
Superficial digital flexor tendon 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 superficial digital flexor tendon luxation surgically stabilized. The SDF tendon runs in a groove on the back surface of the heel bone and then on down to the toes. It normally is "contained" in the groove by support tissues on either side; low level trauma can result in those support tissues tearing open and allowing the tendon to jump out of its groove. When the tendon does not stay in its groove, it is painful each time the ankle is flexed and extended during walking. The technique for stabilizing is to sew the support tissues back together with strong sutures; then over time, scar tissue will come in and permanently stabilize the tendon. The majority of patients do very well after surgical stabilization, but a *small percentage of patients will have the repair fail and require additional surgery to correct.*

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

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 1-2 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.

A padded splint has been applied to the operated site. The goal of the splint is to provide pressure to the surgical site to minimize swelling, improve patient comfort for the first few days, and support the surgical repair. Please place a plastic baggy over the foot-end of the bandage whenever you take your pet outside, to prevent soiling of the bandage; remove when indoors. If the bandage slips below the ankle or becomes soiled or wet *at any point*, please return to your primary care veterinary clinic for replacement within 12 hours.

Week 1-2 postop

MONITORING

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 bandage. 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 an E-collar or other devices, if you must leave your pet unattended.

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.)

PROGRESS EXAMS

Return to your primary care veterinary clinic in 3-5 days for a progress exam and splint change. Thereafter, the **splint will need to be changed every 1-2wks** for 4wks, then reduced to a soft padded bandage for 2wks, then removed. Your veterinary team will guide you on splint-change intervals based on underlying skin health, splint maintenance, etc.

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 primary care veterinarian for exam and troubleshooting.

DIET

The **most** beneficial and **least** expensive treatment for orthopedic injury, joint 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.

RESTRICTIONS

Avoid any rigorous activity for 8 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. 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.

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.

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

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 us or your veterinarian know if you are interested in a professional physical therapy referral in the Twin Cities.

Week 4: Massage—(You may do this even with a soft/padded bandage in place. Have your pet lie on his/her good side. Superficial skin massage around the thigh, knee and ankle 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 thigh involves deeper kneading and pushing of the muscles. Perform both types of massage for 10-15 minutes twice daily. Continue 4 weeks.

Week 4: 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 4 weeks.

*Week 6: Active exercise (for dogs) -- Place your pet on a short leash and have him/her walk at your side. Walk outside on even/solid footing for 10 minutes twice daily. Continue 4 weeks, gradually increasing time and distance. No romping and playing until no lameness is observed and a *minimum of 12wks* has passed since surgical repair.*

Swimming is wonderful rehabilitation exercise (for some dogs) when performed correctly. You may allow controlled swimming after week 6. 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.

Long-term lifestyle

After the ankle is fully healed, there are no restrictions on activities for your pet. A gradual return to full activities should be followed, to allow for a smooth return of muscle and tendon function and leg strength following the restricted period.

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