Optimising postoperative pain management in cats undergoing ovariohysterectomy

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OVARIOHYSTERECTOMY of cats, also known as spaying, is a routinely performed procedure in first-opinion veterinary practices worldwide. It not only contributes to animal welfare by reducing the stray cat population but also undoubtedly provides various health benefits (eg, reduced risk of certain cancers) that improve the quality of life of individual cats. However, as with other surgical procedures, cats may experience postoperative pain following ovariohysterectomy.

Pain management is best provided using a multimodal approach combining various intraand postoperative techniques and molecules. In the UK, most cats undergoing ovariohysterectomy receive non-steroidal anti-inflammatory drugs (NSAIDs) perioperatively. These drugs work by inhibiting the enzymatic activity of cyclooxygenase (COX) to reduce the production of prostaglandins. They also work together with opioid analgesics to potentially reduce the required opioid dosage and thus the associated side effects.

Among NSAIDs, meloxicam and robenacoxib are known for preferentially inhibiting the COX-2 enzyme, with robenacoxib showing an even higher selectivity for COX-2 than meloxicam. Both meloxicam and robenacoxib are licensed for use in cats, and clinical studies have demonstrated their effectiveness in providing postoperative pain relief for cats undergoing surgical neutering. Furthermore, despite robenacoxib having a shorter plasma half-life than meloxicam, both drugs achieve a similar duration of clinical effectiveness.

Although the perioperative use of injectable NSAIDs to provide analgesia in cats undergoing ovariohysterectomy is well established, the requirement for postoperative administration is unclear, and prescribing practices vary between clinics. One possible reason for this lack of evidence regarding the need for postoperative oral NSAIDs is that studies assessing the

WHAT YOU NEED TO KNOW

- Pain, in its chronic as well as its acute form, is best managed using a multimodal approach combining different analgesic techniques and molecules.
- Perioperatively administered robenacoxib and meloxicam are both routinely used to provide postoperative analgesia in cats undergoing ovariohysterectomy.
 However, evidence suggests that meloxicam is more effective than robenacoxib in preventing postoperative pain in certain patient populations.
- Practices regarding the postoperative administration of NSAIDs to cats undergoing ovariohysterectomy vary widely. However, recent research demonstrates that applying a blanket approach to prescribing postoperative NSAIDs may not be necessary.
- Avoiding the unnecessary dispensing of NSAIDs not only has patient safety benefits but also reduces the procedure's cost and carbon footprint.
- Owners are able to recognise pain-related behaviours in their cats, and including owner-based assessment in the evaluation of pain can be a reliable tool with the potential to increase the vet-owner-animal bond.

efficacy of analgesic protocols typically rely on pain scoring by experienced clinicians within a hospital environment. However, most cats undergoing ovariohysterectomy are discharged within hours of recovery from anaesthesia.

To help address this knowledge gap, Hillen and colleagues conducted a randomised, prospective clinical trial, summarised on p 323 of this issue of *Vet Record*, evaluating the effectiveness of robenacoxib and meloxicam in controlling postoperative pain in cats, as assessed by their owners in the home environment. This study compares robenacoxib and meloxicam in terms of pain relief, side effects and overall postsurgical recovery.

Cats undergoing routine ovariohysterectomy were randomly assigned to receive either 0.2 mg/kg of meloxicam (n=79) or 2 mg/kg of



Providing a clear explanation of how to identify signs of pain is given before hospital discharge, cat owners can reliably assess behavioural changes associated with acute pain during the postoperative period

robenacoxib (n=65) perioperatively. All cats were discharged between four and six hours after anaesthetic recovery. A blinded assessor then contacted the owners three days after discharge and asked them to identify any physical or behavioural changes they had observed in their cat and assign them a pain score using an 11-point numerical rating scale.⁹

Although overall pain scores were very low in these cats, the pain scores of cats in the robenacoxib group were significantly higher than those of cats in the meloxicam group. This finding led the authors to conclude that both meloxicam and robenacoxib are effective in controlling postoperative pain, but meloxicam may have improved efficacy in certain patient populations. Therefore, applying a blanket approach to prescribing postoperative NSAIDs to cats undergoing ovariohysterectomy may not be necessary. This is important, as NSAIDs have a narrow safety margin in cats, meaning that indiscriminate use can pose a risk to patients. 10

This study underscores the importance of tailoring pain management strategies for individual cats, as not all animals respond the same way to medications. Clinicians will find valuable guidance in the study's results, aiding them in making informed decisions regarding pain management protocols for cats undergoing ovariohysterectomy. Furthermore, the inclusion of owner-based assessments enriches our understanding of postoperative pain perception in cats and enhances the quality of care provided to these beloved companions.

Several previous studies have validated the owner-based approach in chronic or orthopaedic feline pain assessment ^{11,12} and quality of life evaluation. ¹³ However, data on the validity of owner-based assessment of acute pain are scarce.

One study aimed to evaluate the agreement and reliability of the feline grimace scale (FGS) among cat owners, veterinarians,

veterinary students and nurses and showed that intraparticipant reliability was excellent for students and veterinarians, who were considered the gold standard, and good for owners and nurses. He male participants assigned higher FGS scores to the cats than males, but male participants were underrepresented in this study. The age of participants did not affect their scores, and neither did the number of cats they owned. Overall, this study concluded that FGS is a reliable tool for acute pain assessment in cats, even when used by individuals with different levels of experience. He

Another similar study aimed to investigate the effect of participant demographics on cat caregivers' reliability in assessing acute pain using the FGS. ¹⁵ This study also showed that FGS scores had good reliability when used by cat caregivers, regardless of demographic variables, demonstrating the potential applicability of the instrument to improve feline pain management and welfare worldwide. ¹⁵

RESEARCH COMMENT

Following on from these studies, Hillen and colleagues' study⁹ not only rigorously adheres to scientific methodology but also recognises the practical importance of involving cat owners in assessing their pets' pain experience. This approach acknowledges the subjective nature of pain perception in animals and harnesses the power of pet owners as key observers in the postoperative period. As such, this study is a commendable contribution to the field of veterinary medicine, promoting the welfare and wellbeing of feline patients.

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