



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

<b>Medication:</b>	<b>Antibiotics:</b>	We usually dispense antibiotics like claviseptin (tablets given twice daily)
	<b>Anti-inflammatories:</b>	We are likely to have dispensed carprofen (tablets given twice daily), or meloxicam (a liquid given once daily). These are given with food. They occasionally cause vomiting or diarrhoea, in which case prompt advice should be sought. There are a number of other excellent anti-inflammatory drugs that your own vet might use including Onsior and Previcox.
	<b>Analgesics:</b>	We sometimes dispense tramadol (tablets given twice daily).

**The wound and dressings** should not be interfered with or bathed. An Elizabethan collar helps prevent wound interference. We usually cover the wound with a thin white Primapore dressing, secured with a spray glue. Primapores fall off in anything from a few days to a couple of weeks. Without the spray glue, it is very unlikely that you will be able to get a replacement Primapore to stick so please leave ours in place as long as possible! A few drops of dried discharge may be evident on the Primapore, but if there is any on-going discharge please gently blot it with kitchen towel and seek advice promptly. More substantial dressings are occasionally used for a few days over the basic Primapore to reduce swelling. If used, these should be kept dry at all times. If they become wet or slip then they can be removed, leaving the thin white Primapore layer in place as long as it will stay on to give some on-going protection.

**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 further 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. This is the maximum until x-rays confirm healing.

### Immediately post op

Your pet can be allowed to eat and drink on the evening after surgery. Eating, drinking and urination should have been seen on the morning after surgery – if not, please call us without delay. Please note that there is sometimes no defaecation for several days.

**Rechecks are recommended 3-5 days, 2-3 weeks and 6-8 weeks post-op.** These can be with your home practice or we can do check-ups at Lichfield if travelling is not an issue, and any check-ups with us are free of further charge. For cases operated by us at Lichfield, please contact us to book an appointment for us to see the case back. For surgeries performed at your home practice, please be sure to ring your own vets to book check ups. For dogs that get very anxious at the vets, a simple phone conversation and a texted/emailed photo of the wound may well suffice in lieu of the 3-5 day check. **By 3-5 days there should be significant weight-bearing on the operated leg. There may well be some skin bruising evident. There may be some significant swelling around the ankle at this time as inflammation “drops” down the leg. Swelling and bruising should disappear with a few days.** At the 2-3 week check, sutures may be removed or left to slough.

### Physiotherapy and hydrotherapy, and weight control

Encouraging gentle walking is helpful. Hydrotherapy helps maintain the range of joint motion and muscle mass but this is delayed until 3-4 weeks post-operatively when the wound can stand immersion. A list of Canine Hydrotherapy Association centres can be found at [www.wm-referrals.com](http://www.wm-referrals.com), or ask your own vet for their local recommendation. Avoid weight gain during restricted activity post-op.

**Follow up radiography** is performed 6-8 weeks post-operatively with us or with your own vets to confirm bone healing before free exercise is allowed. This occasionally requires sedation so it is best not to feed your pet on the day of this procedure.

### 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

Occasional cases - perhaps 5-10% – develop a meniscus (“cartilage”) tear weeks or months after surgery. After initially improving, lameness becomes more apparent, often quite abruptly. Another short operation is required to remove torn meniscal fragments. After that, the outlook is usually bright. Infection is thankfully uncommon, but occasionally occurs and may necessitate implant removal. Implant failure is uncommon but would usually require revision surgery. The normal running of the patella (kneecap) can sometimes be affected after “TTA”. This occasionally needs revision surgery.

**Our fixed prices include any follow up consults and x-rays done with us, but don’t include further medication or revision surgery. For further details please see [www.wm-referrals.com](http://www.wm-referrals.com), “about us”, “FAQs”.**

For further advice please contact us by phone on 07944 105501 or at [mail@wm-referrals.com](mailto:mail@wm-referrals.com). Consider texting/emailing pictures.