

3. Soft tissue treatments

The tissues on one side may need 'tightening up' and 'loosening/releasing' on the other, to help prevent recurrence. However this procedure is not normally sufficient by itself.

4. Distal femoral osteotomy



In more severe cases, we may need to cut a wedge out of the femur and put a bone plate and screws in to realign the leg.

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/slippery floors. Please keep them on a lead when taking out for toileting.

We normally send pets home with 4 weeks of anti-inflammatory/painkilling medication and possibly antibiotics as well.

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.

If both legs are affected, we would normally operate 4-6 weeks apart.

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
- Implant failure
- Fracture of tibia or femur
- Recurrence of luxation, possible needing further surgery

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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“PATELLA LUXATION”

One of the commonest orthopaedic conditions we encounter is luxation of the patella or kneecap.

ANATOMY

There thigh (quadriceps) muscles run down the front of the upper leg. They have the kneecap sitting within them, and a tendon runs from the kneecap to attach on the top front of the shin bone (tibial crest).

The kneecap runs in a groove (trochlea) in the lower part of the thigh bone (femur). Various other structures help stabilise the joint eg collateral ligaments either side.

BREEDS

Typically we see this condition in breeds such as Yorkshire terriers, Chihuahuas, Staffies, Labradors, Cavaliers etc but almost any breed can be affected. Cats are also affected

CAUSES

There can be a misalignment of some or all of these structures – this is normally developmental and is typically seen from about 6 months of age. It can affect 1 or both sides and the luxation may be medial (to the inside, and more common) or lateral (to the outside)



Changes seen include:-

- Abnormal angle of hip(s)
- Shallow trochlear groove
- Bowing and rotation of lower femur and/or upper tibia
- Abnormal insertion point of tibial crest

Grades

It can be graded on a scale of 1-4

- 1 – Can be luxated manually
- 2 – Can spontaneously luxate but then goes back into position
- 3 – Permanently luxated but can be manually replaced
- 4 – Permanently luxated and out of position

SIGNS

Most animals will be intermittently lame on the affected leg(s), often showing a 'hop, skip and a jump' style gait.

With time, osteoarthritis will develop, especially on the rear of the patella where it slides over the edges of the groove.

In between episodes, they can be completely normal.

DIAGNOSIS

In many cases, examination of the joint is sufficient; we can feel the kneecap move out of position.

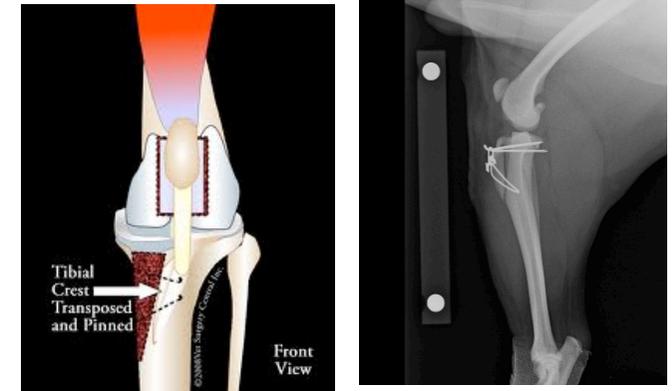
Radiographs will usually show signs of secondary osteoarthritis and may show the kneecap out of position.

We may advise a CT scan to get a '3D' reconstruction of the joint – this especially important in more severe cases to allow surgical planning.

TREATMENT OPTIONS

While cats and small inactive dogs will sometimes 'cope', the majority of pets do need surgery. There are various options available and we would choose the most suitable method for your pet, taking into account factors such as size, shape, lifestyle and severity of luxation.

1. Tibial crest transposition



The tibial crest insertion point is partly removed, shifted over into a more normal position and then held in place by 1 or 2 pins and figure of 8 wire to maintain tension.

2. Trochlear Groove Deepening

The groove has a piece of cartilage removed, then a block of bone removed below it, then the cartilage replaced

