

Post-operative care after double or triple pelvic osteotomy (DPO, TPO) for hip dysplasia in dogs

The pelvis bones around the acetabulum (the “socket” of the hip ball and socket joint) are cut in two (DPO) or three (TPO) places to allow the acetabulum to rotate sideways. This increases the coverage of the head of the femur (the “ball” of the ball and socket joint) by the acetabulum. We fix the acetabulum in its rotated position with a special plate and screws.

Hip dysplasia is a condition where the coxo-femoral joint between the head of the femur and the acetabulum doesn't develop normally. The head luxates (pops in and out) from the acetabulum, the “Ortolani sign”. Lameness and pain on hip extension typically become evident around about 6 months of age. Dogs usually walk “base-wide” (like John Wayne!). DPO/TPO surgery is invariably carried out in animals around 6 months of age. Bone is soft in patients of this age. Young bone can be expected to heal reliably with proper aftercare, but it still takes a few weeks. These young dogs are often bouncy, and so restricted activity in the post-op period is very important. There is a real urgency to get on with this surgery before degenerative changes establish. Once the dogs are 7 months old it is usually too late. The decision on whether a DPO/TPO is an option is judged on the angles at which the femur head pops in and out of the acetabulum, the quality of the “capture” of the femur head by the acetabulum, and the development of degenerative changes as seen on x-ray.

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 sometimes dispense tramadol (tablets given twice daily).

The wound and dressings should not be interfered with by the patient or bathed. An Elizabethan collar helps prevent wound interference. We usually cover the wound with a thin white Primapore dressing, secured with a spray glue. Primapores fall off in anything from a few days to a couple of weeks. Without the spray glue, it is very unlikely that you will be able to get a replacement Primapore to stick so please leave ours in place as long as possible! A few drops of dried discharge may be evident on the Primapore, but if there is any on-going discharge please gently blot it with kitchen towel and seek advice promptly.

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. If activity is not strictly restricted, then disruption of our fixation, and further fracture of the pelvis are all very real possibilities. Until day 10 postoperatively, 5 minutes of lead restricted exercise is typically allowed, three times a day. From day 10 postoperatively, 10 minutes of lead restricted exercise is typically allowed, three times a day. This is the maximum until x-rays confirm healing.

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.

Rechecks are recommended 3-5 days, 2-3 weeks and 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. Please contact us to book an appointment for us to see the case back. 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 the 3-5 day check. **By 3-5 days there should be significant weight-bearing on the operated leg.** There may well be some skin bruising evident which should disappear with a few days. At the 2-3 week check, sutures may be removed or left to slough.

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 performed around 6 weeks post-operatively with us or with your own vets to confirm bone healing before free exercise is allowed. This usually requires sedation or a short general anaesthetic so don't feed your pet on the day of this procedure.

What does the future hold?

Bilateral procedures might be considered, staggered just a few weeks apart. Infection or implant failure is uncommon but would usually require revision surgery with implant removal or replacement. Occasional complications have been reported with this surgery from pressure on the urethra (a tube through which urine passes) leading to difficulty in urinating. Degenerative joint disease (DJD) will develop to some extent in any dysplastic hip, regardless of surgery. Some cases require future medical management for DJD. Your own vet will advise you what is required. DJD may progress to the point that one (or two) total hip replacements (THR) might be required in the future. See our separate information sheets on DJD and THR.

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 enquiries@wm-referrals.com. Consider texting/emailing pictures.