

Arthrotomy for Late Meniscal Injury

Your vet has arranged for me to see your dog because they are concerned that there has been injury to the stabilising tissues (menisci) within the knee joint following previous cruciate ligament disease.

The menisci are inspected at the time of any cruciate surgery and if they are normal and undamaged then they are left in place. Unfortunately, there is a small risk that a meniscal tear can occur in the weeks and months, or sometimes years, after cruciate injury and this can result in a recurrence of lameness. This is most commonly seen after trauma or over-exuberant activity.

As we cannot see these stabilising structures on an x-ray image, surgery is required to open and inspect the knee joint. If an area of menisci is damaged, then the damaged section will be removed. This should allow rapid relief from associated knee pain and allow a return to normal mobility for your dog.

The Operation

Your practice will make arrangements with you to drop your pet off on the day of the surgery. Please don't give breakfast on the morning of the procedure. If they are receiving pain relief, they can have their pain relief the night before the operation, but if you normally give it in the morning then please don't give it on the day. Please let the nurse/vet admitting your dog know when they last had pain relief, and also if you will need a further supply of any medication. I will probably not meet you in person on the day of the procedure, but I will speak to you by phone if possible. If you have any questions based on the information in this sheet then please feel free to ask me then. When I arrive at the practice I will examine your dog and confirm the diagnosis and plan for surgery. If for any reason we need to alter the plan I will contact you to discuss it.

Your dog will be mildly sedated to minimise stress, and then anaesthetised. Your dog's leg will be prepared for surgery. The leg will be shaved from hip to toe to give us a large clean zone to minimise the risk of infection.

The main part of the operation is to open the knee joint and inspect the stabilising tissues. Any damaged tissue identified is removed using a procedure called a meniscectomy. In certain cases, the implant that was used for the original TPLO surgery may be inspected for signs of damage or infection and this may be removed if there are any particular concerns. The incision will be closed with stitches and/or staples. The leg will not be bandaged, unless there is a concern about swelling.

The whole procedure usually takes about 30 minutes. Your dog will probably be anaesthetised for about 1 hour in total because of the preparation beforehand and for the cleaning/dressing afterwards. I will call you with an update at the end of the operation.

In most cases your dog will be discharged from the practice the evening of the procedure. You will receive a printed discharge note from me which will give details of the procedure, medication and instructions for exercise. Your dog will receive an injection of painkiller immediately before going home and you will also generally have some further pain relief to give at bedtime. Nonetheless, on the night after a major operation like this you may find your pet is restless or agitated. You should make sure that you know how to contact your practice's out-of-hours service and also where you would need to go if your dog needed to be checked over, bearing in mind that this may not be at your usual practice premises.

Exercise and Recovery

For the next four weeks, your dog should be restricted within the house and have their exercise limited. Please do not allow them to jump up on the furniture, play with other dogs, run around off the lead or take stairs.

For the first two weeks after surgery, they should only go out on a short lead for toileting to the garden 3-4 times per day for no more than 5-10minutes.

During the following two weeks, they can be taken for two 10-minute walks a day always on a short lead.

After this period, if they are progressing without complications, their exercise can be gradually returned to pre-surgery levels. Regular frequent exercise will be important to restoring muscle condition and normal gait when walking.

As before, physiotherapy remains an excellent way to get the best possible recovery from this surgery, and I would thoroughly recommend continuing to see a veterinary physiotherapist to help with your dog's rehabilitation.

Risks of Surgery

This is a procedure with relatively low risks, however, as you would expect for surgery there are some risks.

1. Infection – Infection is a small risk of all surgery. We will take all the same precautions to avoid infection as I would take if I were performing the surgery at a specialist hospital (drapes, gowns, gloves etc). Your dog will also receive antibiotics during surgery. You should monitor the wound after surgery for any excessive redness, swelling or discharge. If an infection does develop it will generally resolve with further medical treatment. Very occasionally the area may need to be flushed.
2. Osteoarthritis – Some degree of “wear and tear” in the joint is inevitable following the injury and no surgical procedure has ever been demonstrated to stop this. However, surgical treatment now is the best way to minimise this, and many dogs will not be troubled by arthritis for many years.

There is a small risk associated with a general anaesthetic. Your vet may discuss with you whether you would like your dog to have a blood test prior to surgery to ensure that there are no underlying health problems that we were unaware of.

Thank you for entrusting the care of your pet to us, and I look forward to speaking to you on the day of the procedure.

Dr Nick Goldfinch BVMS PhD PgC(Surg) GPCerts(SAS, SAM) MRCVS

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