Supplementary Material to:

Correction of craniodorsal coxofemoral luxation in cats and small breed dogs using a modified Knowles technique with the braided polyblend TightRope systems
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Appendix 1: Postoperative care provided

Postoperative analgesia was titrated to each individual patient’s requirements with methadone (0.2 mg/kg intramuscularly [IM] every 4–6 hours as needed) or buprenorphine (0.02 mg/kg IM every 8–12 hours as needed) for the first 24–48 hours. Nonsteroidal anti-inflammatory drugs (NSAID), using either carprofen (Rimadyl™, Pfizer, Sandwich, UK; 4 mg/kg subcutaneously) or meloxicam (Metacam™, Boehringer Ingelheim, Rhein, Germany; 0.2 mg/kg subcutaneously), were administered at induction of anesthesia, and continued at 1–2 mg/kg orally every 12 hours (carprofen) or 0.1 mg/kg orally once daily (meloxicam) until resolution of subjectively-assessed lameness. In feline patients, oral meloxicam was started 48 hours after surgery based on current licensing restrictions. Selection of NSAID depended on any recorded responses or adverse effects associated with previous NSAID administration and on owner preference for delivery method. Cefuroxime (Zinacef™, GlaxoSmithKline UK Limited, Middlesex, UK; 22 mg/kg intravenously) was administered 30 minutes before surgery and then every 2 hours until the completion of surgery. Prophylactic broad-spectrum antibiotic using cepalexin (Ceporex™, Intervet/Schering-Plough Animal Health, Milton Keynes, UK; 10-25mg/kg orally every 12 hours) was administered for 7 days postoperatively.