

SUPERIOR CHECKLIGAMENT DESMOTOMY AFTERCARE

Horses are given 2 weeks of absolute stall confinement, followed by 4 weeks of stall rest with handwalking for 10–15 min, twice daily. Thereafter, a progressive handwalking program, swimming physiotherapy program, or walking in the jog cart (STB racehorses) is recommended for an additional 6 weeks. Follow-up ultrasound examinations are done at 6 and 12 weeks after surgery. Horses are usually then placed into a jogging program for 4 weeks and then into regular training. Time to first start in STB racehorses is approximately 8 months after surgery, assuming the surgery was done soon after injury. Turn-out is not recommended in the first 3 months because exercise is uncontrolled and recurrence of tendinitis is possible. Large, full-limb support bandages are very important in limiting motion and swelling at the surgical site and maintaining support of the affected limb(s). An inner lighter wrap is augmented by a full-limb heavy padded bandage for a minimum of 2 weeks. It is common to have mild swelling and seroma formation at the surgical site, because dead space deep to the cephalic vein is impossible to minimize, and the region is highly vascular. Concomitant use of polysulfated glycosaminoglycans or hyaluronate and SCD remains controversial, and clear beneficial effects have yet to be documented. Theoretical beneficial effects of both medications can be made, based on improvement in wound healing, enhancement of repair tissue maturation, adhesion reduction, inhibition of lysosomal enzymes, and a reduction in the inflammatory process.¹⁵ Dramatic reduction in tendon size and improvement in ultrasonographic appearance occur when these substances, usually combined with methylprednisolone acetate, are injected in the peritendinous region. The effect likely results from the corticosteroid injection, but this treatment in combination with SCD has been quite effective in several STB racehorses. Currently, the author recommends 8 weekly intramuscular injections of polysulfated glycosaminoglycans after surgery. The oral administration of chondroitin sulfate and

glucosamine or other products has yet to be shown to be beneficial. Phenylbutazone is recommended at a dose of 4.4 mg/kg, IV or PO, twice daily for a minimum of 10–14 days after surgery, and it appears to be useful in reducing edema and pain at the surgical site and the original tendon injury.