

Post-operative Discharge Instructions following Ununited Anconeal Process Surgery

Surgery today involved either 1) Elbow arthroscopy for assessment of the intra-articular cartilage and examination of secondary changes related to the bone fragment, 2) Fragment excision to remove the loose bone from the elbow joint, 3) Screw placement to fix the fragment back into a normal position, 4) Cutting of the bone at the back of the elbow (ulnar) to relieve tension across the elbow joint.

Recovery and rehabilitation will be fairly similar for all of the options above, requiring wound examination in the early period and rest to allow the joint and soft tissue to heal, prior to a return to normal levels of activity. The bone cut procedure may take 3-6 months for a return to comfortable levels of activity as bone healing following this technique is slow.

The wounds may discharge slightly for a couple of days following the procedure, but this should resolve without intervention. Please monitor the wounds daily for redness, increased swell, or increased discharge and contact your regular veterinarian for advice and an examination, as it is important to identify any problems early. Swelling of the elbow and lower part of the leg should resolve in the next 1-2 weeks. The bandage placed post-operatively will aid minimisation of the swelling and will be removed in 5-7 days. An increase in the level of limping will be noted initially but this should improve gradually in the coming weeks.

The long-term prognosis will be good to excellent, for the majority of patients, despite the progression of osteoarthritis down the track. There may be a persistent limp evident for some patients. Long-term management is focused on weight control (ideal body condition), joint supplementation (fish oils, glucosamine/chondroitin, pentosan polysulfate injections), 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 5-7: Wound examination, bandage and fentanyl patch removal.

DAY 10-14: Wound examination, and suture removal if required.

WEEK 6: Routine examination and progress assessment.

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 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 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. Do not apply the ice directly to the skin but use a cloth between.

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 2

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

Strict Rest and Confinement or Strict Supervision.

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

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 3+4

Progressively improving weight bearing on the leg.

Strict Rest and 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 walks in chest deep water will encourage muscle building and knee stability. Avoid soft sand and beaches though.

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

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 elbow slowly until you feel slight resistance or the patient shows signs of discomfort, for 10 repetitions.

***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 complications and set-backs in recovery.*

WEEK 5+6

Progressively improving weight bearing on the leg with occasional limp.

Confinement or Strict Supervision.

Gradually increase the length of lead controlled walks, 10-20 minutes, up to 2-6 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.

On-lead walks in chest deep water will encourage muscle building and knee stability. Avoid soft sand and beaches though.

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

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 slowly until you feel slight resistance or the patient shows signs of discomfort, for 10 repetitions.

WEEK 6-8

Good weight bearing on the leg, with occasional limp.

Confinement or Strict Supervision.

Lead controlled walks, 15-30 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 with occasional periods of supervised off-lead/ No Stairs No jumping / Allowed Baths / Hydrotherapy and Swimming

Range of motion exercises continued.

WEEK 8-12

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

Supervision.

Lead controlled walks, 20-40 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 with periods of supervised off-lead/ 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 to excellent in 80% of patients, with the majority patients returning to good levels of activity, depending on their condition and degree of osteoarthritis already present at the time of the injury.

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.