

### ***Discharge Instructions Following Medial Patella Luxation Surgery***

Surgery was performed today to correct the alignment and tracking of the patella (knee cap) within the groove of the femur (thigh bone). A combination of procedures are used to correct the alignment and minimise the risk of medial patella luxation (knee cap luxation) in the future.

Surgery involved opening of the joint, examining the ligaments and meniscus inside the knee, and assessment of the condition of the articular cartilage on the knee cap and thigh bone. A tibial crest transposition (cutting of the bone which the patella tendon attaches and moving it across) moves the knee cap and alignment of the knee cap across the joint, and the cut bone is held in place using K-wires. A soft tissue release and imbrication (loosening of the tissues on the inside of the knee and tightening of the tissues on the outside of the knee) were performed to allow the knee cap to align within the joint and move freely in the trochlear (groove in the thigh bone). A box recession sulcoplasty (deepening of the groove which the knee cap sits) is occasionally performed, depending on the depth of the groove, to decrease the risk of the knee cap popping out of the groove in the future. Interfering with the cartilage of the groove is avoided if possible as this may increase the progression of osteoarthritis if performed unnecessarily.

The cut bone (tibial tuberosity) will require a period of 8-12 weeks to heal in its new position and during this time great care should be taken to avoid over exertion at the risk of causing a fracture of the small bone in which the wires are placed. The implants will remain in place for life unless they are causing concerns, but should they cause any irritation they are removed easily, under a heavy sedation.

There should be a gradual and progressive improvement in weight bearing on the operated leg in the coming weeks, with toe-touching occurring in the first few days following surgery. Should there be any deterioration in the use of the leg at any stage, please contact your veterinarian for a routine follow-up examination. Review by Advanced Veterinary Surgery will be performed if required.

Mild to moderate swelling around the knee and lower part of the leg should resolve in the following 1-2 weeks. Massage and ice-heat therapy will aid this. A mildly compressive bandage has been placed from the thigh to include the toes and is used to minimise the early post-operative swelling. Please ensure the bandage does not slip down the leg and cause discomfort. Also check the tips of the toes to ensure they are not swollen. Should the bandage slip down below the knee it should be removed. Please contact your Veterinarian for assistance with this.

There is a surgical wound on the outside of the knee, with sutures holding the skin edges together lying under the skin surface. The sutures will not need to be removed. The skin will take 2 weeks to heal, and there should be NO licking of the wound, swimming, baths or excessive activity to allow wound healing without complication. It is important to check the wound daily for swelling, discharge or opening of the wound edges and contact your regular veterinarian should you be concerned.

An Elizabethan collar may be required should there be any signs of attempting to lick at the wound, and each patient will be different. Please request a collar from the clinic staff if you think your pet will lick at the wound. Licking of the wound is a very easy way to introduce infection and should be avoided.

## Re-examination

Several routine examinations are advised in the early post-operative period to monitor for any signs of infection or complication.

**DAY 7:** Bandage removal, wound examination and fentanyl patch removal.

**DAY 14:** Routine wound examination, dressing removal and assessment.

**WEEK 4:** Routine examination and progress assessment of function and patella tracking.

**WEEK 6-8:** Sedation and Xray of the implants to assess bone healing, and progress assessment.

**WEEK 12:** Final routine examination and progress examination.

*Please fast your pet prior to these appointments in case sedation is required.*

## Medication

A course of antibiotics and anti-inflammatory medication will be dispensed. Please follow the label instructions carefully and contact your veterinarian should you have any queries. Should there be any gastrointestinal signs (vomiting, diarrhoea) please stop the medication and contact your veterinarian for further advice.

A fentanyl patch was placed on the skin for pain relief and will be covered by an adhesive bandage. The patch will provide analgesia for 3-5 days. This may be removed after 5 days and disposed of in the household waste. Occasionally side effects may be observed and vary widely between patients, with the main effect being dysphoria (appearing high, overly quiet or over excitable) and loss of appetite. Should you notice any of these signs at home, please remove the patch and dispose of in the general waste. Patients have been known to eat the patches and currently I have not observed any signs of over-dosage, but please avoid this and monitor your patient carefully at home. The medication found in the fentanyl patch, as well as the pain medications used during surgery, are known to slow down the intestine and bowel movements may not occur for 5-7 days. Generally the constipation should not require intervention and will resolve following patch removal and normal diet and activity. Should you have any concerns contact your regular veterinarian or the Animal Emergency Service (AES) on 5445 1333.

## Rehabilitation

*These are only meant to be guidelines and each patient's recovery is different.*

As the owner you are the brains of the recovery and rehabilitation, as our patients will want to run before they can crawl, and risk injury to the healing bone and soft tissues causing set-backs to the recovery.

### WEEK 1

*Toe touching to the ground, but should be improving small amounts daily.*

Strict Rest and Confinement or Strict Supervision

Short walk on a lead in the backyard for toileting purposes only, 2-6 times daily.

On-lead at all times / No Stairs No jumping No swimming No baths

Ice Packs (24-48 hours) may be applied to the knee and lower leg 2-4 times daily for 30 minutes to minimise early post-operative swelling and help with pain relief.

Heat packs (after 48 hours) may be applied to the knee 2-4 times daily for 20 minutes to aid resolution of the swelling and promote circulation and healing. Ensure the heat pack is not too hot as to burn the skin but should be comfortably warm.

**WEEK 2**

*Bandage Removed. Weight bearing on the leg, with a moderate limp.*

Strict Rest and Confinement or Strict Supervision.

Short walk on a lead in the backyard for toileting purposes only, 2-6 times daily.

On-lead at all times / No Stairs No jumping No swimming No baths

Heat packs continued and applied to the knee 2-4 times daily for 20 minutes to aid resolution of the swelling and promote circulation and healing. Ensure the heat pack is not too hot as to burn the skin but should be comfortably warm.

**WEEK 3+4**

*Progressively improving weight bearing on the leg.*

Strict Rest and Confinement or Strict Supervision.

Short walk on a lead in the backyard for toileting purposes and 5 minute period of lead controlled walking, 2-6 times daily.

On-lead at all times / No Stairs No jumping / Hydrotherapy commenced under direction.

Allowed Baths

Range of motion exercises may be performed 2-4 times daily. With the patient lying with the operated leg upper-most, and supporting the leg, gently flex and extend the knee and ankle slowly until you feel slight resistance or the patient shows signs of discomfort, for 10 repetitions. Gentle cycling motions, both forwards and backwards, for 10 repetitions, as tolerated by the patient.

*\*\*Patients may start to feel comfortable and want to over exercise before the bone and soft tissues are healed. It is essential the controlled program is followed to avoid major complications and set-backs in recovery.*

**WEEK 5+6**

*Progressively improving weight bearing on the leg, with mild limp. More comfortable with range of motion exercises.*

Confinement or Strict Supervision.

Gradually increase the length of lead controlled walks, 5-10 minutes, up to 2-6 times daily. Slow walks to encourage the use of the leg and placing correctly on the ground. If your pet limps more towards the end of the walk reduce the length of walk to a point which is well tolerated.

On-lead at all times / No Stairs No jumping / Hydrotherapy under direction.

Range of motion exercises continued 2-4 times daily.

**WEEK 6-8**

*Good weight bearing on the leg, with occasional limp.*

Confinement or Strict Supervision.

Lead controlled walks, 5-15 minutes, up to 2-4 times daily. Remember if your pet limps more towards the end of the walk reduce the length of walk to a point which is well tolerated for a few days then increasing again slowly.

On-lead at all times / No Stairs No jumping / Hydrotherapy and Swimming under direction.

Range of motion exercises continued.

**WEEK 8-12**

*Good weight bearing on the leg and improving stamina on walks.*

Supervision.

Lead controlled walks, 10-30 minutes, up to 2-4 times daily.

Include going up a gentle inclines which will increase weight on the hind legs, if tolerated.

On-lead at all times / No Stairs No jumping / Allowed Baths / Hydrotherapy and Swimming

**WEEK 12+**

*Good weight bearing. Gradual reintroduction to some gentle off lead walks and increasing on-lead walks.*

Lead controlled walks, 30-40 minutes, up to 2-4 times daily.

Gradual reintroduction to short periods of gentle off-lead activity 5-10 minutes.

Gradual reintroduction to steps and stairs

*Every patient is different and each recovery will and outcome will vary.*

*Take your time and try not to rush back to normal as there is a lot of healing required by the joint.*

**LONGER TERM**

The prognosis is good with the majority patients returning to normal athletic activity, despite the progression of osteoarthritis in the knee in the future.

Osteoarthritis is expected in all patients that have a joint injury, however this may be managed with maintaining a lean body condition, use of joint supplementation (fish oils, glucosamine/chondroitin, pentosanpolysulphate injections), use of anti-inflammatories, and moderation of exercise (the mind may be willing, but the body not able).

*Should need any further advice on longer term management or assistance with weight loss, please contact your regular Veterinarian.*