



Fracture Surgery Aftercare Information Sheet

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Patient: {PATIENT FULL NAME}

Date: January 31, 2022

Presenting Complaint: Fracture of the ____.

Diagnostics: Radiographs of the ____ revealed _____. Pre-operative bloodwork was unremarkable.

Diagnosis:

Surgery: {NAME} had a fracture repair of the ____ performed with a _____. {NAME} did well under anesthesia and recovered without incident.

Prognosis: After healing takes place, {NAME} should be able to walk normally again. During times of weather changes or if out in the cold for a while, some pets will experience some discomfort.

Convalescent Period: Most fractures heal in six to eight weeks. {NAME} should be touching the toes to the ground at a walk with time (about two weeks). From this point on, the lameness should gradually resolve. If you notice that {NAME} loses the ability to use the limb give us a call.

Medications:

1. **Rimadyl (___mg):** Give 1 tablet by mouth every 12 hours with food. Please watch for signs of gastrointestinal upset: loss of appetite, vomiting, diarrhea, and black stools. If these signs occur your pet could be sensitive to these medications and they should be discontinued and a veterinarian contacted. This medication was given in hospital at _____.
2. **Antibiotic (___mg):** Give 1 tablet by mouth every 12 hours with food. This is an antibiotic medication. This medication was given in hospital at _____.
3. **Gabapentin (___mg):** Give 1 capsule by mouth every 8-12 hours as needed for pain relief. This medication may cause sedation. This medication was given in hospital at _____.

Diet: Normal

Exercise: Restrict activity for the next 8 weeks. Short leash walks are permitted for urination and bowel movements only. No running, jumping, climbing stairs or roughhousing with other pets or people. Strenuous activity can break down the repair that was performed, and thus prevent successful recovery.

Incision: Please check the incision for signs of infection: redness, swelling, pain or discharge. Do not allow {NAME} to lick at the incision. An E collar should be used to keep {NAME} from licking at the incision.

Suture Removal: Please have the sutures removed by Dr. {RDVM} 10-14 days from the day of surgery. Please make an appointment with Dr. {RDVM} in that time frame.

Recheck: Please schedule an appointment with Dr. {RDVM} in 8 weeks after surgery to have radiographs repeated to evaluate healing. This can be a drop off appointment and {NAME} may need to be sedated for the x-rays. Please do not feed breakfast the morning of the appointment.

Clinician: Joshua Bruce, DVM, DACVS-SA

Thank you for allowing us to care for {NAME}!