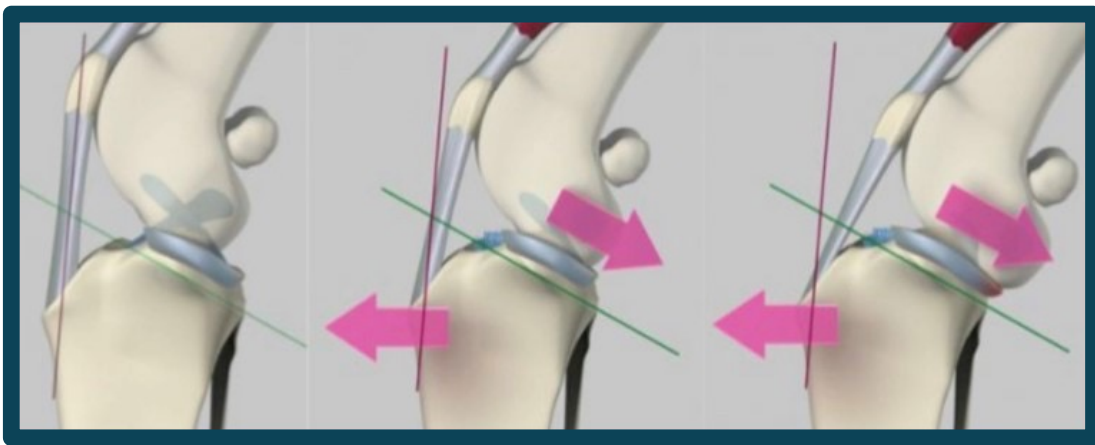


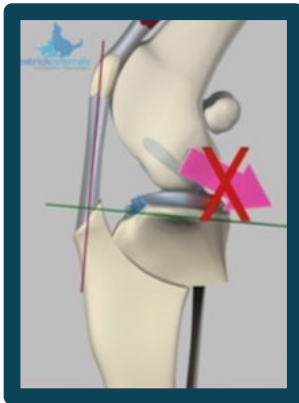
## POST OPERATIVE CARE

### Instructions for TPLO

Your dog has had a Tibial Plateau Levelling Osteotomy (TPLO) surgery to address a torn Cranial Cruciate Ligament (CCL). The CCL stops the tibia (shin bone) from moving forwards with respect to the femur (thigh bone). This occurs because the top of the tibia has a backwards slope on it (green line in diagram below). When the CCL is torn the knee joint becomes unstable which leads to pain and lameness.



TPLO resolves the lameness by making a precise cut in the top of the tibia and rotating the bone to flatten the top of the shin bone. This stops the femur and tibia sliding and therefore resolves the instability and pain:



The cut bone is stabilised with a metal plate and bone screws as shown in the x-ray here. The main complications of the procedure are:

1. Infection
2. Metal or bone fracture
3. Patella ligament inflammation
4. Late meniscal tear

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. The surgery works very quickly, and your dog will feel less pain within days of the procedure being carried out. This means he or she 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 be followed carefully to prevent this potentially very serious complication from occurring.

**3. Patella Ligament Inflammation:** This is a relatively minor complication that can occur around 4-6 weeks after surgery. The inflammation in the patella ligament causes soreness in the front of the knee. Fortunately, this is usually minor and will resolve with 2-4 weeks of rest and anti-inflammatory medication.

**4. Late Meniscal Tear:** The meniscus is a cartilage pad that sits on top of the tibia and acts as a cushion for the femur to sit on. Occasionally this meniscus can get trapped between the femur and tibia and is torn. This results in pain and lameness, and usually requires a small second surgery to remove the damaged bit of meniscus. The incidence of late meniscal tears is approximately 5-10% and can occur any time after surgery from weeks to years.

#### **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 nonslip 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.