

Post-operative care for patients after arthrodesis done as a mobile surgery service by West Midlands Referrals

Arthrodesis is the artificial fusion of a joint, usually because of fracture, degenerative disease or ligament failure and joint collapse. The joint cartilage is removed, the adjacent bones are abutted and fixed with metalwork, and a bone graft is often taken from another part of the body. The carpus (wrist) and tarsus (ankle) are the joints most commonly arthrodesed. Partial arthrodesis of a region is sometimes possible to save more range of movement post-operatively.

Medication:	Antibiotics:	Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily).
	Anti-inflammatories:	Non-steroidal anti-inflammatory drugs usually start/resume the morning after surgery. These are tablets (carprofen, Onsior or Previcox), or liquid (meloxicam). They should be given with food. If vomiting or diarrhoea is noted, stop this medication and seek prompt advice.
	Analgesics:	We sometimes dispense tramadol (tablets given twice daily) to dogs. For cats we may have dispensed buprenorphine, to be given every 8 hours by mouth by syringe

The wound and dressings should not be interfered with or bathed. An Elizabethan collar helps prevent wound interference. A white Primapore dressing usually covers the wound, secured with spray glue. Primapores often fall off after a few days. Without the glue, it is very unlikely that you will be able to get another Primapore to stick so please leave ours as long as possible! A few drops of dried discharge may be evident on the Primapore. If there is on-going discharge, please gently blot it with kitchen towel and seek advice promptly. More substantial dressings, sometimes with casts or splints, are often used for a stated time over the basic Primapore to reduce swelling or to give extra support. If used, these should always be kept dry. If they do become wet, if they slip, or if they cause irritation, please seek advice promptly. This is very important if there are splints/casts in the dressing. Leave the white thin Primapore dressing to fall off on its own. If you aren't clear on when the next dressing removal or change is required, seek advice. Owners should not attempt to change dressings themselves, and should only remove dressings after specific advice and if safe to do so, and then only when they are absolutely sure that they are not at risk of being bitten etc. An Elizabethan collar should then be used until a vet has advised you to the contrary.

Immediately post op

Your pet can eat and drink on the evening after surgery. 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 sometimes isn't seen for several days post-op.

Rechecks are recommended at 2-3 weeks and 6-8 weeks post-op. Rechecks at 3-5 days are advised if there are issues. Check ups at your home practice are chargeable. Please ring your own vets to book these. Where travelling is an issue, and/or for pets that get very anxious at the vets, a simple phone conversation and/or a text/email photo of the wound may well suffice in lieu of the 3-5 day check. **By 3-5 days there should be good weight-bearing on the operated leg. There may well be bruising evident. There may be swelling lower down the leg 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.

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. Close doors and windows to prevent escapes! Just allow 5 minutes of walking/lead exercise, three times a day, until you are advised to the contrary. If activity is not strictly restricted, then disruption of our fixation, and fractures of associated bones are all very real possibilities.

Physiotherapy and hydrotherapy and weight control

Encouraging walking is helpful – putting water/food bowls on the other side of the room from your pet's bed encourages rising and stretching. Hydrotherapy can help maintain the range of motion of the other joints in the limb, and can help to maintain muscle mass. Hydrotherapy is delayed until 3-4 weeks post-operatively when the wound can stand immersion. Ask your own vet for their recommendation for a hydrotherapy centre in your area. Avoid weight gain during restricted activity post-op.

Follow up radiography, to confirm bone healing before free exercise is allowed, can be performed 6-8 weeks post-operatively. It is best not to feed your pet beforehand as sedation or anaesthesia will probably be required. These follow up X-rays done at your own vets are chargeable.

Prognosis and complications

The future is usually bright after arthrodesis of the carpus (wrist), the tarsus (ankle) or the shoulder. Good function can be expected, even when joints on both sides are fused. This is in contrast to arthrodesis of the elbow or the stifle (knee) where the goal is a pain free functional leg that will bear weight, but where the movement of the limb will be obviously awkward and ungainly. Implants don't usually need removal. Infection is uncommon, but it does occasionally happen and usually requires removal of the metalwork. Occasionally implants cause irritation or work loose and need removal. Sometimes implants positioned low down in the limbs can ache in cold weather.

The price that you pay your vet on the day doesn't include further consults, medication, dressings, x-rays or revision surgery.

We are available to give advice on the case in the post-operative period, but initial contact should be to your own vet. Consider texting/emailing pictures to them. They will then contact us as required and we'll be pleased to give advice.

20/1/2017