

GENERAL ORTHOPEDIC OUTPATIENT/MOBILE SURGICAL CONSIDERATIONS



Please discuss the indications & rationale for surgical treatment with the owners. If owners are unclear as to these indications or the procedure to be performed after your discussions and/or reading provided materials, please contact DVS for additional preoperative communications or consultations.

Other or ancillary options for orthopedic treatment (besides/in addition to surgery) are:

- Rigorous professional physical therapy geared toward maintaining joint range of motion, muscle mass and comfort.
- Conservative DJD treatment, including NSAIDs prn, chondroprotectants, high dose fish oil and strict weight loss.

The **perioperative experience** for pet and owner includes:

- Post-anesthetic recovery up to 5d postop, assisting pet with comfort, hygiene, food/water (in-hospital/24-hour care referral option as needed).
- Bandage management, 1d postop (or longer as indicated by circumstances).
- Potential comfort “setback” day 3-4 as local anesthetics wear off and oral pain medications assume pain control.
- Strict confinement to leash and small area of house for 1-2month postop period.
- Direct supervision/assistance with ambulation provided to pet for 1-2month postop period.
- Veterinary visit for exam 2wks, radiographs 2mo
- Steady improvement in function over healing period (1-3mo); and close communication with primary care clinic when questions or concerns arise.
- Implant removal under general anesthesia (very rare, when applicable)

Complications that may arise with this procedure are:

- Superficial or deep **surgical infection** (rare; requiring long course Abx),



- **Implant infection** (rare and significant; requiring long course Abx and surgical implant removal)
- **Implant breakage/fracture** (rare and serious; requiring additional surgery)

What a surgeon needs prior to surgery:

- Minimum preoperative diagnostics include:
 - **Exam findings** consistent with surgical plan at scheduling
 - **Radiographic findings** consistent with surgical plan at scheduling and ruling-out other injuries or diseases.
- **Affected leg/body part “marked”** by owner for confirmation (wax “costume makeup” works well)
- Skin near the surgery site **CLEAR of infection** (papules, pustules, crusts, collarettes, etc.)
If urgent surgery, owner must be alerted to *increased risk* of incisional, deep and/or implant infections. ****Contact us for discussions regarding chronic skin allergy/steroid-dependent patients.**
- **Verbal communication preop** with brief history, pertinent exam findings, and current list of conditions and medications.

General considerations and complications for all surgery/anesthesia procedures are:

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional infections (rare, minor; usually require oral antibiotics)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for their pet’s surgery.

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(See additional materials at www.directvetsurg.com for veterinary professionals and pet owners.)



