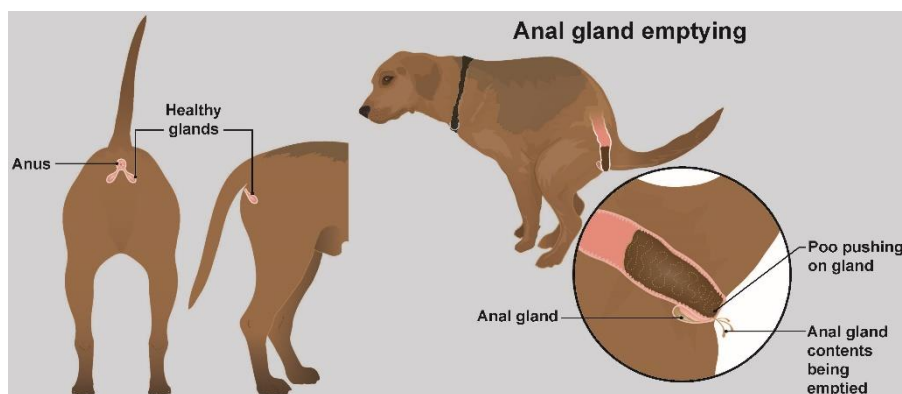


Anal gland abscesses in dogs

Overview

Anal glands are two small sacs that sit just inside a dog's anus (bottom). They contain a strong-smelling substance that is squeezed onto a dog's stool when they go to the toilet. It's believed that this smelly substance helps a dog mark their territory.



If an anal gland becomes blocked, an infection or abscess may develop. This can be extremely painful and needs treatment by a vet.

Unless you notice a problem, anal glands don't need to be examined or emptied. They should empty themselves when your dog goes to the toilet (see diagram above).

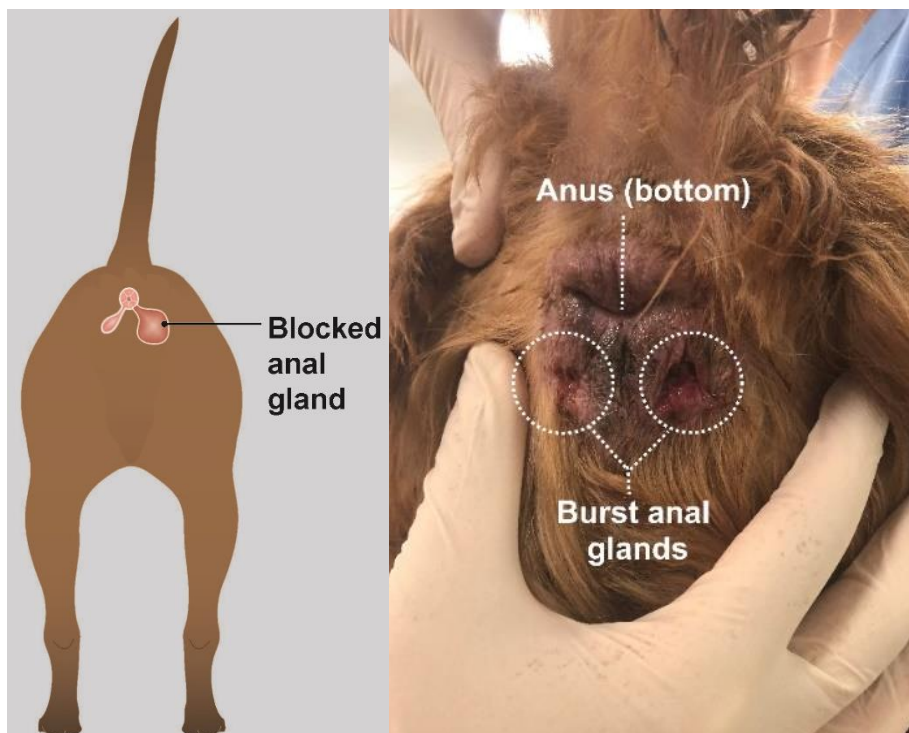
Symptoms of an anal gland infection

- Scooting (rubbing their bottom on the ground)
- Biting or licking their bottom or the base of their tail
- Pain when pooping

- A red, swollen bottom
- A foul smell around their back end
- Discharge, blood or matting around their bottom
- A wound near their bottom
- Sitting down or looking round suddenly
- Low energy (lethargy)

What causes an anal gland abscess?

An anal gland abscess is a painful collection of pus that builds up inside an anal gland. They form when a blocked anal gland becomes inflamed and infected. An untreated anal gland abscess is likely to eventually burst. (see photo).



This dog has two burst anal glands.

Abscesses are very painful and can make a dog feel unwell. Always have your dog checked by a vet if you think they have a problem with their anal glands, there is less chance of complication if they are treated quickly.

When to contact your vet

Anal gland abscesses are very painful. Contact your vet straight away if your dog has any of the symptoms above.

You know your dog best. If they don't have the symptoms listed above but you are still concerned it's always best to contact your vet.

Treatment for infected anal glands

Pain relief and anti-inflammatories

- Anti-inflammatory pain relief is often used to settle red, hot, angry glands.

Anal gland emptying

- Your vet may need to empty and flush your dog's anal gland abscess.

Antibiotics

- Antibiotics may be used in some cases but aren't always needed.
- Once an abscess has burst and is open to the air it's usually less painful. If the gland is then kept clean it is likely to heal itself.

Further investigations

- If the problem doesn't go away or returns after treatment, it may be necessary to take a swab (pus sample) from the

abscess. This will help the your vet decide which antibiotic is best used to fight the infection.

Surgery

- If an anal gland problem returns multiple times, surgery may be recommended to remove the affected gland.
- This is a last resort because surgery around a dog's bottom risks infection and complications.

Outlook

Most dogs recover quickly once they've been treated for an anal gland problem.

Some dogs need regular gland emptying to stop continuing problems. For some dogs this will be occasionally (i.e. 2 - 3 times a year), for others more regularly. Depending on the symptoms, you can discuss with your vet how regularly your dog's anal glands need emptying.

Ongoing care

Empty only when necessary

- Have your dog's anal glands emptied by a vet or nurse as regularly as your vet suggests and book your dog in if you notice problems between appointments.
- Unless your vet has recommended it, don't have your dog's anal glands examined or emptied (even at the groomers).
- Your vet may be willing to teach you how to empty your dog's anal glands safely.

Check out our video: 'How to recognise anal gland problems in dogs' www.pdsa.org.uk/blockedanalglandsindogs

Fibre

- Adding extra fibre to your dog's diet will help firm up and bulk out their poo. As a result, when your dog goes to the toilet their stool will press on the anal glands and help to empty them.
- Your vet will give advice on what type and how much fibre to add to your dog's food.

Keep your dog slim

- Overweight dogs generally have weaker muscles around their bottom, which makes gland emptying more difficult.
- Keep your dog at a healthy weight and feed them a good quality complete dog food.

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