



Post-operative care after “bone cutting” surgery for cruciate ligament rupture in dogs

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| Medication: | Anti-inflammatories: Non-steroidal anti-inflammatory drugs, NSAIDs usually start/resume the morning after surgery. These are tablets (eg carprofen, Onsior or Previcox), or liquid (meloxicam), to be given with food. If vomiting or diarrhoea is noted, stop this medication and seek prompt advice. NSAIDs and analgesics are often no longer required after a few days. |
| | Analgesics: We usually dispense tramadol (tablets given twice daily). |
| | Antibiotics: We sometimes dispense antibiotics like claviseptin (tablets given twice daily) |

The wound and dressings should not be interfered with or bathed. It is the owner’s responsibility to prevent wound interference. Leave Elizabethan collars on, especially at night, to prevent wound interference for around 2 weeks post-op. If your pet can get at the wound, please **seek prompt advice**. Thin white Primapore dressings secured with spray glue cover most wounds and fall off after 2-14 days. It is very unlikely that you will get a replacement Primapore to stick, so leave ours in place as long as possible! A little dried discharge may be evident on the Primapore, but gently blot any on-going discharge with kitchen towel and **seek prompt advice**. If substantial dressings are used over the basic Primapore to reduce swelling, keep these dry at all times. If they become wet or slip, seek prompt advice.

Strict lead restriction is **essential** anywhere outside of the house including the garden until X-rays confirm adequate healing. Running/jumping/climbing (into cars, upstairs, onto furniture) **must** be prevented. Keep doors closed. Consider using stair gates, ramps, or a cage. If activity is not strictly restricted, then disruption of our fixation, and fracture of the tibia are all very real possibilities. Between days 1 and 10 postoperatively, 5 minutes of lead restricted exercise is typically allowed, three times a day. Between days 10 and 20 postoperatively, 10 minutes of lead restricted exercise is typically allowed, three times a day. From day 20, 15 minutes of lead restricted exercise may be allowed, three times daily. Unless we have told you otherwise, this is the maximum until X-rays confirm healing, usually around 8 weeks post-op. After bone healing is confirmed, we advise unlimited **lead** exercise until 4 months post-op. Full, free exercise is allowed thereafter.

From immediately post op, your pet can eat and drink. Eating, drinking and urination should have been seen on the morning after surgery, and at least once daily thereafter – if not, please call us without delay. Defaecation may not restart for several days post-op.

Rechecks with us are free of further charge and are recommended at 2-3 weeks and 6-8 weeks post-op or earlier if there are issues. Please contact us to book appointments. Any appointments at your own vets are very likely to be chargeable. Where travel is an issue (distance, nervous dogs, large dogs etc) consider sending us a photo of the wound / video of walking by text/email in lieu of check ups. **By 3-5 days there should be significant weight-bearing on the operated leg. There may well be some bruising and / or significant swelling around the ankle at this time as inflammation “drops” down the leg. Swelling / bruising should disappear with a few days.** We place absorbable sutures and usually leave these to fall away naturally. At the 2-3 week check, sutures may be removed if there are any issues.

Physiotherapy and hydrotherapy, and weight control

Encouraging gentle walking is helpful. Hydrotherapy helps maintain the range of joint motion and muscle mass. Our reports advise your vets whether we advise hydrotherapy for your pet. This is delayed at least 3-4 weeks post-op, when the wound can stand immersion. We leave formal referral for hydrotherapy to your vets as they best know the providers in your area. Avoid weight gain during restricted activity post-op.

Check X-Rays are taken 6-8 weeks post-operatively and are free of further charge with us to confirm bone healing before free exercise is allowed. This occasionally requires sedation so ideally avoid feeding your pet beforehand. X-rays with your own vet will be chargeable.

What does the future hold?

Many dogs will have problems with the opposite leg’s cranial cruciate ligament. Degenerative joint disease (DJD), often called “arthritis”, is often evident in the operated knee even at the time of surgery. This will progress and many cases require future medical management for DJD. Your own vet will advise you what is required, and this typically involves:

- weight control
- regular gentle/moderate intensity exercise
- anti-inflammatory drugs
- chondroitin/glucosamine supplements
- hydrotherapy
- physiotherapy
- laser therapy
- platelet rich plasma injections

Occasional cases - perhaps 5-10% – develop a meniscus (“cartilage”) tear weeks or months after surgery. After initially improving, lameness becomes more apparent, usually abruptly. Another short operation is required to remove torn meniscus, and lameness usually then rapidly reduces again. Infection occasionally occurs and may necessitate implant removal. Implant failure is uncommon but would usually require revision surgery. Patella (kneecap) luxation (dislocation) is occasionally seen and might require revision surgery.

Our fixed prices include any follow up consults and x-rays done with us, and medication for around 5 days post-operatively, but don’t include further medication, revision surgery or implant removal. Consults, dressings, X-rays and drugs from your usual vet will be chargeable. For further details on our fixed prices please see www.wm-referrals.com, “about us”, “FAQs”. For further advice please contact us on 07944 105501 or at enquiries@wm-referrals.com. Consider texting/emailing pictures and short videos