

1 Wrist or ankle fracture/luxation repair



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 a luxation (i.e. dislocation) and/or fracture (i.e. broken bone) of the carpus (wrist) or hock (ankle) joint reduced (i.e. replaced) and stabilized with external splint support alone or in combination with internal surgical stabilization. Internal stabilization may involve direct repair of the ligaments torn when the joint dislocated (luxated); this repair must be supported to allow for permanent scar tissue to return the damaged ligaments and joint capsule close to their original strength. Bone fractures around the joint are repaired with metal implants (screws, pins, wires) that may or may not need to be removed after healing is complete. Although the majority of patients will not have a recurrence of their fracture/luxation, the small wrist and ankle joints are very unforgiving with respect to trauma. Long term joint stiffness and degenerative joint disease (i.e. "arthritis") may be a complication that must be managed.

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/SPLINT MANAGEMENT

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. *(And you may not even see it because of the additional bandaging/splinting that is likely on the leg.)*

Your pet has had a bandage/splint applied to protect an injury or surgical site. Careful monitoring and maintenance is necessary for safe and effective bandage wear. *Major problems can result from simple bandages; please do not hesitate to call your primary care veterinary team if any problems are noted (odor, damage, slippage, chewing).*

Please monitor the bandage for slipping or damage from chewing, etc. If it changes position or loses its integrity (i.e. section is chewed off), serious problems may occur with healing or new problems with pressure sores may develop. Please call your primary care veterinary team if any changes in bandage position occur; the bandage may need to be replaced.

Check the two central toenails twice daily (i.e. look at or feel them). They should be close together. If they are spreading apart, this indicates toe swelling which can result in serious complications, and the bandage needs to be assessed by a veterinary professional within 8 hours. Please call your primary care veterinary team (or see your local veterinary emergency clinic) if any swelling is noted.

Please keep the bandage clean and dry. Place a plastic baggy on the end every time your pet goes outside; remove the bandage when indoors. *If the bandage gets wet or you notice any bad odor coming from the bandage, it will need to be evaluated within 4-6 hours; serious skin problems may develop.* A useful tool for long-term bandage care is the Medi-paw (or similar); this an easy on/off sleeve that protects the bandage when outside.

Week 1-2 postop

MONITORING

If you are able to see the incision (i.e no bandage on the leg), 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 or the bandage/splint. Pets tend to want to lick early in the healing period and scratch later in the healing period; this can compromise the incision and the bandage and predispose to problems. If necessary, please prevent access to the incision and bandage/splint by using creative clothing options (ex. long-sleeved T-shirt on the front legs or worn as "pants" on the rear), 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 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.

The bandage/splint will need to be changed by your veterinary team approximately every 5-7 days—sooner if you notice problems. Total wear time will depend on the injury, the surgery, and healing progress based on x-rays. For longer term splint needs (8+ wks), it may be beneficial to have a custom splint made that can be monitored and changed at home (Velcro-type arrangement vs. medical bandage type); please inquire with your veterinary team about options available.

Your pet should start touching his/her toe down within the first 2 weeks, even while wearing the bandage/splint. 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 12 weeks; no running, jumping, playing or anything that feels like "exercise". For dogs, short, leashed walks around the yard to urinate/defecate are fine. Walking around one level of the house is fine. Please use a short (~6ft), hand-held leash when outside to urinate/defecate. Confine your pet to a small area/room/crate when unattended. Prevent all pets from jumping up and down from furniture, etc. A bad landing or an awkward take-off can result in serious repercussions.

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.

The *Help 'em Up harness* (see company website) is a very useful tool that your dog can wear during the restricted period that allows you to have a quick “handle” to grasp by the shoulders and by the rump to assist your pet to rise, climb/descend stairs, save from a slippery floor, etc.

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).

Month 1-2 postop

Please return for postoperative x-rays in 8wks to evaluate healing and implant stability. It may be beneficial to have some oral tranquilizer/sedatives to use before your visit, since quality x-rays require careful patient positioning (and cooperation). Please discuss with your primary care veterinary team at least a week before your scheduled x-ray visit.

Long-term lifestyle

After a 3-4mo recovery period, the flexibility and comfort of an injured wrist or ankle joint will vary patient to patient. As a rule, the flexibility will be reduced. Some patients benefit from ongoing support/bracing for high impact activities. Continue your discussions with your veterinary team as healing progresses; additional aids and maintenance therapies can be considered.

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