

RECOVERY

Rest and activity restriction are important in the 6-8 weeks after surgery to allow the bones to heal without complications. Most dogs are using the limb within 3-5 days after surgery. Dogs are allowed to use the bathroom on a leash. Recheck X-rays are taken at 4 and 8 weeks after the surgery to ensure that the bones are healing appropriately. Rehabilitation exercises such as walking are started after healing is confirmed. After a 1-2 month rehabilitation program, the patient is allowed to return to any normal activities.



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Cranial Cruciate
Ligament Disease
*Treatment
and
Recovery*

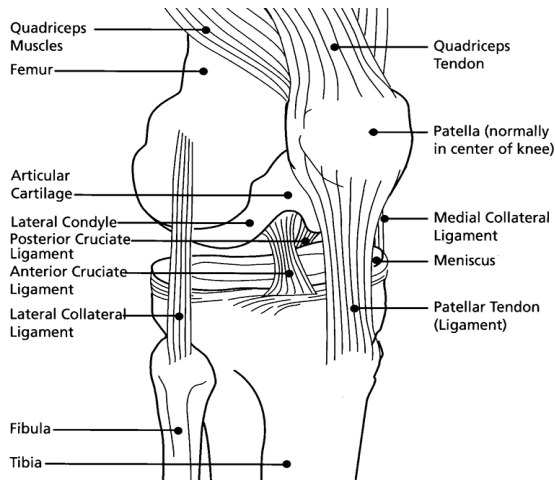


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Cranial Cruciate Ligament Disease: Treatment and Recovery

Cranial cruciate rupture is a very common orthopedic injury in any size of dog, and also occurs in cats. The cranial cruciate ligament is inside the dog's knee and functions to provide stability for the joint during weight-bearing motion. It prevents the femur and tibia (bones in the knee joint) from sliding forwards and backwards during walking and running. There is also a cartilage pad called a meniscus inside the knee between the two bones that acts as a shock absorber. The meniscus can become torn when the knee is unstable due to cruciate rupture. Both cruciate rupture and meniscal



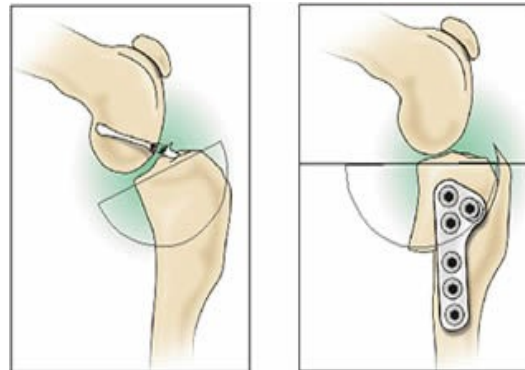
tear cause inflammation, effusion (increased joint fluid), pain, lameness, and arthritis. Tibial plateau leveling osteotomy (TPLO) and Tibial Tuberosity Advancement (TTA) are effective surgical procedures that restore excellent limb function.

Cruciate rupture can be diagnosed by physical exam of the dog and may also involve radio-

graphs (X rays) of the knee. Physical exam of the knee reveals joint effusion and instability that can be detected by the tibial thrust or cranial drawer tests. Arthritis develops in the knee joint soon after cruciate rupture.

TPLO Surgery

TPLO is a procedure which stabilizes the knee by rotating the tibial plateau (top of the tibia where it touches the femur) to a more level position. This eliminates the need for a cruciate ligament in the knee. Dogs that experience cranial cruciate rupture often have a steep slope to the tibial plateau and this predisposes to cruciate stress and eventual rupture. In the TPLO, X-rays are taken under anesthesia just prior to surgery in order to measure the tibial plateau angle. Then, at surgery, an osteotomy (cut in the bone) is made with a semicircular blade and the tibial plateau is rotated the amount specified by the preoperative measurements made on the X-rays. The tibial plateau is fixed in its new position with a bone plate and screws.



TTA Surgery



TTA is a procedure which stabilizes the knee by advancing the tibial tuberosity forwards; this also advances the patellar ligament. The TTA involves an osteotomy (a cut made in the bone) in the non-weight bearing portion of the tibia, just behind the tibial tuberosity. This new alignment eliminates the need for the cruciate ligament and results in a stable joint. A linear osteotomy is performed and the tuberosity is advanced to align the patellar tendon perpendicular (90 degrees) to the tibial plateau slope. The tuberosity is fixed in its new location and secured with the appropriate sized cage at the top and titanium fork and plate in the front. The osteotomy is grafted with bone graft from the dog's own leg to speed bony union.