



## LONGFORD EQUINE CLINIC

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### Arthroscopy Aftercare



#### REST

As arthroscopic incisions are small, movement generally has minimal impact on skin healing, however we do suggest box or small yard rest for 2-3 weeks post surgery. Knees and fetlocks need to remain bandaged for 2 weeks, hocks three weeks, and rebandaging done at 4 day intervals. Suture removal can take place 10-14 days post surgery.

After-care regimens differ for horses of different ages, type of work, breed, size, type of lesion, and/or location of lesion. Following are our suggested recovery schedules for common arthroscopic procedures performed at our clinic.

#### KNEE:

- *Chip Fractures/Joint Clean up* – box or small yard rest for 2 weeks with daily walking if boxed.
  - Horses with evidence of mild-to-moderate cartilage degeneration within the joint require a minimum of 3-4 months paddock rest after the initial 2 week confinement, before resuming training.
  - Horses with severe cartilage degeneration should have 6 months paddock rest.
- *Slab Fractures* – Box rest only for 2 weeks with daily walking. After this there should be a further 6 weeks small yard confinement that allows daily walking. This is followed by a minimum of 4 months of paddock rest prior to resuming training.

#### FETLOCK:

- *Chip Fracture/Joint Clean up* – box or small yard rest for 2 weeks with daily walking if boxed.
  - Horses with evidence of mild-to-moderate cartilage degeneration within the joint require a minimum of 3-4 months paddock rest after the initial 2 week confinement, before resuming training.
  - Horses with severe cartilage degeneration should have 4- 6 months paddock rest.
- *Apical Fragments of the Proximal Sesamoid Bones* – box or small yard rest for 2 weeks with daily walking if boxed. This is followed by a further 4-6 months paddock rest

#### HOCK:

- *OCD Lesions* – box or small yard rest for 3 weeks with daily walking if boxed. This is followed by a further 3-4 months paddock rest before resuming training.

#### STIFLE:

- *OCD Lesions* – box or small yard rest for 2 weeks with daily walking if boxed. This is followed by a further 4-6 months paddock rest before resuming training.



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### **FURTHER TREATMENT**

We recommend all post surgical arthroscopies be given a course of pentosan polysulphate (weekly for 4 weeks) and then monthly once training resumes. We also suggest they be put on oral 4Cyte. Both these products assist in cartilage repair.

### **PROGNOSIS**

In most cases, prognosis for future performance is directly related to the amount of degenerative change that has occurred within the joint involved. Typically, the longer a lesion has been present the more degenerative change has occurred. Consequently, fresh injuries often have a better prognosis than chronic injuries. Since cartilage has little or no regenerating capacity in adult horses, degenerative cartilage will likely remain abnormal for the remainder of the animal's life. Proper treatment, therefore, is designed to prevent further joint degeneration and inflammation. Surgery combined with post-operative medication can help us to achieve this. Although many aspects of degenerative joint disease (DJD) are evident on pre-operative radiographs, lesions solely involving the cartilage are radiographically invisible and are much more accurately assessed at the time of surgery. Therefore, we normally wait to give a final prognosis until after the arthroscopic procedure. It follows that the less degenerative changes that are apparent within a joint at the time of surgery, the better will be the prognosis for return to future performance.