

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:** 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, 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 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 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 with us at Barton under Needwood are free of further charge and only take a few minutes. Check ups at your home practice are chargeable. For rechecks at Barton under Needwood, please contact us to book an appointment. For rechecks at your home practice, please ring your own vets to book these. Where travelling is an issue, and/or for dogs that get very anxious at the vets, a simple phone conversation with us 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 significant weight-bearing on the operated leg. There may well be bruising evident. There may be significant 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.

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, 3 times a day.

Between days 10 and 20 postoperatively, 10 minutes of lead restricted exercise is typically allowed, 3 times a day.

From day 20, 15 minutes of lead exercise may be allowed, up to 3 times daily. But no more than this please, until you are told otherwise!

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.

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. 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 is not usually required. If this is done with us it is free of charge and usually only takes a few minutes.

What does the future hold?

The suture occasionally fails, especially if over-activity occurs post-operatively. Revision 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". 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.