



Surgical Release Form for Tightrope Cruciate Repair

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: _____

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper and Franklin) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery and has sought dual certification in small animal surgery as well, therefore, offers his services to small animal clients and their animals. I understand that there are other board-certified surgeons in small animal available in the area.

Your pet has been diagnosed with a ruptured ligament that needs surgical repair. Due to your pet's size and activity level a ligament replacement called Tightrope will be utilized. Tightrope is placed across bone tunnels in the femur bone just above the knee and across the tibia and anchored with titanium buttons. Tightrope is currently reported to have less incidence of complications than TPLO and nylon lateral sutures. Surgery is not a "cure" for this injury but a method to stabilize the joint, alleviate pain, and slow down the progression of arthritis. If there are osteophytes growing along the joint ridges (osteoarthritis) or meniscal damage (cartilage), additional procedures may be done. 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. 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.

I consent to the following surgical procedure(s): Injection of the joint with morphine after surgery, arthrotomy of the stifle, inspection of meniscus and removal if damaged, and ruptured ACL repair with large Tightrope extra-capsular repair.

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. Blood clots that can lodge in major organs causing stroke or rarely death both during or after anesthesia.
3. Artificial ligament rupture (especially if your pet is overactive). See note below.
4. In 5-6% of cases, a "second look" surgery is needed if your 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).
5. Advancing arthritis that makes the joint stiff and sore, especially after exercise or in cold weather.
6. Nerve injury (extremely rare) which can be temporary or permanent.
7. 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.
8. 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.
9. Pivot shift which results in stifle turning out while walking. In most cases, this is temporary and causes no problems if it persists.

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.

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

Date	Pet Owner/Agent Signature	Phone I Can Be Reached At Today
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