



D. CCWO – cranial closing wedge osteotomy. Used mainly in Westies and breeds with a very steep joint angle

AFTERCARE

Pets normally stay in the hospital for 24 hours after surgery for pain relief and monitoring. Once home, we advise a maximum of 10 minutes of lead exercise, 3 times a day. Try to avoid stairs, jumping and running. You may need to consider a stairgate, using a cage at night and putting rugs on laminate/slippy floors. Please keep them on a lead when taking out for toileting.

We normally send pets home with 5-10 days of antibiotics and 4 weeks of anti-inflammatory/painkilling medication.

Sutures/staples can be removed at your own vet 10-14 days after surgery. We then see them back here 4-6 weeks after surgery, to sedate and x-ray and assess progress. If we are happy, you can increase exercise by 5 minutes per session per week, then 4 weeks later, slowly start some off lead exercise.

Please reduce the food to 2/3 of normal during this period of restricted activity to avoid them putting on weight.

COMPLICATIONS

Are uncommon, but do occur, and are often due to doing too much, too soon. Most pets make steady progress with an improvement in walking with time. Should they unexpectedly get worse, please do not hesitate to contact us for advice.

- Wound/joint infection
- Bruising/swelling down leg
- Implant failure
- Fracture of tibia
- Patella tendon inflammation
- 'Late' meniscal injury – 6% at average 5-6 months after surgery
- Opposite leg cruciate ligament rupture – 50% within 18 months
- Limb malalignment

OSTEOARTHRITIS

The cartilage which covers the bones at the joint is eroded by inflammatory mediators to expose the underlying bone, and new, irregular bone can form around the joint. This prevents smooth motion at the joint and can cause pain during movement.

There is a separate leaflet available detailing the options available for prevention and treatment.



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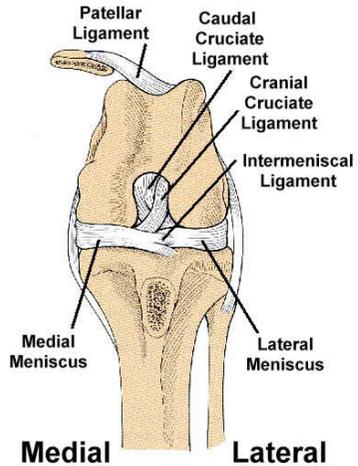
“CRUCIATE DISEASE”

One of the commonest orthopaedic conditions we encounter is damage or rupture of the cruciate ligament.

ANATOMY

There are two cruciate ligaments in each knee (stifle) joint, the cranial and the caudal. The cranial ligament is the more important. It runs from the femur (thigh bone) to the tibia (shin bone) and prevents rotation and overextension of the stifle and also prevents the tibia from moving forwards.

The cranial ligament is composed of lots of small fibres, arranged in 2 main bands. We can get a complete or a partial rupture.



There are also 2 crescent shaped cartilage shock absorbers, called menisci, in the joint. Many of these will also be torn, especially in long standing cases, and can need removal.

BREEDS

Typically we see this condition in breeds such as Labradors, Retrievers, Mastiffs, Rottweilers, Westies, Staffies, but almost any breed can be affected

CAUSES

A small percentage are due to acute trauma or injury, but most are due to chronic degeneration. Many factors can be involved-

- Genetics
- Presence of inflammatory enzymes
- Anatomy of the joint
- Overweight
- Immune disease
- Poor blood supply

SIGNS

Most animals will be lame on the affected leg, but it can affect both sides. Some may also show difficulty in sitting or rising and may be reluctant to exercise. With time, the stifle may appear swollen.

DIAGNOSIS

In many cases, examination of the joint is sufficient; we can feel the swelling and fluid on the joint. We can also assess for the forward movement of the tibia (tibial thrust or cranial drawer).

Radiographs will usually show a fluid build up in the joint and may show the tibia displaced forwards.

TREATMENT OPTIONS

While cats and small inactive dogs will sometimes stabilise with time and rest, the majority of pets do need surgery. There are various options available and we would chose the most suitable method for you pet, taking into account factors such as size, shape and lifestyle. Broadly speaking, there are 2 categories of surgery.

1. Replacing the damaged ligament

A. **LTFS – lateral tibiofabella suture.** A piece of nylon or wire is placed around the back of the femur, then through a hole in the top of the tibia and pulled tight on the outside of the joint to provide stability. Usually used on cats and small dogs.

2. Altering the angle of the joint so that the pet does not need a cruciate ligament. All methods have pros and cons and often the size and shape of the bones and the joint angle will determine which one is used



A. TPLO – tibial plateau levelling osteotomy

B. TTA – tibial tuberosity advancement



C. MMP – modified maquet's procedure