

Osteochondritis dessicans (OCD) of shoulder



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 shoulder surgery with removal of abnormal cartilage and bone secondary to osteochondritis dessicans (OCD). The defect on the joint surface will fill-in with new cartilage very similar to the cartilage that normally covers the joint; the surface will again be smooth and the joint pain-free. Some patients will develop degenerative joint disease (DJD; "arthritis") very slowly over time, although this does not appear to be a significant cause of lameness in these patients. Patients generally return to normal leg performance after the healing period.

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.)

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.

It is not uncommon for a seroma to develop under the incision; this is a pocket of normal tissue fluids that develops in a high motion area such as the shoulder joint. If the swelling is smaller than a plum, please monitor. Warm compresses applied to the area will encourage the fluid to reabsorb more quickly (3-7 days.) If the seroma progressively enlarges, please have your veterinarian assess the problem.

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 T-shirt, K9 Topcoat body suit), 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

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.)

TEST PENDING

If there were any samples removed for testing, they will be submitted and results usually will be available in 5-7 days. Your primary care team will contact you with test results and make any treatment changes as needed.

PROGRESS EXAMS

Please make an appointment to see your veterinarian in 10-14 days for a progress exam. Shoulder function will be assessed at this time, any sutures will be removed, and questions regarding physical therapy can 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 6 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 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).

Use a sling under the chest/armpits if needed during the first 7-10 days to assist and prevent falling on slippery surfaces and stairs.

Your pet will feel like using the leg(s) normally before the cartilage defect is well healed. Please continue the restriction during this difficult time when he/she is feeling "too" well!

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.

There are some veterinary studies that have demonstrated that a formal PT program can improve post-operative recovery and function. Please let us or your veterinarian know if you are interested in a professional physical therapy referral in the Twin Cities.

Week 1: Apply ice packs (wrapped in thin cloth) to 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 double ziplock bag. Continue 5 days.

Week 2: Range of Motion Exercise- Have your pet lie on his/her good side. Apply a warm compress to the shoulder and hold with one hand. Hold the elbow with the other hand. Slowly and gently push the arm backward into full flexion of shoulder; hold for 5 seconds. Slowly pull the arm forward into full extension of the shoulder; hold for 5 seconds. Repeat this motion 15-20 times slowly once to twice daily. This exercise should not be performed to the point of pain or resentment. Continue 4 weeks.

Month 1-2 postop

Weeks 4-6: Swimming is wonderful rehabilitation exercise when performed correctly. You may allow controlled swimming after week 2. Controlled swimming requires that your pet not jump or leap into the water; walking into the water until it is deep enough to swim is

required. Throwing balls to fetch often results in sudden jumping and lunging, which can cause serious problems in the healing phase. Do not over extend your pet; start with short excursions (5 minutes) and increase duration and frequency gradually. Do not exceed once daily swimming until week 6.

Long-term lifestyle

The prognosis for dogs treated surgically for shoulder OCD is considered good to excellent. The majority of dogs return to a normal gait, level of activity, and endurance. Following the 6 week recovery period, there are no recommended limitations to their lifestyle.

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