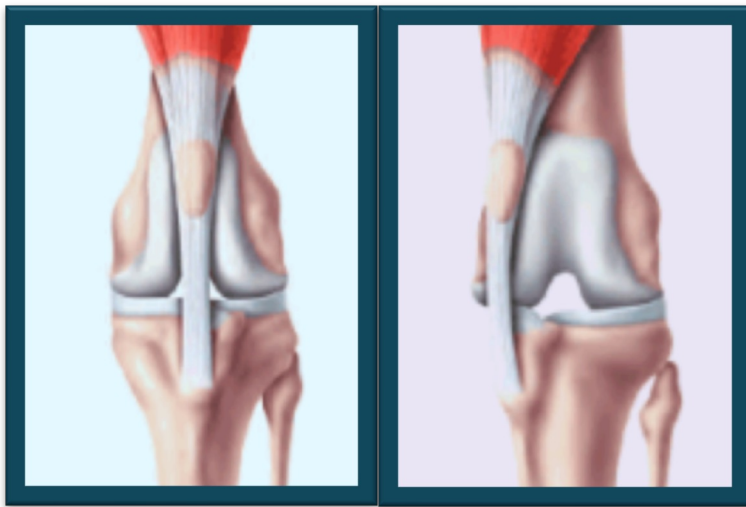




POST OPERATIVE CARE

Instructions for Patella Luxation Surgery

Your dog has had surgery to address a luxating patella (dislocating/slipping knee cap). The patella should normally slide up and down in a groove at the bottom of the thigh bone (femur) as the knee joint is working as a hinge. In cases of luxation, the patella slips out of the groove and can either move inwards (medial – most common) or outwards (lateral – less common). Typically, affected dogs show an intermittent skipping lameness when the patella slips out of the groove.



Patella luxation has 4 grades:

1. Very occasional dislocation.
2. Frequent dislocation.
3. Permanent dislocation that can be manually replaced.
4. Permanent dislocation that cannot be manually replaced.

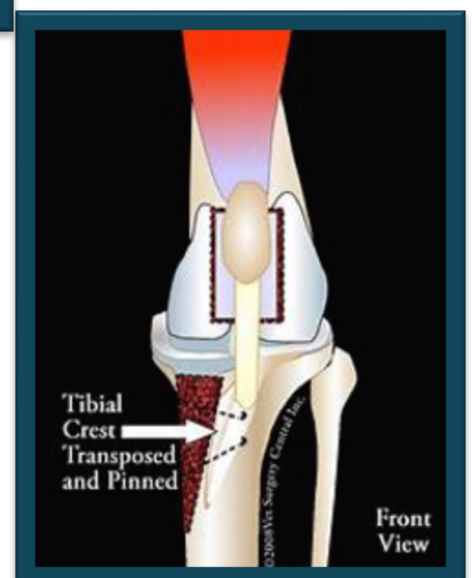
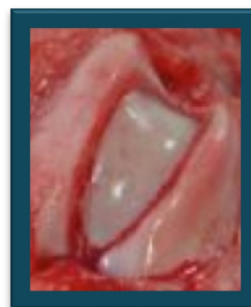
Surgery is usually advised for grades 2-4.

Surgery usually involves a combination of 3 procedures to return stability to the patella.

1. Wedge Resection Trochleoplasty: Generally only performed if the depth of the groove is deemed too shallow. The groove is made deeper by removing a wedge of bone from the groove and recessing it deeper into the femur.

2. Tibial Tuberosity Transposition: This is used to re-align the patella ligament which joins the patella to the shin bone. TTT helps to pull the patella back into the groove to allow it to track properly. A cut is made in the bone at the point where the patella ligament attaches to the shin bone and the bone is moved to one side or another determined by the type of luxation (medial or lateral). The bone is held in its new position using 1 or 2 metal pins.

3. Soft tissue reconstruction: The soft tissues either side of the patella are often too tight or too loose. The tension in these soft tissues is corrected surgically to ensure that the patella tracks smoothly.





The main complications associated with this procedure are:

1. Infection.
2. Metal work failure.
3. Recurrence of luxation or over correction of luxation.

The following guidelines aim to reduce post operative complications to the absolute minimum. Paying strict attention to these guidelines will ensure your dog gets the best surgical outcome possible.

Infection: We have taken exceptional care at surgery to limit the exposure of the wound to environmental bacteria. This care needs to be continued for the first 2 weeks after surgery to reduce contamination of the wound. This means taking care to prevent your dog licking the surgical site. A buster collar and suitable adhesive dressings are provided to prevent licking. Your dog will also be prescribed 7 days of antibiotic tablets, it is important that this course of tablets be completed and no doses are missed.

Metal work failure: The pins used to hold the bone in its new position whilst it heals are strong but cannot tolerate your dog running and jumping on them during the first 6 weeks post surgery. It is very important you follow the exercise regime below to reduce the risk of this potentially serious complication.

Recurrence of luxation/over correction: Despite best efforts at surgery, some dogs may have a recurrence of their patella luxation, this may necessitate revision surgery to address any residual patella instability. This usually happens in less than 5% of surgical cases. In rare cases, some dogs can be over corrected at surgery and the patella luxation can go from medial to lateral or lateral to medial depending on the nature of the original luxation. This will usually require revision surgery to resolve the problem.

Exercise Program Post Surgery:

0-14 days: Exercise on a lead in the garden only for toilet purposes. Confinement to a cage or small room with non slip floor at all other times. During this time, a reduction in food intake may be required to prevent weight gain. Stairs are out of bounds and running and jumping strictly prohibited.

2-8 weeks post surgery: Start with 10-15 minute lead walks two or three times a day. Encourage weight bearing by walking slowly to begin with. Increase the time on the lead by 5 minutes per walk per week. Hydrotherapy (if appropriate) can start at 4 weeks post surgery. Carpeted stairs can be attempted 6 weeks post surgery. Slippery floors must be avoided for 6 weeks post surgery.

8-12 weeks post surgery: Begin short bursts off lead in the middle of the walk for no longer than 5 minutes to begin with. Each week, add a further 5 minutes of off lead exercise per walk per week. By 12 weeks post surgery, normal exercise can be resumed.

Contact your vet if any of the following occur:

1. Sudden deterioration in limping and or pain.
2. Wound interference/infection
3. Excessive swelling/heat or discharge from the operation site.