



Robert Murray

B. Sc (Hons) Biomed, DVM (Hons), MRCVS

Complex Small Animal Surgery
Orthopaedic and Soft Tissue

- Complex Surgery
- Cruciate Disease
- Patellar Luxation
- Fracture Repair
- BOAS / TECA-LBO

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Cruciate Surgery Discharge Sheet

Procedure Summary

Your dog has undergone surgery to treat cranial cruciate ligament disease using a cranial closing wedge osteotomy. This procedure involves removing a precisely calculated wedge of bone from the top of the tibia to reduce the tibial plateau angle and eliminate abnormal forward movement within the knee during weight-bearing.

The bone has been stabilised using a plate and screws. Healing occurs over several weeks as the bone fuses in its new position. Once healed, the knee functions without reliance on the damaged ligament.

This is a highly effective and biomechanically robust procedure. Outcome is strongly dependent on strict adherence to post-operative restrictions and a structured rehabilitation programme. Early uncontrolled activity is the most common cause of complications.

Mild swelling, bruising, and lameness are expected in the early post-operative period.

Complications

Common and expected complications include mild swelling, bruising, stiffness, and reduced weight-bearing during the early recovery period.

Occasional complications include wound irritation, superficial infection, seroma formation, or delayed return to full limb use.

Less common complications include implant irritation, delayed bone healing, persistent lameness, or reduced range of motion.

Rare but serious complications include implant failure, tibial fracture, deep infection requiring implant removal, failure of the bone to heal, or meniscal injury requiring further surgery.

Strict adherence to activity restriction and rehabilitation guidance is essential to minimise these risks.



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Medications

Medication	How to Give	Duration	Purpose
NSAID	With food	As prescribed	Pain relief and anti-inflammatory
Antibiotic	As directed	As prescribed	Infection prevention (if indicated)
Additional analgesia	As directed	Short course	Post-operative comfort

All medications should be given exactly as prescribed. Anti-inflammatory medications should be given with food and may occasionally cause vomiting or diarrhoea. If this occurs, contact the practice for advice. Do not administer any human medications.

Wound Care

The surgical incision must be kept clean and dry. The wound should not be bathed or interfered with.

An Elizabethan collar must be worn at all times until healing is confirmed. The incision should be checked daily for swelling, redness, discharge, or opening, and any abnormalities should be reported promptly.



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Activity and Rehabilitation

Strict control of activity is essential until bone healing is confirmed radiographically. During the first two weeks, your dog should be kept strictly rested indoors, with short, controlled lead walks for toileting only.

Activity can then be gradually increased in a controlled manner over the following weeks. Lead exercise should be increased progressively, but running, jumping, and off-lead activity must be avoided.

Further progression of exercise is only permitted once healing has been confirmed. Failure to follow these restrictions significantly increases the risk of implant failure or fracture.

Physiotherapy and Recovery

Structured rehabilitation is strongly recommended and plays an important role in recovery. Physiotherapy can begin early depending on comfort and focuses on maintaining joint movement, preserving muscle mass, and gradually rebuilding strength.

Hydrotherapy can usually be introduced after three to four weeks once the surgical site has healed. This allows controlled strengthening without excessive loading of the joint.

Only appropriately qualified rehabilitation providers should be used.

Home Care and Environment

Your dog should be kept in a controlled environment throughout recovery. Running, jumping, and rough activity must be prevented.

Non-slip flooring is recommended, and assistance may be required for activities such as getting in and out of vehicles. Body weight should be carefully managed, as excess weight increases stress on the joint.



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Monitoring at Home

You should see gradual improvement in limb use over time. The limb should become progressively stronger and more stable.

Any worsening lameness, sudden non-weight-bearing, increasing swelling, discharge, or signs of pain should be taken seriously and reported to your veterinary practice.

Follow-Up and Prognosis

A re-examination is typically recommended at ten to fourteen days to assess wound healing. Further assessment, including radiographs, is usually performed at six to eight weeks to confirm bone healing.

Progression to normal activity is only permitted once healing has been confirmed. Most dogs regain excellent limb function following this procedure, although mild osteoarthritis is expected over time.

There is a recognised risk of cruciate ligament disease affecting the opposite limb in the future.

If you have any concerns at any stage, please contact your veterinary practice.

Kind regards

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