

Fracture Repair

The Procedure

Fractures are repaired using a number of different techniques depending on the type and location of the fracture, as well as the health, age, size and character of the patient who has the fracture.

Fixation can involve the application of implants that go under the soft tissues, muscle and skin directly onto the bone (internal fixation), or pins that travel through the skin and soft tissues into the bone; these pins then connect to an external bar (external skeletal fixation).

There is a separate information sheet for External Skeletal Fixation (ESF) care.

Immediately Post operatively:

Surgical Site - This will need to be protected from interference from your pet to minimise complications. This means that a buster collar will need to be worn for the duration of time that the skin needs to heal (10 days). It can be removed for your pet to eat or drink if they struggle with it on, but it must be replaced at all other times.

We recommend cold and warm compress from a pain relieving and healing perspective:

- 3 days cold compress – a cold pack wrapped in a thin towel to protect the skin, to be applied over the surgical site for 10 minutes three times a day, for 3 days.
- 3 days warm compress – a warm pack wrapped in a thin towel to protect the skin, to be applied over the surgical site for 10 minutes three times a day, for 3 days.

On occasion, your pet will have a dressing after the fracture has been repaired. Please refer to your discharge sheet for advice on what to do if this is the case. We have a separate information sheet for dressing care.



Medication - This will be detailed on a separate post operative discharge sheet but will involve:

- 5 day course of antibiotics.
- Non Steroidal Anti-inflammatories (NSAID) for 2-4 weeks
- Paracetamol for approximately 5 days.
- Gabapentin may also be dispensed.

Post operative checks - 3 days post operatively to check the surgical site and 10 days post operatively to check the surgical site, and remove skin sutures if present.

Exercise - STRICT rest – generally this means crate rest if possible, but we realise this is not possible for some of our larger patients. It is essential that strict rest entails nothing more than being in a restricted space (that allows for a soft flat bed plus food bowls), with toileting on the lead only in the garden. It is important that there is:

- No interaction/play with other pets.
- No off the lead exercise in the garden as this can allow for sudden acceleration to chase something.
- No access to skiddy floors that can throw the patient off balance.
- No going on/off furniture
- No going up/down stairs.

A few steps up/down into the garden is fine as long as this is controlled or supported (using a sling or towel).

2-6 weeks post operatively:

Surgical site - This should be healed if there have been no complications.

Medication - This should have all stopped aside from possibly some NSAID.

Post operative checks – only necessary if there are any problems or issues – always contact your primary vet if you are concerned about anything, especially if your pet is suddenly lame when previously there has been good progress.

Post Operative Checks - Once sutures have been removed, we would recommend re-assessment with your primary vet every 7-14 days until post operative radiographs (x-rays) have been taken.

Exercise - Continuation of STRICT rest as detailed above. It should no longer be necessary to help your dog with a few steps into or out of the garden.

Physiotherapy and hydrotherapy can be considered at this point to help to maintain muscle mass and allow for controlled weight bearing and encourage healing. Please contact your practice to find your nearest centre.

6-8 weeks post operatively:

Radiographs will need to be taken at this point (unless otherwise stated) to check for healing, prior to exercise re-introduction.

Post operative expectations and potential complications

The aim of the surgery is to return your pet to its pre-injury state. As fractures generally occur due to trauma, recovery will depend in part, as to what level of trauma this was, which bone has been broken, and whether there are any other concurrent soft tissue injuries to consider (namely injury to nerves). These factors will all be discussed with you prior to and after surgery.

As with any surgical procedure, complications can occur.

3% of all orthopaedic procedures can go on to develop an infection post operatively, this percentage is higher for fractures that have involved the bone going through the skin (open fractures). Post operative infection may require a course of antibiotics or implant removal once the bone has healed. Osteomyelitis is a rare but serious complication.

On occasion, implants may migrate or break. If this were to happen and the fracture has healed, the aim would be to remove the implants. If the fracture did not yet show that it was healed on radiographs (x-rays), the surgery may need to be revised and implants replaced.

Other complications can involve slow healing, non-healing and limb breakage after surgery. Again, these complications are rare.