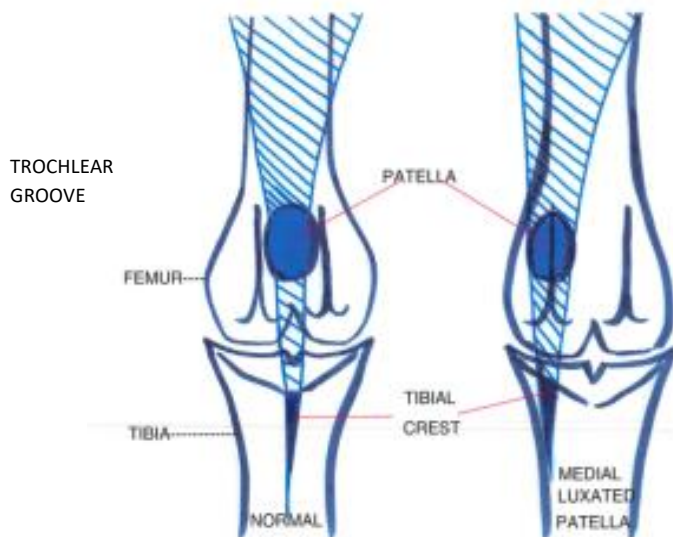


Medial Patellar Luxation (MPL) Surgery

MPL surgery is performed to prevent the dislocation (luxation) of the patella (kneecap).

Patellar luxation is described not only by direction, but also by grade of severity using a scale of 0 to 4 to measure the degree of **Grade Instability**:

- **Grade I** – the patella pops back into place spontaneously
- **Grade II** – the patella comes out of place occasionally but can be manually put back into position
- **Grade III** – the patella is out of place most of the time, but can be manually put back into position
- **Grade IV** – the patella is always out of place, and cannot be put back into position



In most animals experiencing patellar luxation, the groove in which the patella sits, called the trochlear groove, must be deepened in order to better restrain the patella. This is done via either an abrasion trochleaplasty, trochlear wedge recession, or trochlear block recession. If the tibial crest is malaligned, it is repositioned by cutting and reattaching it in a position that allows the patella to be correctly aligned within the trochlear groove. Pins are then used to secure the crest in place.

Reasons for performing MPL:

- partial or complete dislocation of the kneecap which results in lameness
- possible prevention of a future CCL tear
- improve knee function

Risks and complications: The majority of MPL operations are uneventful and are not associated with complications, however, this is a major procedure and the following complications are possible though, in our experience, rare:

- surgical infection
- implant loosening
- relaxation of the patella (kneecap)

Medial Patellar Luxation (MPL) Surgery

Risks of General Anesthesia: We listen closely to your pet's medical history and carefully review any provided medical records. Your pet will have a detailed physical exam, appropriate pre-operative screening blood tests, and possibly radiographs to identify and control anesthetic risk factors. Even with these measures, anesthesia remains a small, but present risk. For this reason, we use the safest intravenous and inhalational anesthetics. Our anesthesia doctor and highly experienced technical staff are well trained in the administration and monitoring of all types of sedation and general anesthesia. Your pet is carefully monitored by a formally trained and experienced licensed technician during anesthesia and recovery and is under the care of our ER veterinarian and veterinary staff the night following their procedure.

Prognosis and General Considerations:

Overall, your pet should make slow steady progress after MPL surgery. By the time you return for your follow-up visit at 8 weeks, we expect to see 70-80% of normal weight bearing. Gradual improvement is predicted until six months post-operatively.

At Home: Your pet will typically go home the day after surgery. During your scheduled discharge appointment, we will review our detailed, written home care instructions. We will also answer any questions and address any concerns that you may have at that time.

- Expect your pet's limb to have some degree of swelling and bruising during the first 7-10 days after surgery. To reduce swelling and increase comfort, you can apply cool compresses to the limb for a few minutes twice daily during the initial 2 days after surgery, followed by warm compresses for 2-3 days.
- We will provide medications for discomfort during the post-operative period.
- In general, you should plan for 10-12 weeks of activity restriction after surgery.
- We recommend that you keep your pet in relative confinement (crate, kennel, smaller room with a baby gate, "mud" room, laundry room) when unsupervised.
- Slow, short leash walks 3-5 times per day on a level surface are recommended. If your pet tends to pull on the leash, consider a Gentle Leader™, pinch collar, or similar device to discourage this behavior.
- We would like to re-evaluate your pet 8 weeks after surgery. The amount of exercise and activity will be adjusted at this evaluation, but in general activity will be increased gradually between the 8th and 12th week after surgery.