

Post-operative Discharge Instructions following Elbow Arthroscopy and Biloblique Dynamic Proximal Ulnar Osteotomy for Management of Medial Elbow Compartment Disease and/or Fragmented Medial Coronoid Process

Surgery today involved elbow arthroscopy using a 2.3mm scope and camera for the assessment of the intra-articular cartilage, examination of secondary joint and inflammatory changes and possible excision of the medial coronoid process.

Recovery and rehabilitation should be straight forward with monitoring of the wounds, on the inside of the elbow and back of the forearm, for infection and rest to allow the cut portion of bone to heal in its new position (6-12 weeks) and also allow the joint to heal and recover with minimal inflammation. Skin stitches have been placed in the incisions on the inside of the elbow and will require removal in 10-14 days time.

There will be swelling of the soft tissues around the elbow for 2-5 day following the arthroscopy and the wounds may discharge slightly for 24-48 hours following the procedure, but this should resolve without intervention. Swelling of the elbow and lower part of the leg should resolve in the next 1-2 weeks. Please monitor the wounds daily for redness, increased swelling, or increased discharge and contact your regular veterinarian for advice and an examination, as it is important to identify any problems early. An increase in the level of limping will be noted initially but this should improve gradually in the coming weeks.

The long-term prognosis is variable due to the loss of the cartilage within the elbow joint, however the aim of the bone is to shift the weight bearing through the elbow joint from the damaged area of cartilage on the medial side of the joint to the healthy cartilage on the lateral side of the joint. There will be progressive osteoarthritis down the track, but the aim of surgery is to minimise this as much as possible. Long-term management is focused on weight control (ideal body condition), joint supplementation (fish oils 1000-2000mg once daily, glucosamine/chondroitin 1000mg once daily, pentosanpolysulfate injections every 1-3 months), and anti-inflammatories as required.

Re-examination

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

DAY 3-5: Routine wound examination, bandage and fentanyl patch removal.

DAY 10-14: Wound examination, and suture removal

WEEK 6: Routine examination, possible sedation and Xrays to assess bone healing if required.

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. Should you have any concerns contact your regular veterinarian or an emergency after-hours service if needed.

Rehabilitation

WEEK 1+2

*Should be walking on the operated limb and improving small amounts daily.
There is a worsening of the limp in the early post-surgery period.*

Strict Rest and Confinement or Strict Supervision for 1-2 weeks

Short walks on a lead out to 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 elbow, 2-4 times daily for 20 minutes to minimise early post-operative swelling and help with pain relief. The ice pack may be applied directly to the bandage.

Heat packs (after 48 hours) may be applied to the elbow 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

Improving weight bearing on the leg, with a possible mild to moderate limp

Strict Rest and Confinement or Strict Supervision.

On-lead at all times / No Stairs No jumping / Allowed Baths.

May commence physiotherapy / hydrotherapy.

5minute on-lead walks in the backyard, up to 2-4 times daily. If your pet limps more towards the end of the walk reduce the length of walk to a point which is well tolerated.

Use anti-inflammatories as required if limping.

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 under the armpit, gently flex and extend the elbow slowly until you feel slight resistance or the patient shows signs of discomfort, for 10 repetitions.

Heat packs continued and applied to the elbow 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 5+6

Progressively improving weight bearing on the leg with occasional limp.

Confinement or Strict Supervision.

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

Gradually increase the length of lead controlled walks in the backyard, 5-10 minutes, up to 2-4 times daily. 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 increase again gradually.

Continue Range of motion exercises may be performed 2-4 times daily.

WEEK 6-8

Good weight bearing on the leg, with occasional limp.

Confinement or Strict Supervision.

Lead controlled walks, 10-15 minutes only, 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 / Allowed Baths / Physiotherapy / Hydrotherapy

Range of motion exercises continued.

WEEK 8-12

Good weight bearing on the leg and improving stamina on walks, may be an occasional limp..

Supervision.

Lead controlled walks, 15-30 minutes, up to 2-4 times daily.

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

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 variable and dependant upon the degree of cartilage damage at the time of surgery, with the majority of patients returning to good levels of activity, despite the progression of osteoarthritis.

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 1000-2000mg once daily, glucosamine/chondroitin 1000mg once daily, pentosan polysulphate injections every 1-3 months), 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.