

Veterinary Surgical Services
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Knoxville, TN 37922
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Operative Report

Case Number: 5177

Referring Vet:

Date : 2005

Name: Bear Sample

Breed: Shep Mix



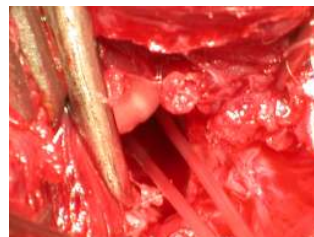
Pre Op Dx: HBC 1 day ago. Cefazolin 1000mg IV. Rimadyl 3cc SQ. Ref Vet rads show Rt hip dislocation, Multiple ischial and pubic fractures. SI luxation Right. Bilateral fractures just caudal to the acetabular joints in the most cranial aspect of ischium. See ER report for additional info.

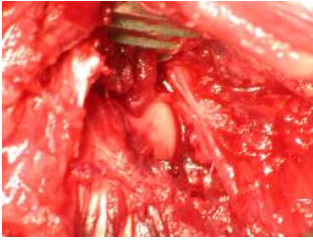
PE: Dog is sedate and lateral recumbent from meds. There is a medial patella luxation on the right most likely traumatic. This may correct when the hip is repaired. There are also multiple lacerations on the left tarsus including a deep penetrating wound on the medial side of the left tarsus. Heart and lungs WNL. Neuro exam difficult at this time. IV catheter in place.

PLAN: Reduce and screw the SI luxation RT. Toggle pin the hip and reduce RT. Clip and clean all wounds. Bandage the left tarsus.

Operation in Detail: A 10 cm longitudinal incision was made from the middle of the wing of the right ilium extending along the greater trochanter.. Skin and subcutaneous fat were retracted to allow exposure of the fascia lata along the cranial border of the biceps muscle. The superficial and middle gluteal muscles were retracted caudally exposing the hip. The joint capsule was torn and there was mild evidence of muscle trauma. The acetabular joint was cleaned and flushed and all remnants of the ligament of the head of the femur were moved and the insertion point identified.

A 3.2mm drill bit was used to drill a hole from the lateral aspect of the acetabulum to the medial surface of the right hemipelvis. A toggle pin with 80 lb test monofilament was inserted through the hole and pulled back into position where it will lie on the medial surface of the right hemipelvis.





Next the femur was externally rotated revealing the insertion of the ligament of the head of the femur. A 3.2mm hole was drilled exiting the lateral cortex. The two strands of the monofilament were fed with the the aid of a double suture spear and the suture was pulled through the femoral neck till they exited the lateral cortex. A small hole was drilled from the anterior surface to the posterior surface of the femur just below the sutures. One of the strands were passed through this hole and the suture was tied. The remnants of the joint capsule were sutured with 0-PDS in a simple interrupted pattern.

A 6 cm incision was made from the center of the iliac crest extending caudally. SC fat and gluteal fascia were incised along the same line. The middle gluteal muscle fascia was incised along the same line and the middle gluteal m. was separated exposing the ilium. The SI luxation was palpated dorsally. While holding the SI in reduction, a 2.5mm drill was used to drill a holding screw into the sacrum. A 24mm 3.5 cancellous screw was inserted. The SI joint was palpated and alignment was good. Next a second hole was drilled into the sacrum and a 40mm 4.0 cancellous screw was inserted.

Marcaine was injected locally. The fascias were closed with 0-PDS in a simple continuous pattern followed by the subcutaneous tissue. The skin was stapled.

Post Operative Instructions: No running, jumping or playing, no stairs for a minimum of 12 weeks. Staple removal in 10-14 days. Give cephalexin 1000mg twice daily for 21 days. Pain meds as needed. Follow up x-rays at 12 weeks.

Please call if there are any questions or problems.

Mitch T. Rosenzweig, DVM

