



Orthopaedic Procedure Guide

Preparing the patient for orthopaedic surgery:

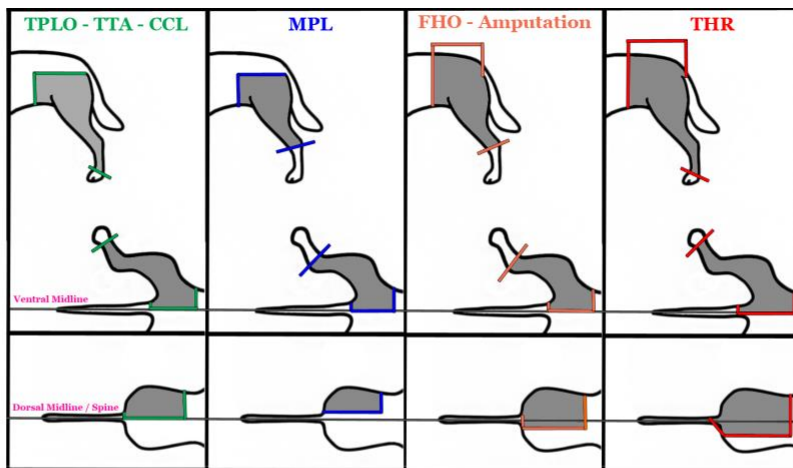
- ❖ Ensure patient has had a bath 2-3 days pre-operatively to prepare skin for surgery.
- ❖ Ensure pre-anesthetic blood work has been performed 2-4 weeks pre-operatively.
- ❖ Confirm the surgical limb with the owner.
- ❖ Have the owner sign the VSOS consent form at admission

Premedication:

- ❖ All opioids except butorphanol and buprenorphine are acceptable.
- ❖ Cefazolin should be given 20mg/kg IV 30 - 60mins prior to the surgical incision.

Induction/preparation:

- ❖ Always confirm the arrival time with the surgeon prior to induction. We will call you approximately 1 hour pre-operatively.
- ❖ See our website/photographs for shaving for a TPLO/TTA/Lateral suture and total hip replacement. Remember to shave as widely as practical; a wide shave is always preferred. Always vacuum the clipped fur/hair.
- ❖ When leaving hair around the foot, put a latex glove on the foot (impermeable) and then cover in a single layer of white tape to secure the glove.
- ❖ Obtain pre-operative radiographs - orthogonal views (see link). Straight positioning is very important. See our handout for TPLO, TTA and THR radiographs. We will help you as needed.





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Scrubbing:

- ❖ *Two scrubs will be performed. A “pre” scrub in the induction area and then a “final scrub” in the operating room.*
- ❖ “Pre scrub” perform the initial prep of limb with alternating 4% chlorhexidine scrub and 70% isopropyl alcohol (scrub until sponges no longer have any discoloration/dirt). Thereafter wrap the clean limb in a clean, dry pad to protect it while being transported. We will perform the “final” scrub in the operating room after we position the patient.

In the Operating Room:

- ❖ Remember scrubs, scrub hats, masks and appropriate footwear should be worn when entering the operating room.
- ❖ Minimize “traffic” in and out of the operating room.
- ❖ Feel free to ask to scrub-in if you wish.

Post-Operatively:

- ❖ We will discuss with you the surgical findings and post-operative care. Discharge instructions will be provided for both the clients and your hospital.
- ❖ General aftercare involves an opioid (eg Fentanyl patch or Methadone), NSAID, Tramadol and/or Gabapentin as well as a 7-14 day course of a first generation Cephalosporin (eg Cephalexin).
- ❖ Activity restrictions generally are 8 weeks leash-only on a good traction surface, followed by 4 weeks of gradual return to normal activity.
- ❖ Suture removal is recommended at 2 weeks post-operative and follow-up radiographic evaluation at 8 weeks. Please email follow-up radiographs to info@vsos.com.au.

