



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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Cranial Cruciate Ligament and Medial Patellar Luxation Surgery Discharge Sheet

Procedure Summary

Your pet has undergone surgery to treat both cranial cruciate ligament disease and medial patellar luxation affecting the same knee.

Cranial cruciate ligament disease causes instability within the knee joint. This may result in pain, lameness, inflammation, meniscal injury, and progressive osteoarthritis. Medial patellar luxation occurs when the kneecap moves out of its normal position, leading to pain, abnormal limb use, joint instability, and worsening cartilage damage over time.

Surgery aims to improve stability of the knee, restore more normal tracking of the patella within the femoral groove, and reduce abnormal movement within the joint.

The patellar luxation component of surgery commonly involves wedge recession trochleoplasty to deepen the femoral groove, tibial tuberosity transposition to realign the pull of the patellar tendon, and soft tissue balancing such as capsular imbrication. The tibial tuberosity is repositioned and stabilised using pins and wire where required.

The cruciate component of surgery has been treated using a lateral suture stabilisation technique. This involves placing a strong suture outside the joint to reduce abnormal forward movement and rotation of the tibia while the body forms supportive scar tissue around the knee during healing.

Where required, the joint may also have been inspected for meniscal injury or other intra-articular abnormalities.

Most patients begin to use the limb within a few days, with gradual improvement over several weeks. Mild swelling, bruising, stiffness, and lameness are expected in the early post-operative period.

Successful outcome is highly dependent on strict post-operative management, controlled activity, and appropriate rehabilitation.



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Complications

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

Occasional complications include wound irritation, superficial infection, seroma formation, delayed improvement in limb use, or temporary soft tissue swelling around the knee.

Less common complications include implant irritation, loosening or migration of pins or wire, stretching or failure of the lateral suture, reduced range of motion, persistent lameness, meniscal injury, or recurrence of patellar instability.

Rare but serious complications include fracture of the tibial tuberosity, implant failure, deep infection, severe recurrent instability, significant meniscal injury requiring further surgery, or persistent lameness requiring revision surgery.

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

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. Licking, chewing, or rubbing at the wound can quickly lead to infection or wound breakdown.

The incision should be checked daily for swelling, redness, discharge, opening, or bleeding.

A small amount of swelling or bruising is expected initially. Any worsening swelling, increasing discharge, wound opening, or signs of pain should be reported promptly.



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Activity and Rehabilitation

Strict control of activity is essential, particularly because both joint stabilisation and tibial tuberosity transposition have 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, furniture access, rough play, and off-lead activity must be avoided.

Over the following weeks, controlled lead exercise can usually be gradually increased, while continuing to avoid off-lead activity, sudden turns, jumping, chasing balls, and uncontrolled running.

Return to normal activity should only occur gradually and once healing has been confirmed. Failure to restrict activity can result in tibial tuberosity fracture, implant failure, stretching or failure of the lateral suture, recurrence of patellar instability, or the need for revision surgery.

Physiotherapy and Recovery

Rehabilitation plays an important role in restoring normal limb function and reducing the risk of long-term weakness or stiffness.

Early rehabilitation may include controlled walking, gentle range of motion exercises, and exercises aimed at encouraging correct limb use, depending on comfort and surgeon guidance.

Physiotherapy can help maintain joint movement, preserve muscle mass, improve quadriceps function, and support patellar tracking.

Hydrotherapy is typically introduced after three to four weeks once the wound has healed, if appropriate. This allows controlled strengthening without excessive joint loading.

Only appropriately qualified rehabilitation providers should be used.



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Home Care and Environment

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

Non-slip flooring is recommended, and access to stairs, sofas, beds, and furniture should be restricted.

Assistance may be required for getting in and out of vehicles or negotiating slippery surfaces.

Maintaining an appropriate body weight is essential to reduce stress on the joint and support long-term limb function.

Monitoring at Home

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

Some stiffness or lameness is expected initially, especially after rest, but this should gradually improve.

Any worsening lameness, sudden non-weight-bearing, persistent instability, increasing swelling, discharge, wound breakdown, or signs of significant pain should be assessed promptly.

A sudden deterioration after initial improvement may indicate a complication such as implant irritation, tibial tuberosity instability, meniscal injury, or recurrence of joint instability.

When to Contact the Practice Immediately

Seek veterinary advice urgently if you notice sudden non-weight-bearing, worsening lameness, marked swelling, discharge, wound breakdown, bleeding, implant protrusion, clicking or locking of the joint, obvious instability, severe pain, lethargy, reduced appetite, vomiting, diarrhoea, or any other concerning signs.

Early assessment is important, as prompt intervention can reduce the risk of more serious complications.



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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. Radiographs may be recommended if a tibial tuberosity transposition has been performed, particularly where there are concerns regarding bone healing, implant position, or limb use.

Progression to normal activity is typically considered at ten to twelve weeks, depending on healing, comfort, stability, and limb function.

Most patients achieve good to excellent limb function following combined patellar luxation and cruciate surgery. However, recovery is gradual and mild osteoarthritis is expected to progress over time.

There is a recognised risk of cruciate ligament disease affecting the opposite limb in the future. Patellar luxation may also be present or develop in the opposite limb in some patients.

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

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

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