

ORTHOPEDIC SURGERY

WATER:

Small amounts of water should be offered at frequent intervals after arriving home for the first 6 hours to prevent vomiting from excessive consumption.

FEEDING:

Normal diet should be fed morning after surgery—which is usually the day the orthopedic patient goes home.

INCISION CARE:

Look at the incision daily and notify us if you notice increased swelling or redness, discharge, or missing sutures. An Elizabethan collar may be necessary to prevent your pet from licking or chewing the incision. If you absolutely must bathe your pet, avoid direct application of soap and water to the surgery site.

RECHECK APPOINTMENT:

Please return your pet in 3 days for a brief recheck examination, and then again in 10 days. There is no additional charge for these visits, unless casting or additional bandaging is necessary.

SUTURE REMOVAL:

Skin sutures will be removed 10-14 days following surgery. Please return at that time. There is no additional charge for this service unless the pet must be sedated.

PHYSICAL ACTIVITY & THERAPY:

Gently flex the leg and extend the knee 3 times daily for 5-10 minutes by holding the limb above and below the knee and moving it through a range similar to a walking motion. Focus mainly on flexing the limb. Be patient and move slowly so as not to cause undue discomfort. Painful therapy will become counterproductive. Try to create a positive experience with words of encouragement and possibly “a treat” following each session. Other forms of physical therapy may include slow leash walking, and once sutures are removed, light swimming. Please seek advice and assistance if you are experiencing difficulty or have any questions regarding physical therapy.

USE OF THE LEG:

If your pet has not regained approximately 80% of the normal use of the limb by 5-6 weeks, please return with him/her to the clinic for evaluation.

MEDICATIONS:

Antibiotics: Give _____ tablets / capsules / cc by mouth _____ times each day.

Pain Medication: Give _____ tablets / capsules / cc by mouth _____ times each day

Other Medications: Give _____ tablets / capsules / cc by mouth _____ times each day.

CALL IF PROBLEMS: Call anytime you have questions or any concerns you think could be a problem.