



# 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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### Cruciate Ligament Surgery (Lateral Suture) Discharge Sheet

#### Procedure Summary

Your pet has undergone cranial cruciate ligament stabilisation using a lateral suture technique. This procedure involves placing a strong synthetic suture around the knee joint to mimic the function of the damaged ligament and reduce abnormal forward movement.

The joint has been explored to assess and treat any internal damage, including meniscal injury where present.

Unlike bone-cutting procedures, this technique relies on soft tissue healing and scar tissue formation to provide long-term stability. The implanted suture provides initial support, but over time the body forms fibrous tissue that stabilises the joint.

Because of this, recovery is more dependent on strict activity restriction and controlled rehabilitation. Premature activity can result in stretching or failure of the repair.

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, or slower than expected improvement in limb use.

Less common complications include stretching or partial failure of the suture, persistent instability, or delayed functional recovery.

Rare but serious complications include complete suture failure requiring revision surgery, development of a meniscal injury after surgery, or chronic lameness.

Strict adherence to the rehabilitation plan 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 until healing is confirmed. The incision should be checked daily for swelling, redness, discharge, or opening.

A small amount of swelling or bruising is expected initially. Any worsening should be reported promptly.



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### Activity and Rehabilitation

Strict control of activity is essential, particularly during the early healing phase when the repair is most vulnerable.

During the first two weeks, your pet should be kept on strict rest indoors, with short, controlled lead walks for toileting only. Running, jumping, stairs, and furniture access must be avoided.

Over the following weeks, controlled lead exercise can be gradually increased. Gentle strengthening exercises may be introduced where appropriate. Activity should continue to be carefully restricted, and high-impact exercise must be avoided.

Return to normal activity should only occur gradually and under guidance. Premature activity can result in stretching or failure of the repair, leading to persistent instability.

### Physiotherapy and Recovery

Structured rehabilitation is strongly recommended and plays a major role in the success of this procedure.

Physiotherapy can begin early depending on comfort and focuses on maintaining joint range of motion and muscle mass before progressing to strengthening exercises.

Hydrotherapy is typically introduced after three to four weeks once the wound has healed and provides controlled, low-impact exercise.

Rehabilitation is particularly important for this procedure, as joint stability develops progressively over time.



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### Home Care and Environment

Your pet should be kept in a calm and controlled environment during recovery. Running, jumping, and rough activity must be prevented.

Non-slip flooring is recommended, and access to stairs and furniture should be restricted. Body weight should be carefully managed to reduce stress on the joint.

### Monitoring at Home

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

Any worsening lameness, sudden deterioration, lack of improvement, or signs of pain or behavioural change should be assessed promptly.

### When to Contact the Practice Immediately

Seek veterinary advice urgently if you notice sudden non-weight-bearing, worsening lameness, swelling, discharge, wound breakdown, 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 is usually performed at six to eight weeks, with a final functional assessment around ten to twelve weeks.

Radiographs are not always required but may be performed if recovery is not progressing as expected.



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Most patients regain good limb function following lateral suture stabilisation. Recovery may be slower compared to bone-cutting procedures and is more dependent on patient size, compliance with activity restriction, and quality of rehabilitation.

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

Successful outcome depends on strict activity restriction, controlled rehabilitation, appropriate physiotherapy support, and careful monitoring throughout recovery.

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

Kind regards

*Robert Murray*

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