



SMALL ANIMAL ORTHOPAEDICS

Discharge Instructions Following Femoral Head Ostectomy

Surgery was performed today to excise the femoral head (the ball of the hip joint) to manage ongoing and untreatable pain associated with the hip joint, secondary to hip dysplasia/ fracture/ osteoarthritis/ hip dislocation.

Excision of the ball from the joint relieves the bone-on-bone contact, and pain associated with this, in the joint. The hip joint then relies on the support of the muscles of the hip and thigh to hold it in position and allow function. The results following this procedure may be variable, but are heavily reliant on early rehabilitation and muscle strengthening, to maintain a good range of motion, stability and function.

There should be a gradual and progressive improvement in weight bearing on the hindlimb in the coming weeks, but the use of a sling (towel, dressing gown tie, etc) under the tummy will reduce the weight taken on the back legs whilst walking following surgery, but may not be required. Should there be any deterioration in the use of the leg at any stage, please contact your veterinarian for a routine follow-up examination. Mild to moderate swelling and bruising over the hips should resolve in the following 5-10 days. Massage and ice-heat therapy will aid this.

There is a surgical wound over the hip, with sutures being used to hold the skin edges together. The sutures are buried under the skin surface and not require removal. An Elizabeth collar may be required should there be any signs of attempting to lick at the wounds, and each patient will be different. Please request a collar from the clinic staff if you think your pet will attempt to lick at the wounds. Licking 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 complications.

DAY 4-5: Routine wound examination and fentanyl patch removal.

DAY 7-10: Wound examination, suture removal if necessary.

WEEK 4-6: Progress assessment as required and advised by your Veterinarian.

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

Medication

A course of 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 strong 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 drugs used for strong

pain relief and in the fentanyl patch also slow down the intestine and patients may not pass stools for 5-7 days. Please advise your Veterinarian should this occur, but generally this does not require intervention or treatment. Should you have any concerns contact your regular Veterinarian

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 set-backs to the recovery.

WEEK 1

Walking with gradually improving weight bearing. Should be improving small amounts daily.

Strict Rest and Confinement.

Short walks on a lead out to the backyard for toileting purposes for 5-10 minutes 2-6 times daily.
On-lead at all times / No Stairs No jumping No slippery flooring

24-48 hours: Ice packs may be applied to the thigh, hip and lumbar spine (lower back) 2-4 times daily for 20 minutes to minimise the post-trauma swelling, inflammation and pain. Please use a cloth between the skin and ice pack (gel-pack, ice cubes in a bag, bag of frozen peas, etc)

After 48 hours: Heat packs may be applied to the thigh, hip and lumbar spine (lower back) 2-4 times daily for 20 minutes to help minimise secondary muscular spasm due to abnormal weight bearing. Ensure the heat pack is not too hot as to burn the skin but should be comfortably warm.

WEEK 2-3

Improving weight bearing.

Strict Rest and Confinement or Strict Supervision.

Short walks on a lead out to the backyard for toileting purposes for 10 minutes, 2-6 times daily.

Slow walks to encourage the use of the legs and placing correctly on the ground. On-lead at all times / No Stairs No jumping
Physiotherapy and Hydrotherapy commence.

Range of motion exercises may be performed 2-4 times daily. With the patient lying on the side with the operated hip upper-most, and supporting the leg, use gentle cycling motions to aid range of motion if comfortable.

On-lead walks in chest deep water will encourage muscle building and range of motion 2-5 minutes daily, gradually increasing as comfortable.

Continue with Heat pack application.

WEEK 4-8

Progressively improving walking and function, increasing stamina.

Strict Rest and Confinement or Strict Supervision.

Gradually increase the length of lead controlled walks, 10-20 minutes, up to 2-6 times daily, increasing in 5 minute increments. If your pet limps more towards the end of the walk reduce the length of walk to a point which is well tolerated.

Slow walks to encourage the use of the legs and placing correctly on the ground.

On-lead at all times / No Stairs No jumping. Range of motion exercises continued

WEEK 8-16

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

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

Supervision.

Supervised reintroduction of small numbers of steps.

Lead controlled walks, gradually increased up to 40 minutes, up to 2 times daily.

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

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

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

LONGER TERM

The prognosis is good to excellent with the majority of patients returning to normal levels activity.

Long-term outcome will be aided by maintaining a lean body condition and exercise moderation.

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