We are committed to providing safe, comfortable surgical services to all our patients. This information sheet is intended to answer general questions about routine procedures. Our doctors and staff will answer any specific questions you have about your pet.

What is Anesthesia and Pain Management?

Anesthesia is the use of medication to render a patient unconscious for surgery. Analgesics, or pain management, are drugs that stop pain and prevent suffering. Anesthesia alone does not provide any pain relief. The proper use of pain control results in faster recovery and healing.

What happens to my pet?

Prior to the procedure, the veterinarian examines each patient and listens to the heart and lungs. Tranquilizers are then given to lessen the patient's anxiety and decrease the amount of anesthetic drugs needed. We start pain management, also called analgesia, at this point because it is more effective than playing catch-up with pain control after surgery.

Once the patient becomes sedated, an injection is given that causes the pet to quickly become unconscious in order for the doctor to place a breathing tube through which oxygen and anesthetic gas is administered for the duration of the procedure. As soon as the patient is asleep, electronic monitoring equipment is utilized on the patient to improve anesthetic safety. Trained assistants monitor breathing, pulse rate, blood pressure, temperature, and other vital signs for the duration of the procedure and recovery periods. Our patients are kept warm with a special heating pad that circulates warm water under them.

Is anesthesia safe?

Modern anesthetics are safe, but anesthesia is a major medical procedure requiring specialized training and care. The more we know about the patient, the better anesthetic plan we can develop for all pets; that means a medical history and a physical exam. Depending on age and other health problems, we may recommend or require various blood tests, x-rays, or EKGs.

Complications of anesthesia are uncommon and the use of breathing tubes, pre-anesthetic bloodwork, IV catheters and/or fluids, and patient monitors give us the tools needed to minimize complications and respond rapidly if problems do arise. We only recommend surgery or other procedures involving anesthesia if the benefit to the patient outweighs any risk.

What are the optional services?

For elective procedures on relatively healthy patients, we provide our recommended services as an option to the client out of respect for varied budgets.

1. **First and foremost, we offer additional pain control.** All spays and neuters receive a single injection of a narcotic pain reliever that lasts about 4 hours. The pain control package is a second injection that lasts 24 hours and oral medication to take home. For cats being declawed, a fentanyl patch is use. The patch is applied to the skin the night before surgery and delivers narcotic pain reliever for 4 – 5 days.

2. **Intravenous catheters and fluids are also available.** The IV provides immediate access to give emergency drugs in the event of a complication. In addition, the fluids help maintain blood pressure to vital organs during the procedure. These measures may be required for patients with certain health problems such as kidney disease or for surgeries with high risk of hemorrhage such as cesareans.

3. **Pre-surgical laboratory screens are tailored to the patient.**
   a. We strongly urge that **all patients have a current fecal examination** since intestinal worms rob the patient of protein needed for healing. All dogs over 6 months of age should be **current on heartworm prevention and testing**. All cats should have been **tested for feline leukemia and FIV**. In most patients, these tests have been done at regular preventive care visits, but if not, it can be done now.
   b. **For patients under 7 years old**, the routine pre-surgical screen is done the morning of the procedure and checks for anemia, blood clotting ability, liver and kidney values, and blood sugar and blood protein levels. The lab tests can prevent unwelcome surprises in pets that are not as healthy as they appear.
   c. **For older pets**, complete geriatric screens may be obtained at an office visit prior to the procedure, or an in-house profile may be ordered on the day of the procedure. Laboratory tests can uncover internal organ problems that are just starting, allowing for their treatment before they become debilitating. These lab results guide the veterinarian in making important choices about anesthetic drugs for your pet.

What are microchips?

Microchips provide a specific identifying number for your pet that aids in identification. It is a small capsule that is implanted under the skin, usually on the back over the top of the shoulders, by needle injection and can be read by a special scanner. If your pet is separated from you and loses his or her collar, animal shelters and veterinary hospitals can scan the number from your pet and call a national hotline to contact you. Surgery is a convenient time to insert a microchip.

How do I prepare my pet?

- ✓ All pets may not have food after midnight the night before. Water may be available.
- ✓ If your pet is on medication, ask the doctor if it should be given that morning.
- ✓ For some dental procedures, antibiotics are sent home to start 2 – 3 days prior.
- ✓ Patients needing fentanyl patches come in by 5:30 pm the night before. All other patients are dropped off between 8:00 and 9:00 am the morning of the procedure.
- ✓ Dental procedures and cat neuters go home after 5:00 pm.
- ✓ Spays, dog neuters, and declaws go home after 10:00 am the next day.

How do I care for my pet afterward?

Your pet should have a quiet, warm, and safe place to recuperate that is free from other pets and children. Pets may be disoriented for 12 to 24 hours after anesthesia. Cats should be kept indoors and their food and water placed in a location that is accessible without jumping. Dogs should be leash-walked and not allowed to jump, climb stairs, or rough-house. No bathing until the sutures are removed, typically at 10 days after surgery. At the time of discharge you will be given specific instructions about medication, sutures, and diet.