

Post-operative care for patients after neurectomy done as a mobile surgery service by West Midlands Referrals

Neurectomy involves desensitising the hip joint. Alternative procedures for hip salvage include femoral head and neck excision (removing the ball of the ball and socket joint of the hip) and total hip replacement (replacing the ball and socket joint with an artificial joint). Please see separate information sheets for information on these procedures.

Neurectomy removes the bulk of the sensory nerve supply to the joint capsule. The joint still remains as it was mechanically, but any pain sensation from the sensory fibres coming from the joint capsule should be reduced or removed. There may still be some residual sensation coming from the bone under the joint surfaces and from remote parts of the joint capsule. The loss of sensation from the hip joint is not expected to have any significant adverse functional effects on motion. Neurectomy is more commonly done in dogs than in cats.

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 may have dispensed tramadol (tablets given twice daily) for dogs or buprenorphine (liquid given every 8 hours by mouth) for cats.

The wound should not be interfered with or bathed. We will usually place a Primipore dressing over the wound for the first few days to help protect it. Leave the Primipore dressing in contact with the skin to fall off on its own. An Elizabethan collar can help prevent interference with wounds. Any ooze may be gently blotted with kitchen towel, but if ooze is seen, advice should be sought.

Rechecks are typically recommended at 2-3 weeks and 6-8 weeks post-op. Rechecks at 3-5 days are advised if there are issues. Check ups are typically chargeable. Please ring your vet 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 on their own.

No strict exercise restriction is required, though we advise keeping dogs on a lead for short walks for the first two weeks post-op while the soft tissue wounds heal. After that, mobilisation and active limb use is advantageous.

Physiotherapy and hydrotherapy

Physiotherapy is not usually necessary although hydrotherapy can help maintain the range of joint motion and muscle mass. Swimming is delayed until 3-4 weeks post-operatively when the wound(s) can stand immersion. Cats can certainly have hydrotherapy too from this time, but there are fewer of them that will readily tolerate it! Ask your own vet for their recommendation for a hydrotherapy centre in your area.

Follow up radiography is not usually necessary only performed if limb use is not acceptable a few weeks post-operatively.

What does the future hold?

Some pets' signs continue after neurectomy, presumably because the relevant pain nerve fibres are taking a different route, or the pain is coming from tissues other than the joint eg bone.

Pets usually walk well on the leg(s) within days. The goal of the surgery is to increase comfort. The mechanics of the joint and the underlying degenerative joint disease will continue. There may still be stiffness for a few steps when they first get up after prolonged rest, but this should soon wear off once the pet “gets going”. Any “grating” in the joint (which can sometimes be felt by owners) will continue.

In months/years, it is possible that “re-innervation” of the joint might occur with recurrence / progression of signs, but this isn't usually a practical clinical problem, and repeat surgery would be feasible.

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 and short videos to them. They will then contact us if necessary and we'll be pleased to give advice.

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