



**Post-operative care for patients after combined patella luxation and cruciate ligament stabilisation (suture technique) surgery**  
Please see [www.wm-referrals.com/case\\_studies\\_ortho](http://www.wm-referrals.com/case_studies_ortho) for details on the surgery

The patella (knee-cap) can luxate (dislocate) out of the groove that it runs in on the femur (thigh bone). The patella is linked to the tibia (shin bone) by the patella tendon. Patella luxation is usually seen in one or both legs as a breed related “anatomical error”. Patella luxation is commonest in smaller breeds and patella luxation can also occur in larger breeds of dogs. Medial luxation is commonest, and can occur in junction with cruciate ligament rupture. We improve patella alignment with the groove by moving the tibial crest (the piece of bone where the patella tendon inserts). The relocated insertion point is fixed with pins and wire until it has fused in its new location. We often have to overlap and/or release soft tissue as the patella is realigned. Sometimes there is a need to deepen the groove in which the patella should run. Patella luxation can occur or be exacerbated by cranial cruciate ligament rupture. We can treat the cruciate ligament rupture with a suture technique at the same time as the patella luxation in small dogs, and in dogs up to the size of Staffies. A permanent suture is placed around an anchor point behind the bottom of the femur, and passes under the relocated tibial crest, and around one of the fixation pins. This suture in some ways replicates the function of the cruciate ligament and is secured with a knot or a metal “crimp”.

**Medication:**

<b>Antibiotics:</b>	Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily).
<b>Anti-inflammatories:</b>	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 noted, stop this medication and seek prompt advice.
<b>Analgesics:</b>	We may dispense tramadol (tablets) for dogs or buprenorphine (liquid) for cats.

**The wound and dressings** should not be interfered with 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. Dressings should be kept dry at all times. Please leave the Primapore layer in place as long as it will stay on to give some on-going protection.

**Strict restriction and supervision of activity** is required. When cats or dogs don't have your UNDIVIDED attention, consider cage confinement. **Preventing jumping is essential until you are told otherwise, or fracture of the tibia may occur which is VERY challenging to fix.** Cages which will fold flat when not in use are readily available from your own vet, from us, or from pet superstores etc. For cats, several short periods of supervised walking around the kitchen are allowed each day. For dogs, a lead should be used to restrict activity anywhere outside of the house including the garden. Allow just 5 minutes of lead restricted exercise, three times a day, until you are advised to the contrary. For both species, running/jumping/climbing (into cars, upstairs, onto furniture, onto kitchen work tops etc) should be prevented. Consider using stair gates and ramps, and ensure doors and windows are shut to avoid escapes! Please don't increase the activity until you are advised to do so.

#### **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 your vet without delay. Please note that there is sometimes no defaecation for several days.

**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 pets 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 significant 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.

#### **Physiotherapy and hydrotherapy**

Encouraging gentle walking is helpful. Passive flexion/extension exercises may help maintain flexibility and joint motion. 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 in the post-op period.

#### **What does the future hold?**

The future is usually bright after surgery. Implants usually don't need removal. Degenerative joint disease (DJD) may develop in the future (see separate information sheet). X-rays may be required after 6-8 weeks to confirm bone healing. This sometimes requires sedation. The suture is almost certain to break in time and the ultimate stability of the joint depends of periarticular fibrosis – scar tissue forming around the joint. **Complications** like infection are uncommon, but occasionally occur. Infection, implant loosening or implant irritation require removal of metalwork. Further surgery is occasionally needed if luxation persists.

**Our fixed prices include any follow up consults and x-rays done with us, but don't include further medication, revision surgery or implant removal surgery. For further details please see [www.wm-referrals.com](http://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](mailto:enquiries@wm-referrals.com). Consider texting/emailing pictures. 7<sup>th</sup> December 2016**