

Patella luxation surgery

The basics

The patella aka the knee cap is a bone that slides on the groove of the thigh bone. In some situations, for various reasons, the knee cap luxates aka jumps from the groove. This jump can be on the inside or on the outside of the stifle joint. During this jump, the knee cap rubs away some of the cartilage of the stifle joint. In severe cases, the bone is exposed. This whole process make the stifle joint weak and painful. Lameness is not always noticeable as dogs and cats are masters of hiding pain.

Sometime, cranial cruciate ligament rupture is associated and concomitant with patella luxation – please see separate hand out.

What to do about it

As patella luxation is caused by alignment issues, surgery is the only way to treat it.

During the surgery, we will assess the deepness of the groove. If it is shallow, we will make it deeper. Next, we will cut a part of the tibia aka shin bone, and move it to one side. This part of the shin bone will be stabilised with pins, wires, screws.

In some cases, the above procedures are enough to correct the alignment. In those cases, the thigh bone is deformed and has to be cut and realigned. This procedure tends to have a higher complication rate and is reserved for severe cases.

The aftercare

The first 2 weeks

Sutures are usually resorbable, under the skin and there is no need to be removed.

Check ups with your vet/nurse are recommended at day 3 and day 10 postoperative.

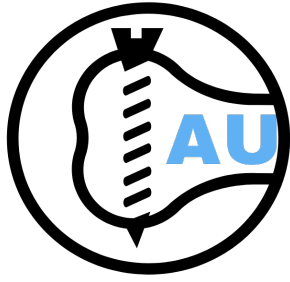
Limping is to be expected, most of the times worse that before the surgery. This is due to surgical trauma.

Swelling, from the stifle to the hock is also expected, again due to surgical trauma.

The incision should be clean and dry. If the wound opens up or if there is discharge, please see you vet.

Medication – pain killers are prescribed for 7-14 days, on a cases by case basis.

Antibiotics – we are all aware of antibiotic resistance and the damage that misuse of antibiotics has done to our life. We usually don't prescribe antibiotics unless absolutely necessary.



Physiotherapy – please see the ‘Postoperative recovery’ sheet on our website.

For cats, the same principles apply.

*** From week 2-3 postoperative, the incision should be clean, dry, with a normal colour of the skin and not red, puffy or open. Please contact your vet if this is not the case.

Week 2 to week 6 postoperative

Gradual improvement of the lameness should be noted. However, weight bearing should be noted from day 3 to 5 postoperative. If this does not happen, please contact your vet.

Once the incision has healed, hydrotherapy can be started and we do encourage it – please see our dedicated section on the website.

Physiotherapy – please see our dedicate section on the website

Follow up xrays are recommended at 4-6 weeks postoperative; these are performed to assess the metal implants and healing of the bones. In the rare case where complications occur, follow up xrays would allow us to act quickly, before the situation turns disastrous.

For cats, room bound restrictions apply for this time interval. The rest of the principles still apply, including hydrotherapy.

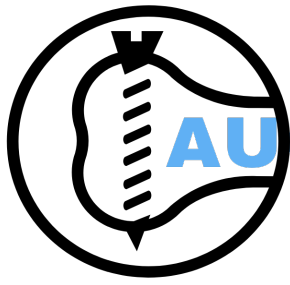
Week 6 to 12 postoperative

By now, lameness should be sporadic and rarely noticeable. Do not panic if this is not your case, remember, some patients recover faster than others. Also, remember that 5-10% of patients can take up to 6 months to full recovery.

Providing all is well and recovery is within normal time frame, you should be allowed to walk your dog on a long lead and even gentle trots are allowed. The sofa and stairs restrictions are now lifted. However, your dog should not be allowed to run (although if this happens is not the end of the world but do stop it as soon as you can), chase balls, toys, play with other dogs etc.

For cats, the full roam of the house should be allowed, however, the kitchen is still a forbidden space because of the countertops – these high surfaces are too risky for a cat to jump on at this stage.

A follow up check which should be the sign off consult should be booked at your vet around week 12 postoperative.



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Exercise

The first 12 weeks postoperative, your pet should be walked on a lead.

He/she should not be allowed to jump/run, go on sofa, go upstairs etc. Cage rest is rarely recommended and, in our opinion, detrimental to your pet's mental health and recovery. In the rare occasion where dogs are too boisterous, cage rest may be adequate.

Walking regime should be started as soon as possible i.e. from day 1-2 postoperative. Dogs thrive on exercise and early ambulation will stimulate the blood flow and mental status which is beneficial for your pet.

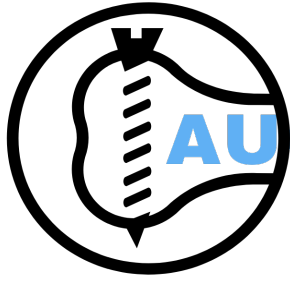
We tend to recommend 10 minutes per walk, two to four times a day. Every week 5 minutes should be added to the walk i.e. 15 minutes per walk on week 2, 20 minutes per walk on week 3 etc.

For cats, we recommend to confine him/her to a room. If this is not a possibility, a large pen/large dog cage would suffice. The inside of the pen/cage can be boarded with cardboard to prevent him/her from trapping their legs in the bars. Room confinement is mandatory for the first 6 weeks, after which they should be allowed to have the roam of the house except the kitchen.

What to expect

The procedures used on your pet were described and tested throughout the years. They have been proven to have a good outcome. In our experience, the success rate of the surgery is 95%. This means almost all pets can return to normal life and activity levels. However, this can take 3 to 6 months. This is the same time frame as in human surgery, if not faster. Four out of five dog will not need lifelong medication. The remaining one in five will need the occasional pain killer but should still be able to have a good use of the leg.

Like with any surgery, complication can occur. Because patella luxation is a dynamic process that happens during walking and the surgery takes place with an anaesthetised patient without muscle tonus, approximately 5% of the operated cases will relaxate postoperative. In these cases, we would try physiotherapy to build up the muscle but, should this not be sufficient, revision surgery will be necessary.



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Other complications include implant irritation, infection, or bone fracture. Should it happen, we may need to perform revision surgery but, in general, this type of surgery is less invasive than the initial one.

As mentioned previously, patella luxation can be associated with cranial cruciate ligament rupture. Should that happen, two techniques will be combined to resolve both the cruciate rupture and the patella luxation. This means a longer recovery and a slighter higher complication rate, but not drastically higher.

