

Proximal Ulna Osteotomy

Proximal ulna osteotomy (PUO) involves making an oblique cut in the ulna bone of the forearm. This procedure is often combined with other procedures.

Common reasons for performing PUO include; management of elbow dysplasia pathology in young patients, for example an un-united anconeal process, marked joint incongruence or marked medial coronoid disease. In some instances, this procedure is performed to aid correction of a limb deformity.

Post-Operative Care

Wound Care

Your dog will have a wound on the outside of their leg. Please check this area twice daily. There should not be any pain, swelling, redness or discharge from the wound. A buster collar should be used to prevent interference for the first 10-14 days after surgery.

Exercise Plan

4-6 weeks strict rest in a crate or pen is useful to allow soft tissue healing and protect the wound. During the initial phases, patients can be quite painful and a period of worsening lameness before improvement is common.

Week Number	On-lead Exercise	Number of times daily	Off-Lead Exercise
1 to 6	For toileting only	As needed	None
6	5-10 minutes	Up to 3 times daily	None
7	10-15 minutes	Up to 3 times daily	None
8	15-20 minutes	Up to 3 times daily	None
9	20- 25 minutes	Up to 3 times daily	None
10	25-30 minutes	Up to 3 times daily	None
11	30 minutes or more	Up to 3 times daily	Start to re-introduce off-lead exercise.

Physiotherapy

Early and proactive guided physiotherapy is essential. Please see our website for further information.

Outcome

Future function is heavily dependent on the concurrent disease process being treated by ulna osteotomy. A period of worsening lameness before improvement is common.

Risks and Complications

All surgeries have potential complications. Infection occurs in approximately 3% of cases and is usually managed medically. Premature or delayed healing of the ulna cut are possible. Ongoing pain and lameness should be reviewed with your surgeon.

