



Post-operative care for patients after combined patella luxation and cruciate ligament stabilisation (suture technique) surgery done as a mobile surgery service by West Midlands Referrals

Please see 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. 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:

Antibiotics:	We usually dispense antibiotics
Anti-inflammatories:	We are likely to have dispensed non-steroidal anti-inflammatory drugs and these are often tablets (carprofen, Onsior or Previcox), or a liquid (meloxicam), or Onsior or Previcox. These are given with food. They occasionally cause vomiting or diarrhoea, in which case prompt advice should be sought.
Analgesics:	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 3-5 days, 2-3 weeks and 6-8 weeks post-op. Please be sure to ring your own vets to book check ups with them. For pets 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 we expect significant weight-bearing on the operated leg; that there will be some skin bruising evident, and there may be some significant swelling around the ankle at this time as inflammation “drops” down the leg. Swelling and bruising should then disappear with a few days.** At the 2-3 week check, sutures may be removed.

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. A list of Canine Hydrotherapy Association centres can be found on line or ask your vet for advice.

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.

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. 4th November 2016