

Femoral head and neck ostectomy



One of the most useful and efficient ways to convey information to you about your pet is via the written word. We carefully craft these notes to give you helpful information and accurate expectations around your pet's surgical experience.

Please read this. *Please save it and read it during each stage of the recovery process.* Surprises make for a stressful time for everyone.

Photo and video examples may be found on our website: www.directvetsurg.com in the Pet Owner Portal under "DVS Resources".

Your pet has had the femoral head (i.e. the ball, of the ball & socket hip joint) removed, creating a "false" joint. This procedure is designed to eliminate hip pain associated with chronic hip arthritis and hip fractures. The remaining portion of the femur (i.e. thigh bone) is now flat where it meets the acetabulum (i.e. the socket, of the ball & socket hip joint). The body will lay down scar tissue to create a sling-effect in what used to be the hip joint; your pet will walk on this "false" joint with minimal or no pain. Physical therapy is essential for achieving a good result with full range of motion of the hip. The majority of patients will show no signs of their disability, and do not have long term restrictions on activity.

GENERAL INFORMATION

Please keep a note of your questions as you and your pet progress thru recovery and address them to your primary care veterinary team. Our surgery group will contact your primary care team on **Day 2** (after their phone follow-up with you) and **Day 14** (after your recheck visit with them) to check in on your pet's progress and see if you have had any concerns or questions. This method will maintain continuity in care and an accurate patient medical record.

First few days postop

MONITORING

Please keep your pet in a comfortable, safe, indoor location without free access to stairs for the next 24 hours as he/she recovers from anesthesia and surgery.

Your pet may be groggy for the next few days. He or she may whine or appear more anxious than usual; this may indicate pain/discomfort or side-effects of the medications. Please call your primary care veterinary team for assistance with medication adjustments or return for exam and additional pain medications as needed.

Monitor appetite and attitude. *If both do not steadily improve over the next 2-3 days*, please call your primary care veterinary team or return for progress evaluation and problem-solving.

You can expect your pet to have a bowel movement within 5 days. Some animals take longer than others depending on when they last ate prior to surgery and when they started eating after surgery. It may be abnormal in color and consistency for 2-3 days. If you have any concerns, please speak with your primary care veterinary team.

Please confirm that your pet has urinated within 24 hours of returning home. If he/she does not, or you notice any problems related to urination, please speak with your primary care veterinary team.

Closely supervise your pet's movements over the first 3-4 days when s/he will be groggy from anesthetics and pain medications. Limit activities to necessary events only (on leash/out to go to the bathroom; access to food/water.)

Your pet should start touching his/her toe down within the first 2 weeks. Thereafter, leg use should steadily improve. If you notice a sudden deterioration or he/she stops using the leg at any time after surgery, please see your veterinarian for examination.

MEDICATIONS

It is likely that you have been prescribed one or more medications (given by mouth) for your pet over the first 2-3wks of recovery. During the discharge appointment or shortly thereafter, please make sure you understand:

- what each medication is being used to treat,
- what side-effects may develop, and
- whether or not the medication should be refilled and continued.

BANDAGE CARE (IF PRESENT)

A clear, plastic bandaid may have been applied to the incision (Tegaderm). This will protect the incision from infection from the environment and a wayward pet tongue! It is useful for up to 7-10 days. You may remove it like a "bandaid" at any time. If it is hard to peel off, waiting longer may make for easier removal. There is no urgency in taking it off.

Week 1-2 postop

MONITORING

Please look at the incision twice daily. It should be dry, slightly red along the margins, slightly swollen/thick on the edges with a light crust down the center. Over several days, it should lose redness and swelling.

Problems to call your veterinarian about:

- gapping (the edges should be exactly touching)
- ongoing or new discharge (other than small amount of crusting)
- swelling (other than slightly raised skin near edges).

Some bruising is normal and will resolve in 5-7 days.

The occasional patient will have more extensive bruising and/or swelling on day 2-3. If this develops, please let your primary care veterinarian know; a visit or sending photos will help them characterize the issue and decide on a course of action. The vast majority of the time, this is a transient issue that will follow a typical 5-7 day course resolving.

Do not allow your pet to lick or chew the incision. Pets tend to want to lick early in the healing period and scratch later in the healing period; this can compromise the incision and predispose to infection. If necessary, please prevent access to the incision by using creative clothing options (ex. backward long-sleeved T-shirt worn as "pants"), an E-collar or other devices, if you must leave your pet unattended. See www.directvetsurg.com, Pet Owner portal→Pet Links and DVS Resources

PROGRESS EXAMS

Please return to your primary care clinic in 10-14 days for a progress exam. Skin healing will be evaluated, sutures (if present) will be removed, use of the limb will be assessed and any questions you have will be addressed.

Your pet should start touching his/her toe down within the first 2 weeks. Thereafter, leg use should steadily improve to 90% normal at 6-8 weeks. If you notice a sudden deterioration in leg use at any time after surgery, please see your veterinarian for exam.

DIET

The **most** beneficial and **least** expensive treatment for arthritis (and general health) over the lifetime of your pet is maintaining your pet on the lean/thin side of normal his/her whole life. Any orthopedic condition can progress with arthritis over time due to excessive, wear & tear; carrying less body weight will relieve some of this stress from the joints. Good parameters to monitor body condition are:

- 1) you should be able to feel the ribs and pelvic bones, but not see them;
- 2) your pet should have an "hour glass" figure when viewed from above looking down;
- 3) your pet should have a tucked-up belly when viewed from the side.

Glucosamine/chondroitin supplements ("chondroprotectants") may have some beneficial effects in these patients, but this has not been clearly established. High-dose (medicinal dose) fish oil may improve comfort in arthritic joints longterm. You and your veterinarian should discuss whether or not these products would be helpful for your pet.

RESTRICTIONS

Avoid any rigorous activity for 2 weeks. For dogs, short, leashed walks to urinate/defecate are fine.

Minimal, supervised/assisted access to stairs is advised during restricted period. Use baby gates, etc. to prevent free access to stairs during this restricted period. When navigating stairs (up and down), have a hand/leash on collar/harness and a leash/safety-strap under the belly to prevent slips, stumbles, falls.

Please use a short (~6ft), hand-held leash when outside to urinate/defecate. Confine your pet to a small area/room/crate when unattended. Please do not allow your pet to run, jump or play during this restriction period.

If your pet's personality-type challenges these restrictions, discuss options for medicinal-assistance for your pet to make restrictions easier to manage (i.e. Trazadone, Gabapentin, Tramadol, other).

PHYSICAL THERAPY REGIMEN

Our lives are often very busy, so if you must err, err on the "do less" side of these instructions. Less physical therapy will result in a slower return to function, but more aggressive physical therapy by a non-professional too early may result in failure of the

implants and surgical repair. Cats (and some dogs) often resist physical therapy dramatically; avoid any activity that results in major uncooperative behavior.

*****Please let your veterinarian know if you are interested in a professional physical therapy referral in the Twin Cities.***

The recovery from this orthopedic surgery is quite different than other orthopedic surgeries. Following an initial 2 weeks of reduced activity, it is recommended that you actively encourage your pet to use the operated leg vigorously. The goal is to optimize the range of motion of the hip area; often extension of the hip (i.e. backward movement of the limb) is the most difficult leg function to have fully return. Jumping & standing up, going up stairs, and running full stride will encourage this full extension of the hip.

Week 1: Apply ice packs (wrapped in thin cloth) to the incision area twice daily for 10-15 minutes. Baggies of frozen peas work well for this, or make an ice pack by freezing 2 parts isopropyl alcohol to one part water in a ziplock bag. Continue 5 days. (You may also use ice after other exercises below if your pet seems uncomfortable afterwards.)

*Week 1. ****You may do the ice first, then this exercise with heat, then ice afterwards again.*****

Range of Motion Exercise-- Have your pet lie on his/her good side. Apply a warm compress to the hip region. Grip the foot with one hand and slowly and gently push the foot up into flexion of all joints; hold for 5 seconds. Slowly pull the foot and push the leg down and back into full extension of all joints (particularly the hip); hold for 5 seconds. Repeat this motion 15-20 times twice daily. This exercise should not be performed to the point of pain or resentment. Continue 4 weeks, with heat-ice only after week 1.

Month 1-2 postop

PHYSICAL THERAPY REGIMEN

Week 3: Sit/stand Exercise (for dogs)—Have your pet repeatedly sit and stand for 15-20 repetitions twice daily. Use small treats to encourage participation. Continue 2 weeks.

Week 3: Active exercise (for dogs)— You may encourage romping, jumping and playing. Playing fetch , walking up and down stairs, taking your pet for long walks are all acceptable activities during the recovery period.

Week 3: Swimming is wonderful rehabilitation exercise when performed correctly. You may allow swimming after week 2. Do not over extend your pet; start with short excursions (5 minutes) and increase duration and frequency gradually.

Week 4: Massage-- Have your pet lie on his/her good side. Skin massage around the hip involves using your fingers loosely on the surface of the skin, applying enough pressure to move the skin relative to the underlying tissues. Muscle massage of the hip area and thigh involves deeper kneading and pushing of the muscles. Perform both types of massage for 10-15 minutes twice daily. Continue 2 weeks.

Long-term lifestyle

A small number of pets will develop over-exuberant boney tissues at the “false” joint sight. This may interfere with pain-free hip movement. If lameness persists or develops after 8 weeks post-operatively, please have your pet evaluated by your veterinarian.

For the majority of pets, this procedure results in a solid and highly functional limb. The occasional pet will have a visible gait abnormality related to the slightly shorter leg length and a hip with more looseness. Some pets (especially heavier/larger animals) have a hard time pushing off to jump up, for this reason as well. You may notice your pet’s stride dip lower on the operated side with weight bearing; this gait abnormality is usually pain-free and pets navigate daily life without difficulty.

Checklist:

HOME MONITORING AND PROGRESS CHECK-IN WITH VETERINARY TEAM

- ☐ Pet attitude and appetite—Are these improving daily? What are your observations? What are your specific concerns?
- ☐ Pet mobility—Is this improving daily? What are your observations? What are your specific concerns?
- ☐ Incision health—Is redness and swelling going away? Is there discharge or moisture? (Photos taken close-up and at different angles are helpful for your primary care veterinary team,)

☐ Pet pain level—What are your observations? What are your specific concerns?

☐ Other

Based on your own experience through this, we welcome and encourage suggestions to this information that may help future patients and their people. Pay it forward! (*directvetsurg@gmail.com*)

--The DVS Crew