

Lateral Suture Exercise Restrictions & General Guidelines



Postoperative physical therapy and adequate exercise restriction is a very important component of the final outcome of your pet's cruciate surgery (lateral suture). Following the guidelines below will maximize the outcome and limb function as well as avoid complications. If all the recommendations are followed, we expect a lower risk of complications and better outcome. At CASE, we are hoping that by planning ahead it will be easier for you to prepare for your dog's recovery period.

Medications

Most dogs will receive medications for pain and to prevent infection. Antibiotics are usually given for 7-14 days after surgery or alternatively a one-time injection can be given at the time of surgery. Pain medications usually are given for approximately 2 weeks, but this may vary depending on your dog's individual needs. In general, no other medications (including aspirin or aspirin like drugs) should be given.

Post Operative Rehabilitation and Physical Therapy

Postoperative rehabilitation and physical therapy is very important for a positive outcome. During the first 1-2 weeks, ice packing the incision two to three times a day for 10-20 minutes is ideal. An ideal icing agent is a 2lb. bag of frozen peas. They conform to the leg and are the correct temperature (as well as reusable). A towel in between the leg and the ice pack is recommended so that the incision does not get moist. This treatment can be discontinued 3-5 days after surgery. Until the staples are removed (in general 10-14 days after surgery) the incision site should be monitored for increased redness, swelling, or drainage. If any of these symptoms are observed, contact us. Do not allow your dog to scratch or lick at the incision site. Scratching or licking at the incision can lead to a serious infection or incisional separation. Therefore, an e-collar should be worn at all times during the first two weeks until the skin staples are removed. Physiotherapy ideally should begin 2-5 days after surgery.

Swimming

(Note: this is different from underwater treadmill which can be started at approximately 3 weeks after surgery): Once healing is advanced (usually 12 weeks after surgery), swimming is an excellent form of rehabilitation. If possible, please have your dog swim 2 to 7 times a week. When swimming, do not allow any running into or from the water or any jumping into the water. Swim for 5 minutes initially and increase as tolerated.

Activity Level

In general, if at any time during the recovery, you observe a more severe lameness, soreness, limping, pain, holding the leg up, or not using the leg, you should contact us immediately. While a sudden change in limb use may indicate a severe problem such as infection or failure of the suture, many times it can be due to soft tissue injury/sprains that do not require further treatment.

0-2 weeks postoperatively: Activity level during the first 1 week should consist of almost NO exercise! Your dog can go for 5 minute slow walks 3-4 times a day to urinate and defecate. No running, jumping, rough-housing or twisting motions. Your dog should be confined to a small area or airline crate to prevent the running, jumping, or twisting motions. If needed, a sling under the belly can be used for added support when walking, especially on slippery surfaces. Once your dog is able to safely walk on surfaces with non-slippery surfaces such as grass, there is no need for the sling. The sling can also be used to take weight of the hind end if your dog is likely to get excited and tries to jump up.

2-8 weeks postoperatively: You can very slowly and under a controlled, supervised environment, begin to increase the controlled activity level. Some dogs progress rapidly while others are slower to recover. Take your time and do not rush the healing process. Begin with 5-10 minute walks at a time 2-4 times a day. For some dogs, this may be all the activity for the first 8 weeks.

If your dog is tolerating those walks without lameness, you may increase the walking time by 5 minutes every few weeks (i.e. you may walk as much as 15-20 minutes by 8 weeks after surgery). If you observe lameness or soreness during or after the longer walk, go down to the previous length of walks. If you notice that your dog has gotten more lame or painful, rest her/him for a day and return to the previous level of rehabilitation. In general, several shorter walks are much better than one long walk. Go slow enough so that the leg is placed on the floor and weight is placed on it. Continue preventing any running, jumping, rough-housing and playing - no off leash activity allowed! Off-leash activity may result in failure of the repair.

8-16 weeks postoperatively: You may slowly increase activity including increased lead walks initially and later some running and jumping over the next months. It is important to do this slowly. Your dog can be back to normal activity at 16-20 weeks after surgery.

Again, this part of the recovery should not be rushed since the soft tissues have to get used to their changed-function slowly. There are no strict numbers on how much activity is adequate for your dog, the most important part is to avoid multiple set-backs (increased limping).

Rechecks

In general, your dog will be discharged the day after surgery. We will provide IV-pain medications the night after surgery. Keeping your dog overnight gives us a chance to send you dog home more fully recovered from anesthesia.

2 weeks after surgery: At the 2 week recheck we examine the surgery site and the stitches or staples in the skin are removed.

8 weeks after surgery: At the 8 week recheck we assess how the knee is healing and check it for stability. After this recheck, activity level may be increased if healing is adequate. If your dog has been diagnosed with bilateral CCL-tears, we can do surgery on the second knee at this time. This timing obviously delays the rehabilitation, and the exercise restrictions begin at week #1 again.

6 months and 1 year postoperatively: These rechecks are used to perform a thorough orthopedic exam and possibly radiographs (x-rays) to assess progression of arthritis. Some animals have subclinical lameness that may be associated with subsequent meniscal tears, reactions to the suture, or subclinical infections. It is better to diagnose these problems early and treat them before they cause clinical lameness. In the case that your dog only had an injury to one knee, we will also assess the other leg for possible problems.

**If you have any further questions about the recovery please
feel free to contact us!**

