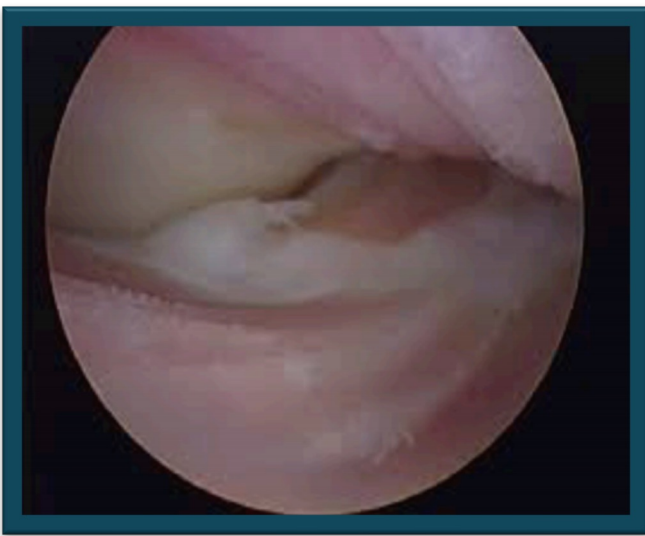




# POST OPERATIVE CARE

## Instructions for Proximal Abducting Ulna Osteotomy (PAUL)

Your dog has had a Proximal Abducting Ulna Osteotomy (PAUL) surgery to address severe medial compartment disease in the elbow. Medial compartment disease is where the inside of the elbow joint collapses and the cartilage on the opposing surfaces of the joint gets worn away to expose the underlying bone. This bone on bone contact leads to osteoarthritis and chronic pain. The PAUL procedure aims to shift weight off the affected (sore) side of the joint onto the non affected (healthy) side of the joint.



**Arthroscopy picture of a dog with medial compartment disease. Notice the lack of cartilage and exposure of red/pink underlying bone in the foreground with healthy (white) cartilage in the background.**

It is important to realise, that medial compartment disease represents severe damage to the affected joint. It is not possible to 'cure' a dog of this problem. The aims of surgery are to reduce pain, improve ability to exercise and reduce the reliance on pain killing medications.

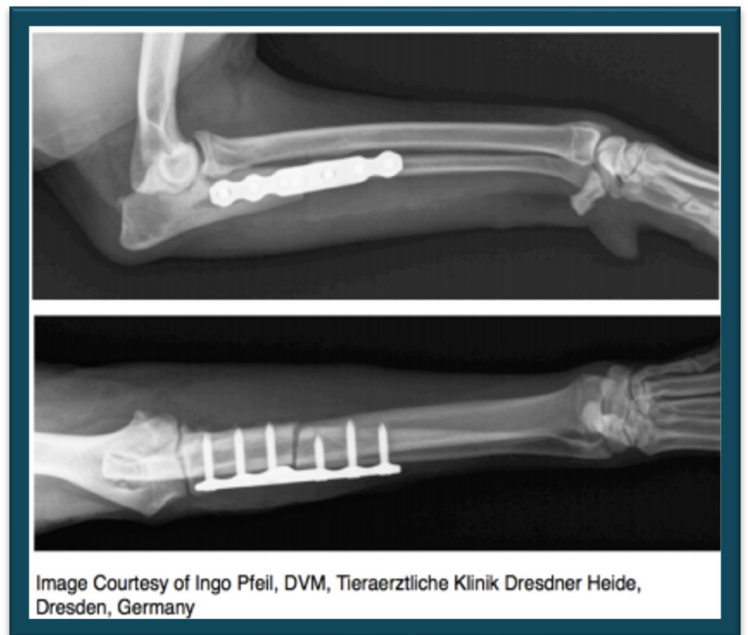


Image Courtesy of Ingo Pfeil, DVM, Tierärztliche Klinik Dresdner Heide, Dresden, Germany

### The main complications associated with this procedure are:

1. Infection
2. Metal or bone fracture
3. Persistent lameness



The following guidelines aim to reduce post operative complications to the absolute minimum. Paying strict attention to these guidelines will ensure your dog gets the best surgical outcome possible.

**1. Infection:** We have taken exceptional care at surgery to limit the exposure of the wound to environmental bacteria. This care needs to be continued for the first 2 weeks after surgery to reduce contamination of the wound. This means taking care to prevent your dog licking the surgical site. A buster collar and suitable adhesive dressings are provided to prevent licking. Your dog will also be prescribed 7 days of antibiotic tablets, it is important that this course of tablets be completed and no doses are missed.

**2. Metal or bone fracture:** This will only occur if excessive force is placed on the plate or bone in the first 6 weeks after surgery. Your dog might want to start running around on their new leg earlier than is safe to do so. It is exceptionally important that the exercise program below is followed carefully to prevent this potentially very serious complication from occurring.

**3. Persistent lameness:** Unfortunately, medial compartment disease can be an extremely frustrating problem to treat. Returning dogs to completely soundness (no limp) is probably an unrealistic expectation of any surgery to treat this problem. It is important to realise that most dogs that undergo PAUL surgery usually have an improvement in their lameness and quality of life, however many still have a lower grade persistent lameness long term.

#### Exercise Program Post Surgery:

**0-14 days:** Exercise on a lead in the garden only for toilet purposes. Confinement to a cage or small room with non slip floor at all other times. During this time, a reduction in food intake may be required to prevent weight gain. Stairs are out of bounds and running and jumping strictly prohibited.

**2-8 weeks post surgery:** Start with 10-15 minute lead walks two or three times a day. Encourage weight bearing by walking slowly to begin with. Increase the time on the lead by 5 minutes per walk per week. Hydrotherapy (if appropriate) can start at 4 weeks post surgery. Carpeted stairs can be attempted 6 weeks post surgery. Slippery floors must be avoided for 6 weeks post surgery.

**8-12 weeks post surgery:** Begin short bursts off lead in the middle of the walk for no longer than 5 minutes to begin with. Each week, add a further 5 minutes of off lead exercise per walk per week. By 12 weeks post surgery, normal exercise can be resumed.

#### Contact your vet if any of the following occur:

1. Sudden deterioration in limping and or pain.
2. Wound interference/infection
3. Excessive swelling/heat or discharge from the operation site.