

## Care of your Dog following Spinal Surgery

The following medications have been dispensed for your dog. Please ensure **all doses** are given. If you are having difficulty administering medications or your dog develops diarrhoea or vomiting, please contact your vet **immediately**.

### Medication:

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### Key Points for Aftercare:

The operation site will have been clipped (other sites may also have been clipped for administering drugs and fluids etc). Avoid your dog interfering with the surgical (and other clipped) site/s. Most wounds will be covered with a light adhesive dressing, and this often works loose or can be removed, after three to five days. Some dogs need to wear an Elizabethan protective collar to prevent attention to stitches or dressings. If necessary, this should stay in place until the stitches are removed. Your dog mustn't be **allowed** to lick the surgical wound, as this may introduce infection.

Some swelling of the operation site in the days following surgery is normal. **Ice packs** for 10 to 15 minutes several times daily **are recommended** in the first few days following surgery to reduce swelling and improve comfort.

If the surgical site is causing excessive irritation, is **discharging** or if you are concerned **swelling** is excessive, please contact your vet.

Laminate or slippery surfaces should be avoided or covered temporarily; a slip could result in serious injury. Stairs should be avoided and made inaccessible. If a few steps are necessary to get outside place a temporary ramp.

Visitors should be instructed not to encourage excitement during visits. Children in the house should be informed of the temporary restrictions and the importance of following these.

### Confinement and permitted activity:

Confine to a cage or play-pen. Attach a short lead whenever out of the cage e.g. sitting in the garden, toileting.

### Food and Water:

Ensure that food and water bowls are always within easy reach. Raising the bowls is helpful if your dog can stand. Water must always be available. Feed a good quality diet. Do not overfeed.

### Toileting & Bladder management:

Carefully carry your dog outside for toileting. Provide abdominal sling support as necessary once on grass (custom-made slings are available, however, a towel may be a satisfactory substitute). For larger dogs use a harness and abdominal sling support to move outside, avoiding steps and slippery floors (see above). Keep on a short leash and provide abdominal sling support as necessary to encourage walking. Repeat four to six times daily. Confinement should be maintained at all other times. Note that some patients do not have bladder control initially. Most commonly this is an inability to empty the bladder. The bladder can become so full that urine spills

out involuntarily. This must be avoided to prevent permanent damage to the bladder and minimise the risk of urinary infections. If necessary, you will be shown how to manually express or catheterise the bladder. If you have any difficulty managing the incontinence, contact your Veterinary surgeon. The bladder should normally be emptied 2-3 times a day. Defaecation is not usually a problem, although constipation can occur. If needed, a small amount ( $\frac{1}{2}$  to 2 teaspoonfuls, check with your Vet) of liquid paraffin can be added to the food as a laxative until normal motions occur. If you notice blood in the urine or stools, contact your Vet.

### Bedding:

Provide a soft surface as a bed with an absorbent top layer e.g. Vetbed or incontinence sheet. Bedding may need changing frequently. Ensure the skin remains clean, dry, and free of urine or faecal soiling. This may require frequent sponge-bathing. Always dry thoroughly after bathing.

### Physiotherapy:

Massage and passive flexion and extension exercises should be performed on both back legs. Massaging and manipulating help sensation return and aid circulation. Supported standing and assisted walking aids neurological recovery, especially once movement is beginning to return. You will be shown how to provide abdominal sling support for assisted walking. This can also stimulate urination when dogs are walked outside. Five minutes, 3-4 times daily is usually sufficient, but do not over-exert your pet initially. For dogs that can walk, active physiotherapies should be employed. This includes short frequent walks, sit-to-stand exercises, quad presses and supported standing whilst you lift one of your dog's back legs off the ground (+/- quad presses).

Consultation with a veterinary physiotherapist is also recommended.

### Hydrotherapy:

Water treadmill hydrotherapy is extremely beneficial to recovery and may commence between 2 to 3 weeks post-surgery; ideally two to three times weekly, for at least 10 sessions. In some instances, we may ask you to commence this earlier; you will be advised if this is the case. Ensure the surgery site remains dry.

If access to a water treadmill is not available, small dogs may benefit from assisted walking in a partially filled tepid bath (fill between belly and shoulder height to provide buoyancy). Commence 1 to 2 weeks after surgery, ensuring the surgery site remains dry. Perform for 5 minutes 3 to 4 times daily. Alternatively, assisted swimming in a pool may commence once the surgical wound has fully healed.

### Re-examinations with your vet:

- **The Morning** after surgery if your dog was discharged the same day as surgery
- **3 - 5 days** following surgery: post-surgery check-up
- **10 days** after surgery: check on wound healing (suture/staple removal where present).
- **3 weeks** following surgery: progress check
- Additional visits as indicated by your Vet

**Gradual improvement should be expected following surgery. If deterioration occurs, please contact your vet immediately.**

Variations from these aftercare instructions may increase the risk of post-surgical complications or otherwise affect the outcome; only make variations if **specifically advised** by your vet.

## Rehabilitation:

**3 weeks onwards:** only after your Vet confirms it is ok to do so, commence the rehabilitation program below.

- Lead activity may gradually increase; commence lead walking for 5 minutes four to six times daily increasing by approximately five minutes weekly; adjust as necessary according to patient response.
- Walking in uncut grass (ideally, elbow to shoulder height) will encourage increased flexion of all joints (higher limb lift) promoting the strengthening of flexor (hamstring) muscles and improving proprioception. Incline walking e.g. gentle hills will aid extensor (thigh) muscle strengthening, as will single limb quad presses.
- Create low-lying obstacle courses (hock-height obstacles) for proprioception training.
- Water treadmill hydrotherapy is beneficial to recovery; ideally twice weekly, for at least 10 sessions.
- If anti-inflammatories are still being used begin to gradually reduce the dose. If no deterioration is evident as the dose is lowered continue to gradually reduce and stop dosing within several weeks.
- A gradual return to off-lead exercise may commence between 6- and 12-weeks post-surgery provided your dog walks with a relatively stable gait. Allow 3 to 5 minutes off-lead towards the end of an afternoon/evening walk. If well-tolerated, increase the duration by 3 to 5 minutes each week.
- Unrestricted stair access and rough play with other dogs should be prevented for a minimum of 10 weeks following surgery.