

Femoral head and neck ostectomy

The basics

Femoral head and neck ostectomy is a salvage procedure used in some conditions of the hip. Some of the hip conditions are not repairable and removing the painful parts of the hip joint is the only solution to offer a decent use of the hind leg for your pet.

In some situations, when total hip replacement is not available, femoral head and neck ostectomy is recommended as a salvage procedure.

The procedure

During surgery, the muscles of the hip are dissected and the femoral head aka the ball of the hip is identified and cut off from the thigh bone. The hip joint capsule and the hip muscles are sutured back and a pseudo aka 'false' joint is created. The procedure relieves the pain generated by a non-functional hip joint but, as this new joint is not a 'true' joint, it is not as stable and secure as the normal hip. It does, however, offer an acceptable function of the hind leg.

The stability of the new joint is given by scar tissue and surrounding muscles. Therefore it is imperative for the leg to be used as soon as possible. This surgery is one of the rare situations where rest is NOT recommended.

The aftercare

The first 2 weeks

Sutures are usually resorbable, under the skin and there is no need to be removed.

Check ups with your vet/nurse are recommended at day 3 and day 10 postoperative.

Limping is to be expected, most of the times worse than before the surgery. This is due to surgical trauma.

Swelling is not common and should not be present.

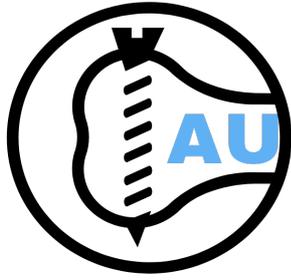
The incision should be clean and dry. If the wound opens up or if there is discharge, please see your vet.

Medication – pain killers are prescribed for 7-14 days, on a case by case basis.

Antibiotics – we are all aware of antibiotic resistance and the damage that misuse of antibiotics has done to our life. We usually don't prescribe antibiotics unless absolutely necessary.

Physiotherapy – please see the 'Postoperative recovery' sheet on our website.

*** From week 2-3 postoperative, the incision should be clean, dry, with a normal colour of the skin and not red, puffy or open. Please contact your vet if this is not the case



Week 2 to week 6 postoperative

Gradual improvement of the lameness should be noted. However, weight bearing should be noted from day 3 to 5 postoperative. If this does not happen, please contact your vet.

Once the incision has healed, hydrotherapy can be started and we do encourage it – please see our dedicated section on the website.

Physiotherapy – please see the ‘Postoperative recovery’ sheet on our website.

A follow up check should be booked with your vet around week 6 postoperative.

Week 6 to 12 postoperative

By now, your pet should use the leg more and more, however, the lameness would still be visible. Do not panic if this is not your case, remember, some patients recover faster than others. Also, remember that 5-10% of patients can take up to 6 months to full recovery.

Physiotherapy – please see the ‘Postoperative recovery’ sheet on our website.

A follow up check which should be the sign off consult should be booked at your vet around week 12 postoperative.

The exercise

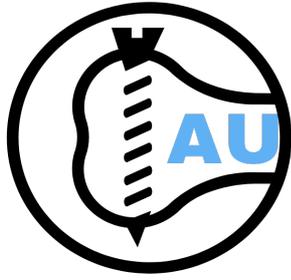
The first 12 weeks postoperative, your dog should be walked on a lead.

In the first 2 weeks the scar tissue is forming so reduced exercise is key. He/she should not be allowed to jump/run, go on sofa, go upstairs etc. Cage rest is rarely recommended and, in our opinion, detrimental to your pet's mental health and recovery. In the rare occasion where dogs are too boisterous, cage rest may be adequate.

Walking regime should be started as soon as possible i.e. from day 1-2 postoperative. Dogs thrive on exercise and early ambulation will stimulate the blood flow and mental status which is beneficial for your pet.

We tend to recommend 10 minutes per walk, two to four times a day. Every week 10 minutes should be added to the walk i.e. 20 minutes per walk on week 2, 30 minutes per walk on week 3 etc.

For cats, we recommend to confine him/her to a room. If this is not a possibility, a large pen/large dog cage would suffice. The inside of the pen/cage can be boarded with cardboard to prevent him/her from trapping their legs in the bars.



After the initial 2 weeks, the exercise should be gradually and rapidly increased. The aim is NOT to allow rigid scar tissue to form.

Dogs should be allowed to manifest themselves indoors i.e. they can jump on sofa, go upstairs, chase the postman etc. You should still walk him/her on a lead with the occasion off lead trots. Return to normal exercise should be planned from week 6 postoperative.

Cats can have the full roam of the house after the initial two weeks. This means they should be allowed to jump, walk up the stairs etc.

What to expect

As femoral head and neck ostectomy is a salvage surgery, the outcome is variable. The procedure does allow a functional leg however, gait abnormalities are to be expected. Cats and small dogs tend to have better results but, part of this is their ability to shift more weight on the fore legs than large dogs.

Early and aggressive physiotherapy is essential for the outcome. If you are unsure about the physiotherapy, please contact your vet or ourselves.

