Cruciate Repair Surgical Consent Form

My pet is having surgery today on the **Right / Left / Both** legs (please circle correct leg).

Your pet has been diagnosed with a ruptured ligament that needs surgical repair. Orthopedic surgery is a combination of both art and science and the orthopedic surgeon will evaluate your pet’s radiographs and determine the best method of repair given your pet’s age, extent of injury, underlying arthritis, and the home environment for post-surgical rehabilitation. The surgeon may utilize one or more methods of repair depending upon the extent of damage seen inside the joint. This can include other torn or stretched ligaments, osteophytes growing along the joint, and meniscal damage (cartilage). The goal of any orthopedic surgery is fast return to function of the injured joint. In most cases, there will be no complications and your pet’s joint will heal fully in 8-12 weeks, although with this severe injury the joint will never be good as new. Unfortunately, in some cases, complications can arise, especially in our animal patients where bed rest and crutches are never an option. In some cases where there is no joint instability but radiographs show joint swelling, we are exploring the joint to determine the cause of the swelling. In 99% of the cases, it is due to a torn anterior cruciate ligament but sometimes we find that the ligament is not torn and biopsies of the joint synovium (lining of the joint) and joint fluid analysis may be necessary to determine the cause of the swelling. Some dogs have torn cruciate ligaments along with other injuries like hip dysplasia, psoas muscle injury, sciatic nerve pain from slipped disc, or other occult conditions that are not easily diagnosed without expensive tests like an MRI. Since our patients cannot talk, we have no way of knowing how much of their limping is due to the cruciate damage or the hip arthritis so residual limping may still be present after surgical repair. After fully discussing the planned surgical procedure and associated risks with your doctor or the surgeon, please sign the consent for surgery below:

The undersigned owner or authorized agent of admitted patient _____________________ hereby authorizes the admitting veterinarian (and his/her designated associates or assistants) to administer such treatment as is necessary to perform the below-mentioned procedure. The nature of the procedure(s) has been explained to me and no guarantee has been made as to results or cure. I understand that there may be risk involved in these procedures. I consent to the administration of such anesthetics or tranquilizers as are necessary.

Anesthetic Risks: (Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, understand that anesthesia has inherent risks). The incidence of complications from anesthesia is extremely low and we do not anticipate any in your pet but on rare occasions the following can occur:

1. Allergic reaction to the anesthetic agents
2. Heart rhythm abnormalities
3. Untoward reactions to the gas including drops in blood pressure or respiratory difficulties
4. Just like in humans, on very rare occasions, general anesthesia can result in death.

*We are prepared and will treat any anesthetic reactions if they occur, but general anesthesia is never completely without risk, just like driving a car.*
I consent to the following surgical procedure(s): Arthrotomy of the stifle, inspection of meniscus and removal if damaged, meniscal release if needed, ruptured ACL repair with large Fiberwire or Tightrope extra-capsular repair, injection of joint with anesthetic and chondro-protective medication. Epidural pain injection with Duramorph (preservative free morphine) and Marcaine (local anesthetic).

Surgical Risks and Complications (5-8% of cases):
1. Infection (less than 3%) which may require additional testing and medication at an additional cost.
2. A seroma (pocket of fluid under incision) can form in 10% of all patients (almost 50% in Bulldogs and breeds with loose skin). This is due to the fact that our patients have to walk on the leg right after surgery and cannot utilize crutches like people do. Mother nature likes to put fluid in any open space inside the tissues but in most cases the seroma will develop enough “pressure” to cause the body to reabsorb the fluid without any further treatment. Occasionally we will need to place a small penrose rubber drain to allow the fluid to escape but this can also allow bacteria to enter and cause an infection. Most seroma’s resolve in a few weeks but some can last longer.
3. Artificial ligament rupture (especially if your pet is overactive). See note below.
4. On occasion, a “second look” surgery is needed if you pet fails to improve after surgery or suddenly stops using the leg after initial improvement. Complications that can lead to a second surgery include fabellar bone avulsion, bone anchor failure if utilized, meniscal tears, infection, autoimmune disease, suture reaction, and loosening of the suture (most common if your pet is overactive). Inconsequential functional instability occurs in 10% of cases.
5. Medial patella luxation has been reported to occur in rare cases after cruciate repair. The cause is unknown but the best theory is that your pet was predisposed to having a luxating patella before the cruciate ligament damage. If this occurs, it must be repaired and we charge one half the usual fee for a luxating patella repair surgery.
6. Advancing arthritis that makes the joint stiff and sore, especially after exercise or in cold weather.
7. Nerve injury (extremely rare) which can be temporary or permanent.
8. Allergic reaction to the suture material utilized in the repair or surgical manipulation can cause a seroma to form (small pocket of fluid) which usually resolve over time without drainage or surgery (about 10%). Rarely, some patients develop a suture reaction right after surgery or months to years later that requires suture removal.
9. In extremely rare cases, some larger pets with an abnormal tibial plateau slope will not respond well to a lateral suture repair and need a more expensive and difficult procedure called a TPLO.
10. Pivot shift which results in stifle turning out while walking. In most cases, this is temporary and causes no problems if it persists.
11. Epidural complications are extremely rare but include transient (temporary) urinary retention, allergic reaction, itching at site of injection, infection and transient rear leg weakness for 1-2 days.
12. Blood clots that can lodge in major organs causing stroke or rarely death both during or after anesthesia.
13. All cruciate surgeries have a 94% success rate with good to excellent outcomes. Good means occasional limping with activity, cold or wet weather. Up to 6% have poor outcomes.

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems that require additional surgery are very uncommon.

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<th>Date</th>
<th>Pet Owner/Agent Signature</th>
<th>Phone I Can Be Reached At Today</th>
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Optional Tightrope For Pets Under 60lbs

For patients over sixty pounds we utilize a very strong joint stabilizing implant called Tightrope. Tightrope is so strong, you could pull a Mercedes Benz automobile with it without it breaking or stretching. We do not use this material in all patients due to the increased cost associated with the implant. If your pet is between 35 and 59 pounds, we can utilize Tightrope at an additional cost of $350-$450 to cover the higher cost of the implant and the additional equipment needed to drill the bone tunnels utilized in the procedure. For very small patient we have a Mini-Tightrope implant. Approximately six percent of Fiberwire lateral suture patients (the currently planned surgery) will have major complications requiring a second surgery. The most common complication is due to the fact that the Fiberwire suture is so strong that it can pull through the small fabellar bone we use to anchor the suture, especially if your pet is heavily muscled, overly active, overweight, or has hormonal imbalances like low thyroid or overactive adrenal gland. Other factors that increase complications with Fiberwire suture include inability to restrict activity after surgery and bilateral cruciate ruptures (which is sometimes diagnosed when your pet is fully relaxed under anesthesia). The Tightrope is made of the same material as Fiberwire but it is a flat, large weave of the material that allows it to lay flat on the bone. Additionally, Tightrope is placed across a bone tunnel in the femur bone just above the knee and another tunnel in the tibia bone just under the knee and secured with titanium buttons. Complications with Tightrope are half the number of Fiberwire, and runs around 3%. 95.5% of Tightrope patients have good to excellent outcomes in a recent study done by the developer, Dr. Jimi Cook of University of Missouri with about 3% needing additional surgery for severe complications like infections. Dr. Newman spent seven days training with Dr. Cook one on one to become accomplished performing this surgery. If you have any questions about Tightrope or would like more information, please feel free to call Dr. Newman at the number above.

If you want your pet to have the Tightrope procedure, please sign and date below. Otherwise, if you leave it blank, your pet will have the less expensive Arthrex Fiberwire procedure.

Yes, I want the Tightrope suture utilized in my pet