



## **Episioplasty Surgery Aftercare Information Sheet**

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**Patient:** {PATIENT FULL NAME}

**Date:** January 31, 2022

**Presenting Complaint:** Recessed vulva

**Diagnostics:** Preoperative bloodwork was unremarkable.

**Diagnosis:** Recessed Vulva

**Surgery:** {NAME} underwent an episioplasty. A segment of skin and fat was removed to make the vulva more prominent. Her surgery went well and she recovered uneventfully.

**Exercise:** Limit activity for the next 2 weeks. Short leash walks are permitted on a leash. No jumping, running, or rough-housing. Do not leave {NAME} off the leash unattended.

### **Medications:**

1. **Rimadyl (\_\_\_ mg):** Give 1 tablet by mouth every 12 hours with food. Please watch for signs of gastrointestinal upset: loss of appetite, vomiting, diarrhea, and black stools. If these signs occur your pet could be sensitive to these medications and they should be discontinued and a veterinarian contacted. This medication has been given the hospital at \_\_\_\_\_.
2. **Gabapentin (\_\_\_ mg):** Give 1 capsule by mouth every 8-12 hours, as needed for pain relief. This medication may cause sedation. This medication has been given in the hospital at \_\_\_\_\_.
3. **Antibiotic (\_\_\_ mg):** Give 1 tablet by mouth every 12 hours with food. This medication is an antibiotic. This medication has been given in the hospital at \_\_\_\_\_.

**Incision:** Please check the incision for signs of infection: redness, swelling, pain or discharge. Do not allow {NAME} to lick at the incision. An E collar should be used to keep {NAME} from licking at the incision.

**Suture Removal:** Please have the sutures removed by Dr. {RDVM} 10-14 days from the day of surgery. Please make an appointment with Dr. {RDVM} in that time frame.

**Recommendations:** It is very important to not allow {NAME} to bother at her incision as this can affect healing. Surgery can correct her anatomical abnormalities and prevent the likelihood of future urinary tract infections. Please continue to closely monitor {NAME}'s urination habits (frequency, color, character, etc.) and contact Dr. {RDVM} if you have any questions.

Clinician: Joshua Bruce, DVM, DACVS-SA

***Thank you for allowing us to care for {NAME}!***