Post Surgical Care of Fragmented Coronoid Process Removal

Home patient care after orthopedic surgery is critical to the success of the surgery. Allowing your pet too much activity may alter the anticipated outcome of the surgery. Remember, this is a severe orthopedic condition and although surgery is necessary to reduce future arthritis and minimize pain and healing time, the joint will never be “good as new.” In a recent study, 42% of patients had “good” results, 30% were “satisfactory”, and 28% were “unsatisfactory” due to persistent, permanent lameness. 80% overall improved after surgery, 15% did not improve, and 5% actually worsened.

The following instructions will be your guide to home care. If you elect to utilize physical therapy with Rod Newman, please follow his instructions.

Week 1:

1. Provide pain management for the first seven days; non-steroidal anti-inflammatories for as long as needed; Dasuquin (glucosamine, chondroitin, and ASU) joint protectant for life; J/D or other prescription joint diet which contains high levels of cold water fish oils which are shown to reduce joint inflammation.
2. Perform passive range of motion exercise (gently flex and extend the elbow); 10 slow repetitions three times a day
3. Precede and follow the passive range of motion exercise with massage of the biceps and triceps (large muscles above the elbow)
4. Begin slow leash walks of less than 10 minutes three times a day
5. Bandage removal in 2-3 days.
6. After the bandage is removed, apply a hot pack to the elbow for 10 to 15 minutes two or three times a day until the swelling has resolved.

Weeks 2 & 3:

1. Continue hot packs until the swelling has resolved
2. Stop passive range of motion exercise if your pet is using the leg well on a slow walk
3. Increase the slow leash walks to 10 to 20 minutes three times a day
4. Continue massage
5. Schedule a recheck with your doctor ten days after surgery to remove any sutures and evaluate range of motion and percent weight bearing
6. Most patients begin to bear some weight by week 2, but every pet is different
and some may take longer

Weeks 4:

1. Increase the slow leash walks to 20 to 30 minutes two or three times daily
2. If available, swimming exercises for one to three minutes twice a day is helpful

Week 5:

1. Schedule another recheck with your doctor four weeks after surgery to evaluate your pet’s progress
2. If your doctor feels your pet is healed well, then normal activity can be slowly introduced over the next week or two.

Additional Instructions:

1. Licking at the incision should be discouraged because it may lead to chewing at the sutures or staples causing a wound infection. It may be necessary to bandage the leg or use an Elizabethan collar to prevent licking.
2. Bandages, if used, should always be kept dry and clean. Any odors and/or persistent licking are indicators that there may be a potential problem and should be checked by your veterinarian immediately. Bandages and splints should be checked weekly by your veterinarian or veterinary technician.
3. Feed your pet its regular diet but reduce it by 10% to allow for reduced activity.
4. Mild swelling may occur near incision or low on limbs. Your veterinarian should check moderate or severe swelling immediately.
5. Use of a joint protective supplement with glucosamine, chondroitin, and ASU is highly recommended for life to slow the progression of DJD.

Complications

As with any surgical procedure, complications can occur. Unlike human patients who can use a sling or crutches, our patients do not know enough to stay off a healing joint so restricted activity is a major responsibility of you, the pet owner. Failure to follow these instructions carefully can lead to delayed healing. The most common complication is delayed healing, where, despite our best efforts to repair the joint, individual patients respond slower than others. Occasionally, your pet may develop a small pocket of fluid called a seroma, around the incision. See your veterinarian if this swelling is larger than a grape. On rare occasions, especially in large muscled patients or patients with a lot of arthritis, the median or ulnar nerve which provides innervation to the lower leg can be inadvertently injured. If your pet
seems to have serious leg pain or loss of sensation with foot dragging immediately after surgery, please notify me right away. If you have any questions, please feel free to ask your veterinarian or call me at the number above.

Your pet had the following procedure(s) done:

☐ Removed the fragmented medial coronoid process and inspected the cartilage and flushed out the joint to remove debris.
☐ Debrided and removed osteophytes around joint surfaces
☐ Inspected humeral head for OCD flap  Yes / No
☐ Inspected humeral head for “wear and tear” kissing lesion  Yes / No
☐ Forage the subchondral bone to enhance healing
☐ Injected marcaine (local anesthetic) / adequan (joint protectant) in the joint

Follow Up Instructions:

☐ Support/pressure bandage placed post-operatively to be removed in 2-3 days
☐ Recheck in ten days: Sutures/Staples removal / Dissolving sutures
☐ Tegaderm clear bandage can be left on until it falls off or at suture removal
☐ Start antibiotic tonight
☐ Start pain medication tonight
☐ Start Cosequin, Glycoflex or Dasuquin (joint supplement) tomorrow
☐ Start Joint Diet as soon as possible
☐ Call Rod Newman, MS, CCRP to schedule initial physical therapy consultation to reduce recovery time at 615-414-4867 or you can email him at rnewman@caninerehabnashville.com. The cost for this initial visit is included in the surgery fee.

Prognosis

Since all pets will have some degree of progression of degenerative joint disease in the elbow, this joint will never be “good as new.” Research studies have shown that
the vast majority of surgery patients have less clinical pain compared to patients that do not have the surgery. There is no correlation between radiographic signs of arthritis and how much pain your pet experiences. Some patients have minimal changes on an x-ray and do not even use their limb while others have severe changes on the x-ray and show no signs of lameness at all. Remember, 80% of patients that have this surgery will experience an improvement in their lameness after healing from surgery while only 5% actually worsen. Patients that continue medical management after surgery do much better than patients who stop their medical management after surgery.