



Post-operative care after “bone cutting” surgery for cruciate ligament rupture in dogs, done as a mobile surgery service by West Midlands Referrals

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 or bathed. An Elizabethan collar helps prevent wound interference. The wound is usually covered 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. More substantial dressings are occasionally used for a few days over the basic Primapore to reduce swelling. If used, these should be kept dry at all times. If they become wet or slip then they can be removed, leaving the thin white Primapore layer in place as long as it will stay on to give some on-going protection.

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 tibia are all very real possibilities. Between days 1 and 10 postoperatively, 5 minutes of lead restricted exercise is typically allowed, three times a day. Between days 10 and 20 postoperatively, 10 minutes of lead restricted exercise is typically allowed, three times a day. From day 20, 15 minutes of lead restricted exercise may be allowed, three times daily. Unless we have told you otherwise, this is the maximum until x-rays confirm healing, usually around 8 weeks post-op. After bone healing is confirmed, we advise unlimited lead exercise until 4 months post-op. Full, free exercise is allowed thereafter.

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 your vet without delay. Defaecation is sometimes delayed 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 at your home practice are chargeable. 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 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 good weight-bearing on the operated leg. There may well be 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, 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, to confirm bone healing before free exercise is allowed, can be performed 8 weeks post-operatively. It is best not to feed your pet beforehand as sedation or anaesthesia will probably be required. These follow up X-rays done at your own vets are chargeable.

What does the future hold?

Many dogs will have problems with the opposite leg’s cranial cruciate ligament. Degenerative joint disease (DJD), often called “arthritis”, is often evident in the operated knee even at the time of surgery. This will progress and many cases require future medical management for DJD. 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

Occasional cases - perhaps 5-10% – develop a meniscus (“cartilage”) tear weeks or months after surgery. After initially improving, lameness becomes more apparent in the months after surgery, often quite abruptly. Another short operation is then required to remove torn meniscal fragments. After that, the outlook is usually bright. Infection is thankfully uncommon, but occasionally occurs and may necessitate implant removal. Implant failure is uncommon but would usually require revision surgery. The normal running of the patella (kneecap) can sometimes be affected after “TTA”. This occasionally needs revision surgery.

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.

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