

## Discharge Instructions – Pelvic Fracture Repair

Surgery: Fracture repair of pelvic fracture(s)

Prognosis: Your pet has a good chance to make a full recovery.

Convalescent period: Weight bearing is typically seen within the first week after surgery. By 2 months after the surgery the lameness should be mild or have resolved. Please give us a call if your companion stops using the operated limb.

Diet: If your companion will not eat the regular diet, a home-made bland diet (50:50 mix of lean hamburger, chicken breast, lean turkey meat and a carbohydrate source such as rice, potato, or pasta) should be offered for 3 days and then wean back onto the regular diet over the next three days.

Bowel movements: Your companion may not have a bowel movement for the next 4 days after surgery. If your companion does not have a bowel movement after 4 days or is straining to defecate, constipation may be present. Unflavored Metamucil or Miralax at a dose of 1 teaspoon per 50lbs body weight can be mixed in canned food (in each meal) as a laxative. If this treatment is not effective, other laxatives can be prescribed.

Exercise:

1. Cover all slippery floors with throw rugs or indoor/outdoor turf carpet for the first 8 weeks after surgery.
2. Limit activity to very short leash walks for bowel and urinary purposes until the bone is healed (typically 2 months). Do not leave your companion off the leash for 2 months. No jumping, climbing stairs or rough-housing with other pets or people. Strenuous activity may result in failure of the surgical implants to hold the fracture together.

Rehabilitation therapy

1. First 3 days after discharge: Apply a cold compress (frozen peas, frozen corn or a cold gel pack) to the surgical site times daily, twenty minutes each time for the next three days. Place a thin towel between the cold compress and the incision for patient comfort. The cold compress will reduce swelling, bruising and pain.
2. Day 4 to day 14: Three steps are taken during each rehabilitation therapy session: warm compressing, passive range of motion exercises followed by cold compress.
  - a. Apply a warm compress (warm water bottle or microwaved raw rice in a cloth bag) to the surgical site three times daily, ten minutes each time. Monitor the temperature of the compress so that it does not burn the skin. Place a thin towel between the warm compress and the surgical site for patient comfort. This step helps to loosen connective tissue in preparation for passive range of motion exercises.
  - b. Passive range of motion exercises should be started on the 4th day after surgery and should be done after application of the warm compress. Passive range of motion exercises are done by flexing and extending the hip joint three sessions daily for five minutes. This step helps to break down adhesions and scar tissue so that your pet will attain normal or near normal range of motion. Also, flex and extend the knee and the ankle joints. Massage the muscles of the thigh and especially work on the muscles on the front of the thigh, because these may develop cramps (trigger points). This can be done after the passive range of motion session.
  - c. After the range of motion exercises, apply a cold compress to the surgical site for five minutes. This step reduces inflammation.

3. Day 14 to the 8th week postop: As long as your pet is bearing a moderate amount of weight on the limb, supervised walking around the house is permitted. Explosive activity such as running, sprinting, jumping, twisting/turning are not permitted as injury to the soft tissue or bone may occur. In addition, metal implants breakage may break or become dislodged from the bone. Continue range of motion exercises, as described above 5 minutes (or about 20 repetitions) for 6 weeks; during this time, the warm and cold compress therapy is not needed. NOTE: If possible, we also recommend rehabilitation therapy at by a professional rehabilitation therapist or your primary care veterinarian's choice, which can start in 2 weeks after surgery.
4. Week 9 to 12 postop: Range of motion exercises can be discontinued. Leash walks should be gradually increased to a normal duration (start with 15 minutes three times daily and gradually work up from there). Climbing stairs and jumping on elevated surfaces (2 feet or less) is permitted.

#### Incision:

1. If a band aid is covering the incision, please remove it the next day after surgery. When the incision is exposed, daily, check the incision for signs of infection: redness, swelling, pain or discharge.
2. Do not allow licking of the incision as this could cause an infection or open the incision. An Elizabethan collar obtained from us or a pet store, should be kept on your companion for 2 weeks to prevent licking of the incision.

#### Follow-up examinations:

1. The first appointment at 2 weeks after surgery will be Telemedicine. Please send us a photo of the incision and a video of your pet walking. Please send these to your pet's surgeon's email or cell phone number.
2. Radiographs (x-ray) of the repaired pelvis should be done in 8 weeks to check the healing process. Please fast your pet starting at 10 PM, the night before the appointment, as sedation may be needed. Please set up this appointment today, as we have a very busy outpatient schedule.

IV catheter bandage: Your companion had an intravenous catheter for the administration of IV fluids during anesthesia. The catheter has been removed and a small bandage has been placed over the site (typically on the lower part of a front or hind limb) to prevent bleeding. Please remove this bandage when you arrive home.

Medications: A pain management protocol has been prescribed which should be very effective. If your pet seems to be uncomfortable (whining, restless), the most common cause for this is that your pet needs to urinate. Take your pet outdoors to eliminate. If your pet still seems painful, please give us a call.