



Post-operative care after arthroscopy see http://www.wm-referrals.com/category/case_studies_ortho

Arthroscopy involves the insertion of a “camera” into one or more joints. Arthroscopy is mainly used to examine and treat the elbow or shoulder joints but can also be used in other joints like the stifle (knee). It is a surgical procedure performed in an operating theatre and it requires a full general anaesthetic (GA), but it is considered to be less invasive than standard surgical approaches. Arthroscopy is a diagnostic tool allowing joint examination with excellent imaging and magnification obtained through very small holes, but is also often used to treat joint conditions. Tools, designed for the purpose, can be inserted into the joint(s) through similarly very small holes for the purposes like removing fragments of cartilage. Arthroscopy procedures are always elective planned procedures and require the setting up of special equipment. We will have wanted to examine your pet in advance of the day of arthroscopy to ensure that this is appropriate for the patient. This will usually have been with Matteo Armatto, our colleague who leads these procedures. This is the best opportunity to book a mutually convenient day for the procedure itself. Multiple joints can be examined and treated arthroscopically under the same GA.

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 (eg carprofen, Onsiar or Previcox), or liquid (meloxicam). They should be given with food. If vomiting or diarrhoea is seen, stop this medication and seek prompt advice.

Analgesics: We may have dispensed tramadol (tablets given twice daily).

The wound and dressings should not be interfered with or bathed. There are typically just 2 or 3 very small wounds, each with one or two sutures. An Elizabethan collar might be needed to prevent wound interference but this is usually not necessary. The wounds will usually be covered by a thin white Primapore dressing which will fall off on its own in anything from a few days to a couple of weeks. We use a spray glue to increase the chances of these staying in place. Without the spray glue, it is very unlikely that you will be able to get a replacement Primapore to stick on for any significant time so it is best to leave ours in place as long as possible! A few drops of dried discharge may be evident on the Primapore at the time of discharge, but if any further ooze is seen either while the Primapore is in place or after it has come off, advice should be sought. Any ooze may be gently blotted with kitchen towel until a vet sees the case for a check up.

Lead restriction is very advisable in the early stages of healing, at least until we have seen you back for the 2-3 week check and advised you that free exercise is allowed. Running/jumping/climbing (into cars, upstairs, onto furniture) should be prevented until we have advised to the contrary. 5-10 minutes of lead restricted exercise is typically allowed, three times a day until the 2-3 week check with us.

Rechecks are recommended at 2-3 weeks (or earlier if required) and at 6-8 weeks post-op. These can be with your home practice or we can do check-ups at Barton under Needwood if travelling is not an issue, and any check-ups with us are free of further charge. For cases operated by us at Barton under Needwood, please contact us to book an appointment for us to see the case back. Alternatively please ring your own vets to book check ups and ask that they update us after seeing your pet. 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 a check. By 3-5 days after arthroscopy we expect significant weight-bearing on the operated leg; there may be some skin bruising evident, and there may be some swelling lower down the leg at this time as inflammation “drops” down the leg. Swelling and bruising should disappear within a few days. At the 2-3 week check, sutures may be removed.

Physiotherapy and hydrotherapy

Encouraging gentle walking is helpful. Hydrotherapy helps maintain the range of joint motion and muscle mass but this is delayed until 3 weeks post-operatively when the wounds can be immersed. Ask your own vet for their recommendation for a local hydrotherapy centre.

Follow up radiography may be required with us or your own vets. This usually requires sedation so please withhold food on the day.

What does the future hold?

Many dogs will have established degenerative joint disease (DJD), often called “osteoarthritis”, at the time of surgery. Unfortunately DJD will inevitably progress in spite of arthroscopic surgery. About 2/3 of cases are improved in the short to medium term but some are not improved, and as the DJD progresses it may appear that they have worsened despite the surgery. Many cases require future medical management for DJD (see separate information sheet). 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
- Platelet therapy (see separate web articles and info sheets)
- Stem cell therapy (see separate web articles and info sheets)
- Laser therapy (see separate web articles and info sheets)
- Further surgery (eg PAUL procedure for elbows or even partial or total elbow replacement)

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”. Consults, dressings, x-rays and drugs from your usual vet will be chargeable. For further advice please contact us on 07944 105501 or at enquiries@wm-referrals.com. Consider texting/emailing pictures.