



MAINLIACHT SURGICAL DISCHARGE

Post-operative guidance

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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Medial Patellar Luxation Surgery Discharge Sheet

Procedure Summary

Your pet has undergone surgery to correct medial patellar luxation. This condition occurs when the kneecap (patella) moves out of its normal position, leading to pain, lameness, and joint instability.

Surgery aims to restore normal alignment of the patella and improve tracking within the femoral groove. This may involve deepening of the femoral groove, balancing and tightening of surrounding soft tissues, and repositioning of the tibial tuberosity using pins and wire where required.

Where a bone procedure has been performed, healing of the repositioned tibial crest is required before normal activity can resume.

Most patients begin to use the limb within a few days, with gradual improvement over several weeks. Outcome is highly dependent on strict post-operative management and controlled rehabilitation.

Complications

Common and expected complications include mild swelling, bruising, stiffness, and temporary lameness.

Occasional complications include wound irritation, superficial infection, or delayed improvement in limb use.

Less common complications include implant irritation, loosening of implants, reduced range of motion, or recurrence of patellar instability.

Rare but serious complications include fracture of the tibial tuberosity, particularly where transposition has been performed, implant failure, or persistent instability requiring revision surgery.

The highest risk period for complications is during the first four to six weeks, particularly if activity is not adequately restricted.



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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 if a tibial tuberosity transposition has been performed.

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, while continuing to avoid off-lead activity. As healing progresses, controlled strengthening exercises can be introduced.

Return to normal activity should only occur gradually and once healing has been confirmed. Failure to restrict activity can result in fracture of the tibial tuberosity or implant failure, which may require further surgery.

Physiotherapy and Recovery

Rehabilitation plays an important role in restoring normal limb function and reducing the risk of recurrence.

Physiotherapy can begin early depending on comfort and focuses on restoring joint motion and quadriceps function before progressing to strengthening exercises.

Hydrotherapy is typically introduced after three to four weeks once the wound has healed and helps rebuild muscle without excessive joint loading.

Targeted rehabilitation is particularly important for improving patellar tracking, strengthening the quadriceps mechanism, and supporting long-term joint stability.



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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. Maintaining an appropriate body weight is essential 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 limb function.

Any worsening lameness, persistent instability, sudden deterioration, 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 clinical assessment is usually performed at six to eight weeks, with radiographs performed if a bone procedure has been undertaken.

Progression to normal activity is typically considered at ten to twelve weeks, depending on healing.



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Most patients achieve good to excellent limb function following surgery. There is a recognised risk of osteoarthritis developing over time, and recurrence of luxation may occur in some cases.

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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