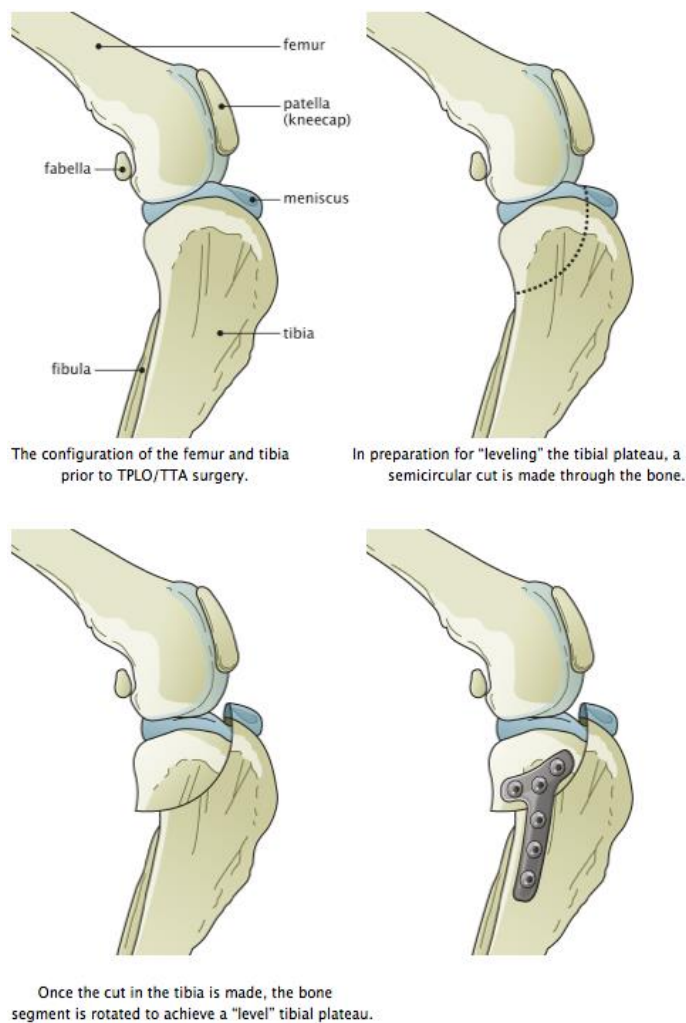


TPLO Surgery

Tibial Plateau Leveling Osteotomy (TPLO) is a dynamic stabilization technique used to repair a cranial cruciate ligament rupture, commonly referred to as a dog's torn ACL. Developed by Dr. Barclay Slocum over 20 years ago, this procedure has proven to be an effective long-term solution to addressing this injury in dogs. The procedure is designed to level the tibial plateau, which neutralizes forward thrust of the tibia (known as "cranial drawer") relative to the femur. This is accomplished by cutting the tibia and rotating the top portion of the tibia. The tibial plateau is secured using internal fixation (plate and screws). With this surgery, the joint is no longer dependent on the cranial cruciate ligament (CCL) for its stability. During the surgery, the medial meniscus is inspected for damage and any torn portions removed.



Reason for performing TPLO surgery: Stabilization of an unstable canine knee joint (due to the knee having a partial or complete tear of the CCL).

Risks and complications: The majority of TPLO operations are uneventful and are not associated with complications. This is a major procedure, however, and the following complications are possible, though in our experience are uncommon or rare:

- surgical infection
- patellar tendonitis
- tibial tuberosity fracture, meniscal tear
- implant loosening or failure
- persistent lameness (may also be secondary to arthritis)

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 veterinarians and veterinary staff the night following their procedure.

Prognosis and General Considerations: Overall, we expect your pet to make slow steady progress after surgery. The prognosis for dogs with this injury and treated with a TPLO surgery is very good. A high percentage of dogs will return to normal life with full function of the limb. The TPLO procedure has also been shown to minimize the progression of arthritis. It is not uncommon for dogs to develop damage to the opposite leg's CCL at some point in their lifetime.

At Home: Your pet will typically go home the day after surgery. During your scheduled discharge appointment, we will review our detailed and 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 8-12 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 and take radiographs to assess healing 8 weeks after surgery. The amount of exercise and activity will be adjusted at this evaluation based upon the amount of bone healing, but generally activity will be increased gradually between the 8th and 12th week after surgery.