



MAINLIACHT SURGICAL DISCHARGE

Post-operative guidance

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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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Femoral Head and Neck Excision (FHNE) Discharge Sheet

Procedure Summary

Your pet has undergone femoral head and neck excision surgery. This procedure involves removal of the ball portion of the hip joint to eliminate painful bone-on-bone contact.

Following surgery, the body forms a fibrous “false joint” between the femur and pelvis. This allows comfortable movement without a true anatomical joint.

This procedure is commonly performed for conditions such as hip fractures, hip luxation, developmental hip disease, and Legg-Calvé-Perthes disease.

Unlike many orthopaedic procedures, early limb use and rehabilitation are critical to success. The long-term outcome depends heavily on restoring muscle function and maintaining joint mobility.

Mild lameness, stiffness, and reduced limb use are expected initially, but improvement should be seen progressively with appropriate rehabilitation.

Complications

Common and expected complications include post-operative discomfort, stiffness, reduced limb use, and mild swelling or bruising.

Occasional complications include wound irritation, superficial infection, or a slower than expected return to limb use.

Less common complications include reduced range of motion, muscle loss, persistent lameness, or an altered gait.

Rare but serious complications include poor functional outcome due to inadequate rehabilitation, chronic pain, or failure to regain acceptable limb use.

The most significant risk following this procedure is poor functional recovery due to insufficient physiotherapy and limb use.



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

An Elizabethan collar must be worn until healing is confirmed. The incision should be checked daily for swelling, redness, discharge, or opening.

Mild swelling or bruising is expected in the early stages of healing.



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Activity and Limb Use

This procedure differs from most orthopaedic surgeries, as early controlled limb use is strongly encouraged.

During the first one to two weeks, gentle weight-bearing should be encouraged as soon as your pet is comfortable. Short, controlled lead walks should be introduced, while running, jumping, and rough activity must be avoided.

Over the following weeks, controlled exercise should be gradually increased. Consistent use of the limb should be encouraged, and prolonged inactivity must be avoided as this can negatively affect recovery.

After approximately six weeks, activity can be progressively increased, with continued focus on strengthening and normal limb function.

Physiotherapy and Rehabilitation

Physiotherapy is essential for a successful outcome following this procedure.

Early rehabilitation should focus on encouraging limb use and maintaining comfort. Passive range of motion exercises can usually begin within a few days once the limb is comfortable, involving gentle flexion and extension of the hip joint.

As recovery progresses, strengthening exercises such as controlled walking, sit-to-stand movements, and weight-shifting should be introduced.

Hydrotherapy can typically be introduced after three to four weeks once the wound has healed and is highly beneficial for improving muscle mass and limb use.

Consistency is critical, and daily rehabilitation is required to achieve the best possible outcome.



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Home Care and Environment

Your pet should be encouraged to move in a controlled manner rather than being strictly confined.

Slippery surfaces should be avoided where possible, and a comfortable resting area should be provided. High-impact activities must be prevented during the early recovery period.

Body weight should be carefully managed, as excess weight will negatively impact recovery and long-term outcome.

Monitoring at Home

You should see gradual improvement in limb use over time, with increasing weight-bearing and improved function.

Any lack of progress, persistent non-weight-bearing, or worsening lameness should be assessed promptly.

When to Contact the Practice Immediately

Seek veterinary advice urgently if you notice swelling, discharge, or wound breakdown, persistent refusal to use the limb, or signs of significant pain or distress.

Follow-Up and Prognosis

A re-examination is typically recommended at ten to fourteen days to assess wound healing. Further assessment at three to four weeks is useful to monitor limb use and rehabilitation progress.

Radiographs are not usually required unless there are concerns regarding recovery.

Most patients achieve good to excellent comfort following this procedure. Outcome is highly dependent on early limb use, quality of physiotherapy, and body weight management.



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Smaller patients often achieve the best functional results, although larger dogs can also do well with appropriate rehabilitation.

Successful outcome depends on early limb use, structured physiotherapy, consistent rehabilitation, and careful ongoing monitoring.

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

Kind regards

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