

## Stabilisation of Hip Luxation

### The Procedure

The hip joint is routinely described as a “ball and socket” joint. The femoral head being the “ball” and the acetabulum the “socket”. When hip luxation occurs, the femoral head (ball) comes out of the acetabulum (socket). This is a painful event, and causes an animal to be unable to weight bear as the normal weight bearing axis is disrupted.

Open reduction and internal fixation is required in the majority of cases to allow for safe replacement of the femoral head back into the acetabulum, with different techniques aimed at maintaining the hip in reduction.

Techniques used to stabilise the hip depend on whether we are dealing with a

dog or a cat, and what size the patient is. We always check the hip joint for evidence of disease or injury which may reduce the chance of successful open reduction, this will be discussed when your pet is admitted for surgery.



### 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).

For dogs, 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.

**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 remove skin sutures or check the surgical site, if there are no skin sutures present.

**Exercise** - STRICT rest - this means crate rest. For dogs, they will need to toilet 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.

**Exercise** - For dogs after the initial 2 week healing phase, it is important that are encouraged to use the limb in a controlled manner, so physiotherapy and hydrotherapy can be considered at this point to help to maintain muscle mass and allow for controlled weight bearing and encourage healing. Continue crate rest for cats.

## 6-8 weeks post operatively:

A gradual return to exercise can be instigated, as directed by our separate information sheets.

## Post operative expectations and potential complications

The aim of this surgery is to get your pet back to their normal pre-injury state. The success rate for open reduction is 85-90%, with a good range of motion and return to normal activity expected.

As with all surgical procedures, complications can arise. Post operative infection can occur in around 3% cases. This normally just requires a course of antibiotics but on occasion, implants need to be removed. Other possible complications include re-luxation or nerve damage.