JOURNAL OF VETERINARY AND APPLIED SCIENCES
VOLUME 16, ISSUE 2: 1741 – 1749 (2026)
Published by: Faculty of Veterinary Medicine, University of Nigeria, Nsukka, Nigeria
ISSN: 2315-6856; e-ISSN: 2636-5553; Website: www.jvasonline.com

# Beyond the suture line: Owner aftercare adherence as a determinant of post-operative complications following surgery in dogs and cats in Edo State, Nigeria

**Edwin A. Uwagie-Ero *, Effiong W. Sunday and Iwinosa P. Omorodion**

Department of Veterinary Surgery and Radiology, Faculty of Veterinary Medicine, University of Benin, Benin-City, Edo State, Nigeria.

==========

**Abstract**

The intra-operative period has been extensively optimised in veterinary surgery, yet outcomes may be decisively shaped after the patient leaves the clinic to the owner's home. Owner non-compliance is increasingly recognised as a driver of preventable post-operative morbidity, yet quantitative, effect-size-based evidence of it from resource-constrained sub-Saharan settings is virtually absent. This study quantified the relationship between owner compliance with post-operative aftercare instructions and the occurrence and severity of complications in dogs and cats following surgery in Edo State, Nigeria, and also characterized compliance patterns, outcome stratification and systemic barriers to compliance. A retrospective record review of 50 small animal surgical cases (dogs, n = 33; cats, n = 17) was conducted across ten veterinary clinics in Benin City, Edo State, Nigeria, spanning 2016 – 2026. A composite owner-compliance score (range 4 – 12) was derived from four aftercare behaviours: medication administration, wound care, follow-up attendance and activity restriction. Associations with complication occurrence were tested using independent-sample t-test (Levene-corrected) and one-way ANOVA, with effect sizes (Cohen's d). Practitioner-reported monitoring barriers were also captured. Overall, 42.0% (21/50) of animals developed one or more complications (surgical site infection – 22.0%, haemorrhage and anaesthetic events – 18.0%). Mean compliance score was high (11.00 ± 1.69), with medication administration most adhered to (82.0% "always") and wound care, activity restriction, and follow-up as relative weak points (4% "never"). Animals without complications had significantly higher ($p = 0.001$, Cohen's $d = 1.445$) compliance score (11.76 ± 0.64) than those with complications (9.95 ± 2.11). Compliance score varied significantly ($p < 0.001$) across outcomes: Recovered-without-complication (11.68 ± 0.77), Recovered-with-complication (9.54 ± 2.22); and Died (9.67 ± 2.52). Financial constraints were the principal systemic barrier to monitoring (48.0% of practitioners). It was concluded that owner aftercare compliance is a large, statistically powerful and modifiable determinant of post-operative outcomes independent of the modest levels of practitioner-side variability detected. It is recommended that high-impact strategies such as structured discharge education, reminder-based follow-up, visual instruction aids and financial de-risking of aftercare be prioritised to translate intra-operative excellence into home-based recovery success.

**Keywords**: Dogs and cats; Companion animal surgery; Post-operative complications; Owner compliance; Aftercare adherence.

*** Correspondence:** Edwin A. Uwagie-Ero; Email: edwin.uwagie-ero@uniben.edu; Phone: +2348033977590
***Article History:*** Initial manuscript submission received – August 16, 2026; Final revised form received – October 12, 2026; Accepted for publication – October 15, 2026; Published – October 19, 2026.

## Introduction

Companion animal surgery has advanced markedly over recent decades, with refinements in anaesthetic monitoring, aseptic technique and minimally invasive approaches, which substantially reduce intra-operative mortality (Redondo *et al*., 2024; Rose *et al*., 2026). Yet available literature has repeatedly demonstrated that the single most consequential phase of a surgical episode may not be the operation itself, but the hours and days that follow the post-operative period, when the patient's physiological reserve intersects with the quality and the consistency of aftercare (Miller, 2023; Griffin *et al*., 2024).

Nowhere is this more evident than in the transition of care from the clinic to the home. Once an animal patient is discharged from the clinic/hospital, the locus of responsibility shifts decisively from the surgical team to the owner, whose adherence to a suite of instructions such as antibiotic and analgesic administration, wound dressing and observation, confinement and exercise restriction, and scheduled re-presentation becomes the de facto determinant of whether a clean surgical closure heals uneventfully or deteriorates into infection, dehiscence or catastrophic systemic sepsis (Brown, 2022; Wilson, 2024).

Despite the intuitive importance of owner behaviour, empirical research quantifying its contribution to surgical outcomes remains surprisingly thin. Most published work has been descriptive or qualitative, identifying, but not measuring owner-related contributory factors such as inability to prevent wound licking, failure to restrict activity, or non-adherence to medication schedules (Wilson, 2024). Crucially, the extent to which owner compliance exerts a biologically and statistically meaningful influence quantified with effect sizes has not been firmly established, particularly in low- and middle-income country (LMIC) settings where veterinary follow-up infrastructure, health literacy and financial capacity diverge sharply from the western, educated, industrialized, rich and democratic (WEIRD) contexts that dominate literature.

The Nigeria situation exemplifies this gap. Comprehensive profiling by Bodinga *et al*. (2025) revealed systemic documentation failures in pre-anaesthetic assessments (unrecorded in 98.28%) and anaesthetic protocols (absent in 93.63%) of surgical cases in North-Western Nigeria, emphasising how institutional fragility compounds surgical risk. Meanwhile, Olasoju *et al*. (2025) documented inconsistent antimicrobial stewardship among companion animal veterinarians nationally. Within Edo State of Nigeria, specifically, no complication-specific, compliance-centred epidemiological baseline for small animal surgery has been published. This present study addressed that void, centering for the first time, on owner compliance as the principal analytical lens. Specifically, it asks: To what extent does owner adherence to aftercare instructions predict the occurrence and severity of post-operative complications in dogs and cats, and what systemic barriers frustrate post-operative monitoring in this context?

## Materials and Methods

**Study Design and Setting:** A retrospective, multi-centre record review was conducted in Benin City, Edo State, Nigeria (latitude 6°20'–6°37'N), a tropical-rainforest urban centre. The study spanned records from January 2016 to March 2026.

**Sampling and Data Extraction:** Records in thirteen clinics were screened, and ten (public and private) with legible, complete surgical records were retained. Five surgical case files per clinic (total n = 50: 33 dogs, 17 cats) were systematically selected to ensure balanced clinic representation. Data were extracted via a structured checklist capturing demographics,

surgical profile, complication occurrence and type, temporal onset and owner compliance.

**Ethics:** As a retrospective file review, no live animals were involved. Clinic/hospital management consented to record access. All information on owners, pets and clinics were anonymised (Clinics/Hospitals A – J).

**Owner Compliance Measurement:** Owner compliance was quantified across four aftercare behaviours: (i) medication administration, (ii) wound care, (iii) follow-up attendance, and (iv) activity restriction. Each was rated on a three-point ordinal scale (0 = "never"; 1 = "sometimes"; 2 = "always"), summed into a composite compliance score ranging 4 – 12 (higher = greater adherence; internal consistency acceptable, $\alpha = 0.82$).

**Statistical Analysis:** Data were analysed using the SPSS software. Independent-samples t-tests (Levene-corrected for unequal variances) compared compliance scores between complication groups, with Cohen's d quantifying effect magnitude ($d \approx 0.2$ small, 0.5 medium, $\geq 0.8$ large). One-way ANOVA and Tukey post-hoc tests examined compliance across the three outcome categories (recovered without complication; recovered with complication; died). Descriptive statistics characterised compliance patterns and barriers. Significance was set at $\alpha = 0.05$.

## Results

**Cohort and compliance profile:** The sample population comprised 33 dogs (66.0%) and 17 cats (34.0%); 54.0% females and 46.0% males; 44.0% aged 1 – 5 years, while 6 – 10 year of age constituted 26.0%, with those less than I year and those above 10 years of age constituting 14.0% and 16.0%, respectively (Table 1). Based on the type of surgery, 68.0% had soft-tissue, 20.0% orthopaedic surgery, 8.0% elective surgery and 12.0% other forms of surgery (Table 1).

**Table 1.** Demographic information on the animals and surgical procedures encountered during the retrospective survey of owner aftercare adherence following surgery in dogs and cats in Edo State, Nigeria.

| Variables | Categories | Frequency | Percentage |
|---|---|---|---|
| **Animal type** | Dogs | 33 | 66.0% |
| | Cats | 17 | 34.0% |
| **Sex** | Females | 27 | 54.0% |
| | Males | 23 | 46.0% |
| **Age Categories** | < 1 year | 7 | 14.0% |
| | 1 – 5 years | 22 | 44.0% |
| | 6 – 10 years | 13 | 26.0% |
| | >10 years | 8 | 16.0% |
| **Type of Surgery** | Elective surgery | 29 | 8.0% |
| | Soft tissue surgery | 13 | 68.0% |
| | Orthopaedic Surgery | 10 | 20.0% |
| | Others | 6 | 12.0% |

Overall owner compliance to animal patient aftercare was high, with mean score 11.00 on a scale of 12 (SD = 1.69) (Table 2). Medication administration led adherence (82.0% "always"; 0% "never"), whereas wound care, follow-up attendance, and activity restriction each showed 4.0% "never" non-adherence (Table 2).

**Owner compliance and complication occurrence:** The mean compliance score of the animals that recovered without complications (11.76 ± 0.64) was significantly higher than that of animals that had complications (9.95 ± 2.11) (Table 3). The effect size, Cohen's d = 1.445, far exceeded the ≥ 0.8 threshold conventionally regarded as "large," indicating a substantial, clinically meaningful separation approximately 1.5 pooled standard deviations between compliant and non-compliant owner groups.

**Owner compliance and outcome severity:** There were significant variations ($p < 0.001$) in the mean compliance scores across the three outcome categories: Recovered without complications – 11.68 ± 0.77; Recovered with complications – 9.54 ± 2.22; and Died – 9.67 ± 2.52 (Tables 4). Notably, dogs and cats that recovered with complications and those that died had nearly indistinguishable compliance scores (9.54 vs 9.67), suggesting a compliance threshold below which an animal is disadvantaged regardless of whether the eventual endpoint is death or recovery-with-morbidity (Tables 4).

**Table 2.** Owner compliance across four aftercare behaviours post-surgery in dogs and cats at Benin City, Nigeria (n = 50).

| Aftercare items | Number, with percentages in brackets | | |
|---|---|---|---|
| | "Always" | "Sometimes" | "Never" |
| **Administered prescribed medications** | 41 (82.0%) | 9 (18.0%) | 0 (0.0%) |
| **Performed recommended wound care** | 38 (76.0%) | 10 (20.0%) | **2 (4.0%)** |
| **Returned for scheduled follow-up** | 39 (78.0%) | 9 (18.0%) | **2 (4.0%)** |
| **Restricted animal's activity as advised** | 38 (76.0%) | 10 (20.0%) | **2 (4.0%)** |

[Weakest adherence items in bold; Mean composite score – 1 1.00; SD 1.69; Range 5 – 12]

**Table 3:** Comparison of compliance scores of dogs and cats (n = 50) with and without post-operative complications after surgery.

| Group | N | Mean | SD | t | *p-value* |
|---|---|---|---|---|---|
| **No complications** | 29 | 11.76 | 0.636 | 3.802 | *0.001* |
| **At least one complication** | 21 | 9.95 | 2.109 | | |

**Table 4:** Comparison of aftercare compliance scores of dogs and cats (n = 50) surveyed in Edo State, Nigeria, based on final outcome after surgery.

| Outcome | n | Mean compliance score ± SD |
|---|---|---|
| **Recovered without complications** | 34 | 11.68 ± 0.77 |
| **Recovered with complications** | 13 | 9.54 ± 2.22 |
| **Died** | 3 | 9.67 ± 2.52 |

$F(2,47) = 12.520$, $p < 0.001$

**Table 5.** Challenges faced by veterinary surgeons (n = 50) during post-surgical operation monitoring of dogs and cats surveyed in Edo State, Nigeria.

| Challenge | Numbers, with percentages in brackets | | | Rank (by Major %) |
|---|---|---|---|---|
| | Major Challenge | Minor Challenge | Not a Challenge | |
| **Financial constraints** | 7 (14.0%) | 17 (34.0%) | 26 (52.0%) | 1st |
| **Inadequate follow-up system** | 3 (6.0%) | 10 (20.0%) | 37 (74.0%) | 2nd (tied) |
| **Poor owner communication** | 3 (6.0%) | 9 (18.0%) | 38 (76.0%) | 2nd (tied) |
| **Poor medical record keeping** | 2 (4.0%) | 9 (18.0%) | 39 (78.0%) | 4th |

**Systemic barriers to post-operative monitoring:** Financial constraints dominated practitioner-reported barriers, and was rated a major (14.0%) or minor (34.0%) challenge by 48.0% of practitioners (Table 5). Inadequate follow-up systems (26.0% combined), poor owner communication (24.0%), and record-keeping (22.0%) trailed behind, underscoring economic forces as the principal structural obstacle to post-discharge surveillance of dogs and cats in Edo State, Nigeria (Table 5).

## Discussion

The central finding of this study, that owner aftercare compliance separates complication-free from complicated recoveries by a Cohen's d of 1.445 ($p = 0.001$) and stratifies outcomes from uneventful recovery to death ($p < 0.001$), represents, to our knowledge, one of the strongest quantitative links between client behaviour and surgical outcome in the small animal surgery literature. Prior work has consistently flagged owner behaviours as contributors to preventable complications (Wilson, 2024), but largely in descriptive form. By translating "compliance matters" into "compliance matters this much", the present data gives veterinarians and educators a persuasive, evidence-based quantity around which to design discharge counselling.

That the effect on animal outcome was observed despite generally high average compliance (11.0/12) is revealing. It indicates that even in a population where most owners report good adherence, the residual non-compliance concentrated among a meaningful minority is sufficient to drive a very large outcome differential. This is the classic signature of a "high-leverage" behaviour-change target: small improvements among the lowest-adherence segment could yield disproportionately large reductions in preventable morbidity.

These findings resonate with a growing contemporary reconceptualisation of post-operative care as a continuum that extends across the clinic–home boundary. Rose *et al*. (2026) reported that the temporal locus of peri-anaesthetic mortality has shifted from induction and maintenance towards the first hours of *recovery* precisely the window when professional monitoring intensity wanes and, post-discharge, when owner vigilance becomes the operative variable.

Disaggregating the composite score exposed a clinically actionable hierarchy: medication administration was the strongest behaviour (82.0% "always", 0.0% "never"), while wound care, follow-up attendance, and activity restriction each showed 4.0% definitive non-

adherence. This pattern is intuitive and instructive. Owners most readily internalise pharmaceutical tasks – concrete, unambiguously time-anchored and directly tied to the visible "dose" paradigm. By contrast, restraint-based and observational behaviours (confinement, wound inspection, scheduled revisits) are cognitively and behaviourally more demanding: they require sustained vigilance, impose lifestyle disruption, and afford no immediate tangible reward. This decomposition aligns with behavioural-modelling literature suggesting that preventive/restraint behaviours are systematically more prone to decay than curative behaviours across both human and veterinary health contexts (Nakonechny *et al*., 2025).

For practitioners, this means discharge counselling should not merely list tasks but should re-engineer the weakest behaviours: supplying physical confinement aids (crates, Elizabethan collars), pre-booking the follow-up appointment before discharge, and training owners to photograph wounds daily; techniques that lower the behavioural cost of compliance. The contemporary veterinary embrace of tailored "discharge action plans" and visual (rather than purely verbal) instruction consistent with human-health shared-decision-making frameworks offers a practical bridge between our statistical findings and actionable clinic protocols.

Perhaps the most novel interpretive insight lies in the near-identical compliance scores of animals that “recovered with complications” (9.54) and those that “died” (9.67), both sharply below the mean score of the complication-free group (11.68). This clustering suggests a compliance threshold effect: below approximately 10/12 (~83% adherence), at which an animal's recovery trajectory is disadvantaged irrespective of the ultimate endpoint. Though this interpretation must be tempered by the small death subgroup (n = 3), it carries a provocative implication: owner compliance may function less as a continuous linear dose-response and more as a gateway, a minimum behavioural standard beneath which the protective envelope of otherwise competent peri-operative care is breached.

If replicated in larger cohorts, a validated threshold would transform aftercare from a uniform, one-size-fits-all discharge monologue into a risk-stratified system: owners scoring below threshold on a brief pre-discharge compliance-screening tool could be flagged for enhanced support home visits, telemedicine check-ins, subsidized revisit options, or simplified instruction; targeting resources precisely where the compliance deficit is greatest. This mirrors the risk-stratification logic already ubiquitous in pre-operative care (e.g., ASA classification) but extends it to the post-operative, post-discharge domain that current frameworks largely ignore.

The identification of financial constraints as the dominant systemic barrier (48.0% of practitioners) reframes owner non-compliance not as individual carelessness but as a structurally constrained behaviour. When follow-up consultations, medications or wound-care supplies are unaffordable or when owners ration them against competing household priorities, apparent "non-compliance" is frequently economic triage in disguise. This aligns with the reports of Bodinga *et al*. (2025), who showed that economic cycles (post-harvest income, festival timing) heavily gate care-seeking in Nigerian veterinary practice, and with Okonjo and Adeyemi's (2025) documentation of financial limitation as the leading brake on comprehensive post-operative care in developing contexts.

This reframing carries a dual implication. First, it cautions against moralizing judgments of "difficult" or "negligent" owners; the same behavioural gap may reflect an affordability gap. Second, it relocates leverage: if non-

adherence is substantially economic, then cost-side interventions, bundled aftercare pricing, subsidized revisits, tiered care packages, and (where viable) pet insurance or micro-financing become compliance interventions in their own right. This positions owner compliance as a health-equity and One-Health policy matter, not merely an individual behavioural one; a framing consistent with the Lancet Commission's global-surgery emphasis on catastrophic-expenditure protection, transposed to the companion animal sector.

Three contemporary movements lend further salience to these findings. First, the antimicrobial-resistance (AMR) crisis directly intersects owner compliance: non-adherence to prescribed antibiotic courses or the unmanageable cost thereof promotes sub-therapeutic exposure and resistance selection, undermining antimicrobial stewardship (Olasoju *et al*., 2025; Sørensen *et al*., 2025). Where surgical site infection (SSI) is already the leading complication (22.0% here), the compounding effect of owner-side antimicrobial non-compliance on regional AMR is not trivial. Second, the accelerating adoption of veterinary telemedicine**;** post-discharge video consultations, automated medication reminders, and smartphone wound-photo triage offers low-cost, high-reach mechanisms precisely suited to the resource-constrained context identified here, converting a financial barrier into a technology-mediated opportunity. Third, the emergence of protocolised Veterinary Enhanced Recovery After Surgery (Vet-ERAS**)** frameworks (MDPI, 2025) codifies the principle that structured, multi-modal peri-operative pathways including explicit, audited client-engagement components improve outcomes; our data supply the client-adherence evidence base such protocols have implicitly assumed but rarely measured.

**Study Limitations:** Several caveats temper interpretation. The sample size (n = 50) is modest; the death subgroup (n = 3) and non-compliant strata (n = 2 per item) are small, warranting caution around threshold inference. Compliance was self/owner-reported via checklist, a method prone to social-desirability bias, likely inflating apparent adherence and potentially attenuating the true association; that a large effect survived this conservative bias underscores its robustness. The retrospective design precludes causal inference, though the dose–response-like gradient across outcome severity is consistent with; if not proof of a causal role. Finally, generalization beyond Edo State companion animals is limited. Nonetheless, the magnitude of the observed effect (d = 1.445), its statistical robustness, and its alignment with convergent qualitative literature argue strongly for its biological and clinical plausibility.

**Implications for Practice:** The findings in this study translate into concrete, actionable implications across the veterinary care ecosystem: For veterinary clinics and practitioners, the discharge encounter should be re-engineered to treat the discharge conversation as a clinical intervention of equal standing to the surgery itself. Given the large compliance-outcome effect, structured, standardized discharge counselling should be non-negotiable; ideally delivered in written and visual form, with the owner asked to re-teach key instructions (teach-back method) to verify comprehension. The veterinary clinics/hospitals and practitioners should deploy targeted supports at the weakest behaviours (wound care, activity restriction, follow-up): issue restraint aids (crates, cones), pre-book the revisit before discharge, and use daily wound-photo prompts, where feasible. Further, a compliance risk-stratification screen should be adopted: a brief pre-discharge adherence-prediction tool could flag low-risk-compliance owners for enhanced follow-up, mirroring preoperative ASA-based risk stratification but for the post-discharge phase. Also, a protocolised post-discharge contact (48

– 72-hour telemedicine or phone check-in) should be considered, converting the documented high-risk early window into a structured, monitored one.

Professional bodies and educators should build client-communication and behavioural-science competencies into veterinary curricula and continuing professional development (CPD), equipping practitioners to counsel effectively and non-judgmentally across literacy and language barriers. They should further develop and disseminate standardised, resource-appropriate discharge-education materials and aftercare checklists, making evidence-based client engagement feasible even in lean-resource clinics.

Pet owners should reframe and reinforce their role as co-providers of care whose consistent adherence to confinement, wound care and re-visit schedules is a direct protective determinant of whether their animal recovers uneventfully or not. They should normalise help-seeking: owners should be actively invited to report uncertainty or financial difficulty before disengaging from aftercare, enabling the clinic to offer alternatives, rather than lose the patient to silent non-compliance.

Policy makers and financiers should de-risk aftercare, by offering bundled or subsidised follow-up packages, flexible payment plans and companion-animal insurance or micro-finance schemes that would directly dismantle the dominant identified barrier (financial constraints, 48.0%), converting structurally constrained non-compliance into attainable adherence. Owner-based aftercare should be as a One-Health and public-safety issue (e.g., given AMR implications of antimicrobial non-adherence), justifying investment beyond aggregate pet-welfare arguments.

Further randomized/quasi-experimental trials of structured owner-education and reminder interventions (discharge teach-back, visual aids, telemedicine, financially de-risked revisits) are needed to establish causality and effect sizes of interventions, not just associations. Larger, multi-state cohorts with objective (e.g., electronic health-record, pharmacy-refill) compliance measures would validate the proposed compliance threshold and enable multivariable modelling.

**Conclusion:** This study demonstrated that owner aftercare compliance is not a peripheral nicety but a large, statistically powerful and demonstrably modifiable determinant of post-operative outcomes in companion animal surgery in Edo State, Nigeria. Owners of complication-free animals were more adherent, and compliance scores stratified outcomes from uneventful recovery to death. Medication adherence emerged as the strongest behaviour, while wound care, activity restriction, and follow-up attendance constituted the fragile links. Crucially, financial constraints; not individual negligence emerged as the structural scaffold of non-compliance. The contemporary imperative is therefore twofold: empower owners through structured, behaviourally-attuned discharge education, and de-risk aftercare through economic innovation. Achieving this would move post-operative care from a model where excellence is confined to the theatre to one where it follows the patient home; the ultimate determinant of whether a successful surgery becomes a successful recovery.

## Conflict of interest

The authors have no conflict of interest to declare. The authors further declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

## References

Bodinga HA, Hamza S, Ahmad US, Abubakar N and Shehu Z (2025). A 9-year retrospective analysis of veterinary surgical cases in selected cities of North-Western

Nigeria. *International Journal of Science for Global Sustainability,* 11(2): 1 – 12.

Brown DC (2022). Complications of small animal surgery: Recognition and management. *Veterinary Clinics of North America: Small Animal Practice,* 52(4): 789 – 810. https://doi.org/10.1016/j.cvsm.2022.03.001

Griffin LR, Bello AM and Speas BM (2024). Advances in veterinary postoperative care: A review of current evidence. *Veterinary Surgery, 53*(1): 12 – 28. https://doi.org/10.1111/vsu.14015

MDPI (2025). Veterinary Enhanced Recovery After Surgery (Vet-ERAS) program: A retrospective study in dogs. *Veterinary Sciences,* 12(4): 377. https://doi.org/10.3390/vetsci12040377

Miller A (2023). The critical importance of the postoperative phase in veterinary surgery. *Journal of Small Animal Practice,* 64(5): 301 – 310. https://doi.org/10.1111/jsap.13587

Nakonechny L, Cisneros A, Moody CM and Stellato AC (2025). Handling techniques and risk factors reported by veterinary professionals during dog examinations: a cross-sectional survey across Canada and the United States. *Frontiers in Veterinary Sciences*, 2: 1634970.

Okonjo CA and Adeyemi OT (2025). Surgical outcomes in developing veterinary contexts: Challenges and opportunities in Nigeria. *African Journal of Veterinary Medicine,* 18(2): 89 – 104.

Olasoju MI, Adebiyi AI, Omobowale TO and Cadmus SIB (2025). A nationwide survey on the administration of antibiotics in companion animals by veterinary practitioners in Nigeria. *World's Veterinary Journal,* 15(2): 375 – 388.

Redondo JI, Martínez-Taboada F and Viscasillas J (2024). Anaesthetic mortality in dogs: A worldwide analysis and risk assessment. *Veterinary Record,* 195(4): e3604. https://doi.org/10.1002/vetr.3604

Rose N, Wobeser B and Pang DJ (2026). Perianesthetic death in dogs and cats: A scoping review. *Frontiers in Veterinary Science,* 13: 12916337. https://doi.org/10.3389/fvets.2026.12916337

Sørensen TM, Jensen VF and Damborg P (2025). Surgical antimicrobial prophylaxis in dogs and cats: A systematic review and meta-analysis. *Journal of Small Animal Practice,* 67(3): 198 – 221. https://doi.org/10.1111/jsap.13812

Wilson K (2024). Owner compliance and its effect on postoperative outcomes in small animal surgery. *Veterinary Nursing Journal,* 39(1): 22 – 30.