

**Veterinary Surgical Services
215 Center Park Drive
Knoxville, TN 37922
(865) 966-3920**

Operative Report

Case No: 0000

Referring Veterinarian: Dr. Sample

Date: 2006

Client: Franklin Sample

Breed: Chow Mix, 14 mos, 45lbs



Pre Op Dx: Hip Dysplasia Right. Dog also has evidence of DJD. IV catheter was placed and dog has Fentanyl patch placed by referring vet. Pre Op CBC and Chemistry are WNL. All other Parameters are WNL. IV catheter Placed. Cefazolin 450 mg IV. Pre Med Ace/Torb.

Operative Notes: The caudal end of the dog was shaved on the right side caudal to the ribs extending along the ventral side. The entire area was prepped and the dog was placed in dorsal recumbancy on a sterile drape. A 3-cm ventral longitudinal incision was made above the area of the right ramus. Blunt dissection was used to identify the pectineus muscle that was severed close to the origin of the iliopectineal eminence. Blunt dissection and retraction was used to expose the pubic ramus. The ramus was cut on the medial limit of the obturator foramen and the junction of the pubis with the ileum. The abdominal muscles and subcutaneous tissues were closed with 2-0 PDS. Skin Closure was performed with 2-0 Monocryl in a simple interrupted pattern.

The dog was then placed in left lateral recumbancy. The second incision was made sagittally over the medial angle of the ischiatic tuberosity. The internal obturator muscles were elevated dorsally and the semimembranosus and quads were retracted ventrally. Beginning laterally, an osteotomy was made along the medial plane of the lateral aspect of the obturator foramen.



The third incision was made in a longitudinal direction along the lateral aspect of the left ileum. The muscle was retracted exposing the lateral surface. An iliac osteotomy was performed just caudal to the sacrum. The caudal segment was moved laterally and the 3.5 mm slocum 40 degree TPO plate was applied. Next the two fragments were apposed and the cranial segment of the plate was applied utilizing the load position to help with compression. The muscle fascia was closed with 2-0 PDS in a continuous pattern followed by the subcutaneous tissue. The skin was stapled.



Post Operative Notes:

X-rays show a good rotation of the acetabular joint.

Strict confinement, no running, jumping or stairs, for three months. Towel walk with a leash. See discharge instructions for post operative care.

Staple removal in 10-14 days.

Give Cephalexin 500 mg BID for 2 weeks.

Follow-up x-rays in 6 weeks and 12 weeks.

Please call if you have any questions or problems.

Mitch Rosenzweig, DVM

