

Post-operative care for patients after transcondylar humeral screw

Humeral intercondylar fissure (HIF), formerly called incomplete ossification of the humeral condyle (IOHC) is a condition that is often bilateral (affecting both forelimbs) and predominantly affects Springer spaniels. It is the reason why Springer Spaniels are far more likely than other breeds to get fractures of the distal (bottom) end of the humerus (the bone between the elbow and the shoulder in the forelimb). A fissure separates the lateral (outside) and the medial (inside) parts of the distal end of the humerus. This predisposes to fracture. One or both of these two parts can separate from the main shaft of the humerus.

(See http://www.wm-referrals.com/case_studies_ortho/y-fracture/). If a fracture hasn't (yet) occurred, HIF cases usually present with intermittent forelimb lameness and with pain on elbow manipulation that is usually most noticeable on elbow extension.



Radiography can rule HIF/IOHC "in", but radiography can't rule it "out" because the fissure can be very hard to see. CT scanning is the gold standard for confirming the diagnosis. Arthroscopy can also be useful.

A large screw can be placed across the condyle to reduce the likelihood of fractures developing. This is relatively simple and cheap to do, and the surgical exposure required is small. We typically leave the screw tip protruding a few threads "proud" from the bone. If the screw ever fails (through metal fatigue) then the screw protrusion makes removal of the screw fragments and replacement much easier. Some owners who can't afford CT scanning, ask for a screw placement as a combined diagnostic / therapeutic step; ie if lameness gets better after screw placement, it was HIF !!

It has been reported from several centres that the risk of infection after screwing is significantly greater than comparable surgeries. While this hasn't been our experience, we recognise the risk and we recommend prolonged prophylactic antibiotics for 2-3 weeks post-op.

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 Onsiar and Previcox.

Wounds must not be interfered with or bathed. An Elizabethan collar can help prevent interference with wounds. Any ooze may be gently blotted from the wound 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 our post-op check-ups are free of charge 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. The thin white Primipore over the wound this can be left on to protect the wound until it falls off naturally.

Strict restriction and supervision of activity is not usually required. However we advise that you prevent jumping and climbing on/off furniture/steps/stairs, and that you use a lead outside of the house until at least the 2-3 weeks recheck.

Physiotherapy and hydrotherapy

Encouraging gentle walking is helpful – putting water/food bowls on the other side of the room from your pet's bed can encourage them to rise and stretch periodically.

Follow up radiography

X-rays may be required 6-8 weeks post-operatively. If these are done with us there is no further charge unless sedation/GA is required.

What does the future hold?

The future is usually bright after this surgery. Implants usually don't need removing or changing, though this is occasionally required. However if a fracture had occurred before diagnosis, then it will have involved the elbow joint, and degenerative joint disease, often called "arthritis", will develop in the future to a greater or lesser extent. Your own vet will advise you of what, if any, action is required.

Complications

Infection is uncommon, but it can happen and usually requires removal of any metalwork. Implant related irritation is occasionally seen. Implants may work loose in time or break (with metal fatigue) and need removal or changing (possibly for a larger diameter screw).

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.