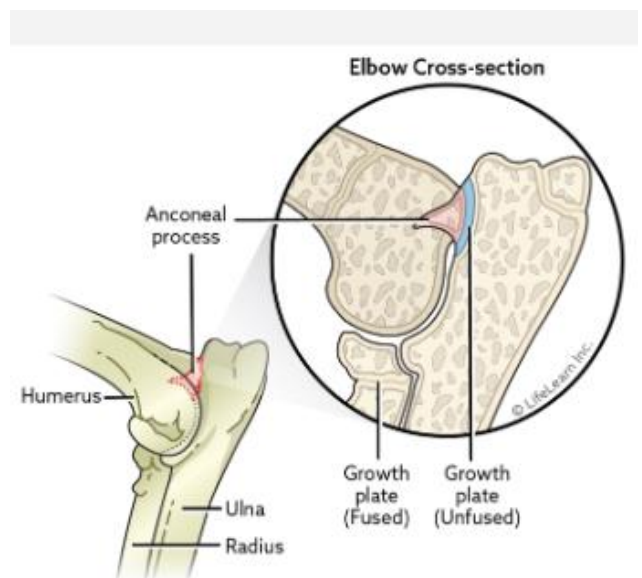


FCP/UAP Surgery

Surgery for Fragmented Coronoid Process (FCP) and Ununited Anconeal Process (UAP) in dogs addresses elbow dysplasia by removing bone fragments, reattaching bone (in young dogs), or adjusting joint alignment (osteotomy). If the joint is not treated surgically, degenerative changes will develop rapidly, and the dog will suffer from chronic pain.

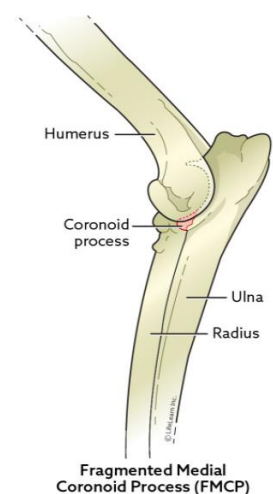
Surgery aims to reduce pain and stop the rapid progression of lameness. While many dogs improve significantly, some degree of arthritis will usually develop regardless of the technique. When both elbows are affected, surgeons can often treat both during the same session, reducing overall recovery time.

Anconeal Process: The anconeal process is a small projection of bone on the ulna, the longer of the two bones of the forearm. The anconeal process forms part of the back surface of the elbow joint. There is a growth plate between the anconeal process and the rest of the ulna. Growth plates are areas of cartilage found near the ends of the bones in growing animals and are the sites of bone growth during development. Normally, as the dog reaches puberty, the growth plates close, fusing the parts of the bone together. The growth plate between the anconeal process and the ulna normally fuses by about 5 months of age. If the anconeal process does not fuse to the rest of the ulna correctly, it causes a condition called ununited anconeal process (UAP).



Coronoid Process: Fragmented medial coronoid process (FMCP) is a developmental defect of one of the coronoid processes, two small bony protrusions on the end of the ulna within the elbow joint. In this condition, one of the coronoid processes develops a fissure or crack and separates from the rest of the bone. It most commonly occurs on the inner, or *medial*, process.

This separation causes pain and joint instability.



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 Patient Care staff the night following their procedure.

Prognosis and General Considerations:

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.

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