



TIBIAL PLATEAU LEVELLING OSTEOTOMY

What to expect after surgery:

Structured rest and rehabilitation are vital to a successful TPLO procedure. The implants used are strong and stable however are not impossible to break. We recommend that no unrestricted or unmonitored exercise is performed until 8 weeks post-operatively at which time it is recommended that repeat x-rays are taken under sedation to ensure bone healing.

Any swelling, discharge or abnormal colouration at the surgical incision should be reported to your primary care veterinarian. Although uncommon – this may be an indication of infection or excessive inflammation and may require additional medications to settle.

Pain Relief:

Pain relief is a very important part of recovery after major orthopaedic operations. There are many pain relief options for veterinary patients and the best pain relief for each individual varies depending on other health factors. Commonly used pain reliefs include:

- 1. Opioids in the initial post-operative period
- 2. Non-steroidal anti-inflammatories (NSAIDS) for at least the initial 2-4 weeks
- 3. Gabapentin
- 4. Paracetamol

Not all options are safe for all patients so it best to discuss options with your veterinarian if you are concerned.

Post-operative Care:

Cold packing the surgery site for approximately 3-5 minutes a few times a day can be helpful to reduce swelling in the first 48 hours after surgery. During surgery, there is a temporary pin placed near the ankle which may result in swelling near the ankle. This can be confusing to see but is common and will generally resolve within 1-2 weeks.

The incision (wound) from surgery will generally heal within 2 weeks at which time external sutures will be removed. It is important to ensure this wound remains clean and dry. Licking at the wound should be prevented through use of an elizabethan collar..

An example recovery plan can be found on the next page.

If at any stage there is deterioration mobility, please contact your veterinarian for a check up.

Long Term:

Cruciate disease is well managed with the surgical procedure performed. Surgery also significantly reduces the amount of arthritis that will develop within the knee joint. Arthritis however is inevitable and is often present at the time of surgery. Long-term arthritis management is very important. This includes maintaining a healthy weight, ensuring excessive exercise is minimised throughout life, and by use of therapeutics to improve the longevity of joint cartilage and joint health.





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Week 1	Crate confinement or direct supervision at all times. 3-5 minute lead walks for toileting throughout the day. Cold packing 3-4 times daily for the first 48 hours for approximately 10 minutes at a time. After 48 hours, heat packing can be performed if swelling has occured. 3-4 times daily for 10 minutes. Always test on your own skin first to ensure the pack is not too hot. Fentanyl patch removal after 4-5 days if this has been placed. Keep surgery site clean and dry.
Week 2	Crate confinement or direct supervision at all times. 3-5 minute lead walks for toileting throughout the day. Keep surgery site clean and dry. Most patients will begin to place the foot on the floor by week 2. Gentle massage of the muscles in the thigh can help with pain and increase mobility. External sutures and a wound check will be performed at the end of week 2.
Week 3+4	Crate confinement or direct supervision at all times. Lead walks can increase to 5-10 minutes. It is best to do four short walks rather than one longer walk. Rehabilitation exercises can help to increase mobility and muscle recovery. These include sit-stand exercises, passive range of motion and tripod/weight shifting exercises. Hydrotherapy is becoming more common in veterinary practice and is very helpful from this point, especially for patients with significant muscle weakness.
Week 5-8	Crate confinement or direct supervision at all times. Lead walks can generally extend to 15-20 minutes a time during this period. Walking with mild to no lameness is expected by this time. Rehabilitation exercises can be continued for patients with a slower than expected recovery. A recheck appointment at 8 weeks is recommended for sedation and repeat x-rays to ensure the bone has healed. Once this is confirmed, crate confinement and direct supervision are no longer necessary and patients can return to normal activity.