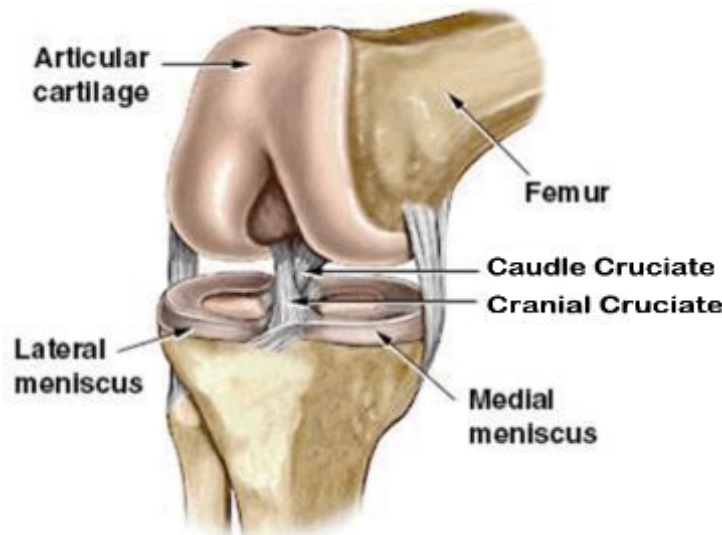


Cruciate Ligament Rupture

The ruptured cruciate is the most common knee injury in dogs. In fact any dog with sudden rear leg lameness could be a ruptured anterior cruciate ligament. The knee is a relatively unstable joint because there are no interlocking bones. It consists of two main bones, the femur and the tibia, and the joint is held together by an assortment of ligaments that allow the knee to bend the way it should and prevent it from bending the ways it shouldn't. There are two cruciate ligaments that cross inside the knee joint, the anterior (cranial) and the posterior (caudal) cruciate. The anterior cruciate is the most common rupture we see in animals, this ligament prevents the tibia from slipping forward out from under the femur. When ruptured the joint becomes unstable when the dog tries to bear weight on it.

How does it rupture?

The ligament can either completely rupture or partially rupture; there are two common ways this occurs. In younger dogs it is usually an athletic injury, especially from landing awkwardly when jumping or twisting of the joint occurs. In older dogs (often overweight) it can result from gradual degeneration of the ligament that it can slowly stretch or partially/fully tear over time. In this case, stepping down off a small height or jumping can cause the ligament to rupture.



How do we diagnose?

Physical examination:

The veterinarian will stabilize the position of the femur with one hand and manipulate the tibia with the other hand. If the tibia moves forward like a drawer, the cruciate ligament is ruptured. This usually can be done when the dog is conscious, however if the dog is uncooperative, painful, or has very strong leg muscles, a sedative may need to be used so the joint can be examined thoroughly.



X-rays:

Occasionally when the cruciate ligament tears, a piece of bone where the ligament attaches to the tibia can break off. This will require repair and the vet will need to know about it before beginning the surgery. It is also a helpful tool to assess if arthritis is present in the joint, this can limit the extent of the recovery after surgery.

Treatment:

Partial tears can sometimes respond to medical treatment, complete tears require surgery to stabilize the joint. There are several different methods of repairing the joint. A number of different factors such as your pets age, weight and activity level will be discussed when assessing which is most suitable for your dog.

Also during the surgery the surgeon will assess the menisci (tissue between the Tibia & Femur) for any damage, and will repair if necessary.

After the Sutures are removed (10 - 14 days after surgery) a 4 week course of cartrophen injections is recommended, These injections will help to:

- Stimulate the body to produce joint lubrication,
- Help to stop the destructive enzymes that break down cartilage and also stimulate the body to produce new cartilage.
- It will also clear blockages in the blood vessels to help deliver nutrition to the joint and bone.

Surgery After Care:

- There will be a bandage placed on the leg for the first 3-4 days to help with post-operative swelling and to keep the joint immobile.
- For the first 2 weeks after surgery your pet will need to be confined to a small area, only take your pet for light walks in the yard on the lead and avoid any running or jumping.
- After the sutures have been removed a gradual increase in exercise can begin.
- Physiotherapy e.g.: Extending and flexing of the knee joint can also start.
- Swimming is an excellent way of getting joint function v\back, especially in overweight patients.
- Dietary changes may also be recommended by the vet.

Most patients will progressively return to normal in about 6 - 8 weeks. A recheck by the vet is recommended 4 weeks after the surgery if the dog is progressing well, but if any pain is noticed before your recheck appointment, you should contact us sooner.

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