Immediate Aftercare

Monitoring

- Normal monitoring post-general anesthesia and surgical intervention.
- Bandages and dressings are usually changed every 2-4 days.
- Incision sites should be carefully assessed at each change for healing, and the overall appearance of the limb noted.
- Dehiscence of the wound and the formation of synovial fistulae are uncommon, but more likely where the open procedure is used.

Analgesia

- Pain relief and anti-inflammatories - phenylbutazone 2.2 mg/kg PO q12h for variable periods of time from perioperatively in simple cases treated by tenoscopy, to up to 7-10 days in more complicated cases with open surgery.

Antimicrobial therapy

- Antibiotics, eg procaine penicillin, for 36-72 h post-operatively, or longer if infectious tenosynovitis is present.

Wound protection

- The limb is usually enclosed in a firm bandage and appropriate dressings for a minimum of 14 days.
- The bandage can be of a lighter weight in the minimally invasive or tenoscopic cases.
- Remove sutures or staples at 10-14 days post-operatively depending on the surgery performed and wound healing.
- Bandaging for support is usually continued for at least 14-28 days post-suture removal and longer still in some cases.

Special precautions

- Open method:
    - Box/stall confinement for at least 7-14 days depending on the length of the incisions and subsequent healing.
    - Enclose the limb in a firm padded bandage and restrict exercise until the skin incision has healed and the sutures are removed at 2 weeks.
- Minimally invasive/tenoscopy techniques: strict box/stall rest for 3 days, then box rest and walk out in-hand 5-10 min q12h to reduce adhesion formation until suture removal at 2 weeks.
- Introduce in-hand walking gradually to reduce adhesion formation and minimize

subcutaneous fibrosis - mechanical walkers, swimming, passive flexion and extension exercises, cold hosing after initial walking exercise, localized physiotherapy techniques can all be useful adjunct therapies.

- Evaluate healing with ultrasonography
- Plane of exercise will be determined by the tendinous pathology.
- If a simple case of constriction the plane of exercise may be rapidly increased from 14 days: 2 weeks walking in-hand → 4 weeks restricted turnout → return to controlled ridden work.
- In more complicated tenosynovitis cases in-hand walking is gradually increased from 2-6 weeks post-operatively followed by limited area turnout and in-hand walking for 6-8 weeks. Successful completion of this phase is followed by 12-16 week ascending ridden exercise program in a straight line on a good surface. Further re-examination at the end of this period determines the rate of return to normal exercise, but this varies between 6-18 months depending on the severity of intrathecal pathology.