



CCL Repair: Post-op Care and Recovery

Dogs undergoing CCL repair surgery need special attention during the first two months post-op, then a gradual return to full activity over the following four months.

Stabilization of the knee joint occurs immediately with surgery but healing of the surrounding soft tissues that are disrupted during surgery need to heal properly to achieve as complete a return to normal function as possible. Initial healing takes two months, then maturation of scar tissue is generally complete in another four months. The rare surgical failures we have seen have been as a result of inappropriate, vigorous activity during the initial two months. The goal of recovery care is to promote a sturdy repair that maintains normal range of motion.

The First Two Weeks Post-op:

Patients go home with the operated leg bandaged and with antibiotics and pain relievers. If necessary, we also put an E-collar on the patient to prevent chewing at the bandage. We recommend that the patient be confined to a small area (no more than 10'x10'), indoors where the chance for running, jumping, climbing stairs, or the like can be completely prohibited and the bandage can be kept clean and dry. The patient is only allowed outside to urinate and defecate on a leash, assisted with a towel sling if needed, and with the bottom of the bandage covered with a plastic bag to avoid wicking moisture. We would like to keep the bandage in place at least four days, but will allow it to stay as long as it is in a non-irritating, clean and dry condition, up until suture removal at 10 to 14 days. We generally do not replace a bandage after four days to avoid bandage burns.

The patient returns at four, eight and 12 days post-op for Adequan injections, bandage inspections and follow-up exams. At the 12 day check the bandage, if still in place, is removed and the sutures evaluated for removal. If the skin suture line is healed the sutures are removed.

Antibiotics are generally discontinued at 10 days, as are pain meds, but anti-inflammatory meds and joint supplements are generally recommended, often for the rest of the dog's life. By this time, most dogs are partially weight-bearing on the operated leg and tolerate passive range-of-motion exercises.

The Next Six Weeks:

Running, jumping, climbing stairs and other at-will activity is still prohibited, and the patient should be allowed to walk outside only on a leash. Progressive increase in weight-bearing will be noted as healing progresses and a gradual decrease in assistance with a slow increase in the length of walks can be increased. The greatest danger of surgical failure is when the patient feels good on the operated leg but insufficient healing has occurred to support vigorous activity.

We need to be equally concerned about injury to the non-operated leg due to the additional stress placed upon it with non-weight-bearing of the operated leg. An unfortunate percentage of dogs that tear one CCL will go on to tear the other sometime in the future. Ongoing anti-inflammatory therapy and joint supplements are very helpful in addressing this concern.

Physical therapy is beneficial to assuring a good result and can begin once the staples are removed. Initially, gentle flexion and extension of the limb may be performed with gradual increase in extent to promote a normal range of motion and prevent restrictive adhesions. Professional assistance and therapy programs are the best way to get good results, but instruction from our healthcare team can also allow PT at home. Low-impact, graded-stress activities such as swimming are ideal activities to promote healing with strength and mobility, but must be applied for appropriate time and intensity.

The Next Four Months:

By now the patient has full use of the limb and should be developing increased muscle bulk to reverse the atrophy that inevitably occurs with CCL injury. There may still be a noticeable limp due to atrophy and adhesions, but these should resolve over the next four months. A slow, controlled return to full unregulated activity is recommended. We have seen patients who injure the repair with explosive activities such as launching off a deck or sprinting after a squirrel. These setbacks result in lameness that has eventually resolved without additional surgery, but are to be avoided if possible. Low-impact, graded-stress activities can be performed in progressively longer sessions until six-months post-op, at which time the repair is as strong as it is going to be. Set-backs in recovery or injury to other structures within the knee will prolong this process, or result in persistent or intermittent lameness.