

Going Home After Right Stifle Surgery — Juniper

Cranial cruciate ligament repair performed March 9, 2027. Everything below applies to this patient, this procedure, and this recovery only.

CONFINEMENT IS PART OF THE REPAIR, NOT A SUGGESTION

The implant holds while bone heals over about eight weeks. One unplanned stair sprint or one jump off the sofa can undo it. Set the confinement area up before you bring her inside.

PATIENT Juniper — canine, Labrador Retriever mix, spayed female, 6 yr	WEIGHT RECORDED AT SURGERY 28.4 kg (62.6 lb) — every dose below was calculated from this weight
MICROCHIP 985 141 000 728 336	OWNER Daniela Alvarez-Reyes · mobile 555-0164 · portal messaging enabled
PROCEDURE Right stifle cranial cruciate ligament repair, 03/09/2027, 9:40a–11:05a	ANESTHESIA Recovered and extubated 11:38a; walked and urinated 3:15p
INCISION Right stifle, 11 cm, skin closed with 18 staples	NEXT APPOINTMENTS Incision recheck 03/12/2027 10:20a · Staple removal 03/23/2027 9:00a

THE FIRST NIGHT, HOUR BY HOUR			
CLOCK TIME	WHAT YOU SHOULD EXPECT	WHAT YOU DO	CALL IF
5:10p — home	Groggy, slow, possibly shivering. She may not greet you normally. The right leg will barely touch the ground.	Carry her up any step over 15 cm. Put her straight into the confinement area on the non-slip mat. Leave the e-collar on.	She cannot stand at all with support
5:10p–7:00p — settling	Sleeping heavily between short restless periods. A shaved forelimb patch from the catheter is normal.	Offer water in a shallow bowl every 30 minutes. Keep other pets and children out of the room.	Repeated retching, or a firm swollen belly
7:00p — first meal at home	Appetite is usually poor tonight. Refusing dinner tonight is common.	Offer 41 g of her usual dry food — one quarter of her normal 165 g meal. Remove what is not eaten after 20 minutes.	She vomits the meal back up
7:00p — first medication doses	Carprofen and trazodone start now. See the medication table below.	Give carprofen with whatever she eats. If she eats nothing, give it with a single tablespoon of plain canned food.	She will not swallow any tablet after two tries
9:00p–11:00p — evening	Panting, position changes, whining in and out of sleep. This is usually the anaesthetic and the restriction, not uncontrolled pain.	One short leash trip outside to urinate, 4 minutes maximum, on a 1.2 m leash.	Crying that does not settle at all between 9:00p and 11:00p
11:00p — gabapentin	She will usually sleep after this dose.	Give 3 capsules (300 mg). Then lights out.	She is pacing and cannot lie down at all
Overnight	Waking once or twice. Not urinating overnight is normal and expected.	Sleep in the same room for the first two nights so you hear a fall or a collar snag.	Any bleeding that soaks through a paper towel
6:00a–7:00a — morning	Brighter, interested in food, still barely weight-bearing on the right leg.	Leash trip outside, then breakfast at 7:00a, then the 7:00a medications.	She has not urinated by 12 hours after arriving home
Juniper's normal meal is 165 g of her usual dry food, twice daily. Tonight she gets 41 g, tomorrow 83 g per meal, and from March 11 she returns to 165 g per meal.			

MEDICATIONS DISPENSED TODAY — FIVE ITEMS

MEDICINE AND STRENGTH	GIVE	CALCULATED DOSE	WHEN	FOOD	COURSE	DISPENSED	FIRST / LAST DOSE
Carprofen 75 mg chewable tablet	1 tablet (75 mg)	2.6 mg/kg	Every 12 hours — 7:00a and 7:00p	Always with food	7 days	14 tablets	03/09 7:00p → 03/16 7:00a
Cefpodoxime 200 mg tablet	1 tablet (200 mg)	7.0 mg/kg	Every 24 hours — 7:00a	With breakfast	7 days	7 tablets	03/10 7:00a → 03/16 7:00a
Gabapentin 100 mg capsule	3 capsules (300 mg)	10.6 mg/kg	Every 8 hours — 7:00a, 3:00p, 11:00p	With or without	5 days	45 capsules	03/09 11:00p → 03/14 3:00p
Trazodone 100 mg tablet	1½ tablets (150 mg)	5.3 mg/kg	Every 12 hours — 7:00a and 7:00p	With or without	14 days	42 tablets	03/09 7:00p → 03/23 7:00a
Metoclopramide 1 mg/mL oral solution	5.7 mL (5.7 mg)	0.2 mg/kg	6:30a and 6:30p, 30 minutes before a meal	Before food	Only if she has vomited or refused a meal — maximum 6 doses	60 mL bottle + 6 mL oral syringe	Not after 6:30a on 03/12

Every dose in this table was calculated from the 28.4 kg weight recorded this morning. These amounts belong to Juniper, to this procedure, and to this week. Do not give any of them to another animal, do not keep leftovers for a future problem, and do not add any over-the-counter human pain medicine — call us instead.

CHECKING THE INCISION — TWICE A DAY, 7:00A AND 7:00P

Look at it in good light before you touch anything. Photograph it each morning with your phone so you are comparing pictures rather than memory.

EXPECTED THROUGH DAY 5	CALL THE HOSPITAL TODAY	CALL NOW — DO NOT WAIT
Pink to light red skin edges	Redness spreading past 2 cm from the line	Any gap in the incision line
Mild swelling you can indent with a finger	Swelling that is hard or hot	Anything visible through the incision
A few spots of clear or blood-tinged fluid	Fluid that is cloudy, thick, or smells	Bleeding that soaks a paper towel
Bruising that spreads downward to the hock by day 3	A missing staple	Three or more missing staples
She ignores the area	She licks at it whenever the collar is off	The leg is cold, or she will not bear any weight by day 4

THE E-COLLAR

- It stays on 24 hours a day until the staples come out on March 23.
- Two fingers should fit between the collar strap and her neck.
- Remove it only while you are holding her leash during a supervised meal, then put it straight back on.
- Raise the food and water bowls on a 15 cm block so she can reach them wearing it.
- Ten seconds of licking can open an incision. This is the single most common reason a patient comes back to surgery.

If it comes off: If she gets the collar off and licks the incision, put it back on, photograph the area, and send the photograph through the portal the same day.

ACTIVITY RESTRICTION, WEEK BY WEEK

WEEK	DATES	ALLOWED	NOT ALLOWED	LEASH AND SURFACE
1	Mar 9–15	Crate or a single closed room. Four leash trips outside per day, 4 minutes each, to toilet only.	Stairs, sofas, beds, cars except to come here, any off-leash time, any other dog	1.2 m fixed leash, harness, non-slip surface only
2	Mar 16–22	Same as week 1. Five leash trips per day, 5 minutes each.	Same as week 1	1.2 m fixed leash, carried up any step over 15 cm
3–4	Mar 23–Apr 5	Two leash walks per day, 8 minutes each, flat ground only	Trotting, turning sharply, stairs, off-leash time	1.2 m fixed leash
5–6	Apr 6–19	Two leash walks per day, 12 minutes each, flat ground	Running, jumping, stairs, slippery floors	1.2 m fixed leash
7–8	Apr 20–May 3	Two leash walks per day, 20 minutes each. Gentle slopes permitted.	Off-leash time, other dogs, ball throwing, swimming	1.2 m fixed leash until the 8-week recheck
After 8 weeks	From May 4	Only what Dr. Raman writes on the recheck sheet after the May 4 radiographs	Everything above remains restricted until that sheet is issued	Set at the May 4 visit

No retractable leash at any point in these eight weeks. A retractable leash allows the sudden lunge this repair cannot absorb.

SETTING THE ROOM UP BEFORE SHE COMES IN

- ☐ Non-slip runner or yoga mats over every hard floor she will cross
- ☐ A baby gate at the bottom of the stairs, closed before she is carried in
- ☐ Bed on the floor, not raised — she will try to get on the sofa
- ☐ Food and water raised 15 cm so she can reach them wearing the collar
- ☐ Other pets confined elsewhere for the first 48 hours
- ☐ A sling or a folded bath towel under her belly for the first two days outside
- ☐ This sheet taped where you will actually see it, next to the medicines

WHO TO CALL, AND WHICH NUMBER

SITUATION	NUMBER	WHEN	EXPECT
Question about a dose, food, or the schedule	555-0180	Mon–Sat 7:30a–6:00p	Callback same day
Send an incision photograph	Portal message	Any time	Reviewed by 6:00p on business days
Something in the “call today” column above	555-0180, say “surgery patient”	Mon–Sat 7:30a–6:00p	Triaged within 1 hour
Something in the “call now” column above	555-0188	24 hours, including when we are open	Immediate
Collapse, non-stop bleeding, breathing difficulty	555-0188 and drive	24 hours	Immediate — call from the car
Refill or paperwork	555-0180, option 2	Mon–Sat 7:30a–6:00p	2 business days

Cedar Point Veterinary Emergency holds a copy of today's surgical report. Tell them the patient record number WCVH-P-40118 when you call.

RECHECK SCHEDULE AND WHAT HAPPENS AT EACH VISIT

DATE	TIME	VISIT	WHAT IS DONE	BRING	FASTING
03/12/2027	10:20a	Incision recheck	Incision assessed, staples counted, pain score, medication count reconciled	This sheet and every medicine bottle	No
03/23/2027	9:00a	Staple removal	18 staples removed, incision photographed, week 3–4 activity sheet issued	This sheet	No
04/20/2027	11:00a	Six-week check	Gait assessment, thigh circumference measured, week 7–8 plan confirmed	This sheet	No
05/04/2027	8:00a	Eight-week radiographs	Sedated radiographs of the right stifle, return-to-activity sheet issued	Nothing	Yes — no food after 10:00p on 05/03; water is fine

OWNER ACKNOWLEDGMENT

INSTRUCTIONS REVIEWED WITH Daniela Alvarez-Reyes	REVIEWED BY K. Osei, RVT · 03/09/2027 5:04p	MEDICATIONS COUNTED WITH OWNER Yes — 5 items, quantities as listed above
OWNER SIGNATURE	DATE	COPY SENT TO PORTAL 03/09/2027 5:12p

Scope: This sheet is not general advice about surgery, pain, or recovery in animals. It is a record of one patient's instructions. If you are reading it for any other animal, stop and call your own veterinarian.

FICTIONAL SPECIMEN. Willow Creek Veterinary Hospital, Juniper, the owner, the clinicians, the record numbers, the dates, and every quantity on this sheet are invented for a published demonstration. Doses shown were calculated for one fictional 28.4 kg patient and are not dosing guidance. This is not veterinary advice and must not be used for any real animal.