

Post-operative care after surgery involving suture techniques for cruciate ligament rupture

Suture techniques can work well in the long term for cruciate ligament ruptures however our experience is that suture techniques take longer to achieve a good outcome than bone cutting techniques (see separate post-op care sheet). The longer convalescent period can be a serious issue where restricting activity is a problem or when the other cruciate ligament might rupture during the convalescent period. We generally advise suture techniques for cats and small dogs where there aren't anatomical reasons to favour a bone cutting technique. We sometimes use a suture technique for cruciate ligament rupture in combination with surgery for patella luxation. Surgery using a suture technique is typically cheaper than the bone cutting techniques ... but something only ends up being cheaper if it works well!

Medication:	Antibiotics:	We usually dispense antibiotics like claviseptin (tablets given twice daily)
	Anti-inflammatories:	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.
	Analgesics:	We may have dispensed tramadol (tablets given twice daily) for dogs or buprenorphine (liquid given every 8 hours by mouth) for cats.

The wound must not be interfered with or bathed. An Elizabethan collar can help prevent interference with wounds. Any ooze may be gently blotted with kitchen towel, but if ooze is seen, advice should be sought.

Rechecks a few days after surgery may be with your own vet to save un-necessary travelling. We could do this check-up if travelling is not an issue, and all post-op check-ups are free of charge with us under our "fixed price" schemes. Please contact us to book an appointment for us to see the case back 2-3 weeks post-operatively when we can remove sutures/staples and check that all is going to plan.

Dressings. A thin white Primapore dressing is used to give the wound some on-going protection. This can be allowed to fall off naturally.

Strict lead restriction is **essential** anywhere outside of the house including the garden until you are advised otherwise. 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 the fixation is a very real possibility. 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, up to three times daily. This is the maximum allowed until you are advised otherwise.

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.

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, or ask your own vet for their local recommendation. Avoid weight gain during restricted activity post-op.

Follow up radiography is not usually required.

What does the future hold?

The suture occasionally fails, especially if over-activity is allowed in the post-operative period. Revision surgery, or an alternative surgery, might be required if this happens.

Many patients will have problems with the opposite leg's cranial cruciate ligament in the future. Degenerative joint disease, often called "arthritis", is often evident at the time of surgery. This will progress and may require future medical management. Your own vet will advise you what is required in the future, and our information sheet on Degenerative Joint Disease gives an overview.

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 does occasionally occur and it may necessitate implant removal.

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, "about us", "FAQs".

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