

Post-operative care for patients with an external fixator placed as a mobile surgery by West Midlands Referrals

External fixators involve bone pins secured by an external “scaffolding” of rods/clamps and/or acrylic. They are used for fracture fixation, or to temporarily immobilise joints after ligament injuries. Removal usually requires sedation or a short anaesthetic which is chargeable.

Medication:	Antibiotics:	Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily). These may need continuing for several weeks, especially if bone was exposed during trauma.
	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.

Dressings are almost always used for at least a few days post-operatively to help control swelling. Swelling is often quite significant in the first few days after external fixator placement. It is the owner’s responsibility to prevent interference with the dressings. If dressings become wet, slip, or if they are being interfered with, **please seek advice promptly**. Owners should not attempt to change dressings themselves, and should only remove dressings after specific advice and if safe to do so, and then only when they are absolutely sure that they are not at risk of being bitten etc.

Strict restriction and supervision of activity is required. **External fixators readily “hook up” on all sorts of things like curtains, radiators, carpets, fences etc. For this reason we strongly advise that when cats or dogs don’t have your UNDIVIDED attention, they are confined to a cage.** Cages which will fold flat when not in use are readily available from pet superstores, Argos, many DIY stores or from on-line retailers. Remember that the fixator can hook up on the cage itself, so place cardboard on the inside of the cage up to the patient’s shoulder height to keep the fixator from getting tangled in the cage bars.

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 cats, several short periods of supervised walking around the kitchen are allowed each day. 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!

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.

Rechecks are required every few days until swelling has settled down. Checks are typically recommended at 3-5 days and at intervals thereafter. Check ups are typically chargeable. Please ring your vets to book these. Where travelling is an issue, and/or for anxious/nervous/fractious pets, a text/email photo of the wound and a phone conversation may suffice in lieu of checks. **By 3-5 days there should be significant weight-bearing on the operated leg. There may well be significant bruising evident. There may be significant swelling lower down at this time as inflammation “drops” down the leg. Swelling and bruising should disappear with a few days.** At the 2-3 week check, any sutures may be removed or left to slough.

Once dressings are removed, wounds and pin tracts can be cleaned by gentle blotting with non-linting material (eg kitchen towel), but if ooze is seen, prompt advice should be sought. If the pet gives the wounds/fixator an occasional lick, this is unlikely to cause problems, but use an Elizabethan collar to help prevent interference with the wounds/fixator, or if the patient is left unattended for prolonged periods such as overnight. It is the owner’s responsibility to prevent interference with the frame. **Please seek prompt advice if in doubt.**

Skin-clamp contact can cause tissue damage to the underlying soft tissues. If the tissues swell so that the skin comes into contact with any of the clamps and the pin is not visible between the skin and clamp, please seek advice promptly. Consider sending a photo. **Pins sometimes loosen prematurely.** Exudate from the pin entry site is usually present. Again, consider sending a photo. Any infection resolves once the loose pins are removed. There may be a need to place replacement pins if loosening occurs early in the healing process.

Follow up radiography, to confirm that bone healing is progressing before the frame is removed, and before free exercise is allowed, can be performed conscious with us for no extra charge. Xrays are typically taken around 8 weeks post-operatively. X-rays are chargeable and will likely require sedation or anaesthesia so it is best not to feed your pet beforehand. The external fixator may be disassembled in a series of stages in the weeks after placement. This often requires sedation, if not a short general anaesthesia.

What does the future hold? The future is usually bright. If joints were involved in the injury, degenerative joint disease, (DJD, often called “arthritis”), may develop in the future. Your own vet will advise you of what, if any, action is required. See our information sheet on DJD.

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. 11/07/2019