

Discharge Instructions Following Tibial Tuberosity Avulsion Fracture Repair

Surgery was performed today to repair the displaced fracture of the tibial tuberosity (bone attachment for the large patella tendon). The fracture occurred through the “growth plate” of the tibial tuberosity due to the pull of the strong quad muscles acting through the patella tendon. The growth plates are an area of weakness in young growing patients.

Surgery involved exposing the fracture site, closing the opened fracture gap and securing the small piece of bone with the attached patella tendon into position using K-wires which are drilled through the bone and into the tibia (shin bone).

The fractured bone (tibial tuberosity) will require a period of 6 weeks to heal, and during this time great care should be taken to avoid over exertion and risk of causing a fracture of the small bone in which the wires are placed. Depending on the age of the patient, 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. Very young patients may benefit from removal of the K-wires after 4 weeks to allow further potential growth

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.

There is a surgical wound on the inside 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 the wound to heal without complication. It is important to check the wound daily following bandage removal 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: Examination.

DAY 14-21: Routine wound examination.

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

WEEK 6-8: 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.

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.

******These will also vary if they have a splint in place.

WEEK 1

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

Strict Rest and Confinement.

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

Weight bearing on the leg, Maybe a moderate limp.

Strict Rest and Confinement.

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

WEEK 3-5

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

****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 6-8

Good weight bearing on the leg.

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.

WEEK 8+

Gradual reintroduction to some gentle off lead walks and increasing on-lead walks.

Supervision.

Lead controlled walks, 10-30 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 bone and joint.