



## **TSVS TPLO Cruciate Repair Requirements and Protocol**

### **Preoperative Requirements:**

1. Diagnosis: Anterior Cruciate Ligament Disease or Ruptured ACL
2. Preoperative blood work: CBC and Chemistry panel
3. Radiographic assessment of Tibial plateau angle (slope)
  - a. This will require a FLEXED LATERAL radiograph of the affected stifle joint and the entire tibia included in the film with no other overlying structures or limbs in the film. The limb should be flexed approximately 90 degrees with the femoral condyles overlapping each other. INCLUDE the STIFLE and TARSAL joints in the film. SEDATION is generally required to acquire acceptable film.
    - Performing this procedure prior to surgery will reduce anesthetic time by approximately **30 minutes**

### **Intraoperative Requirements:**

1. Premedication: Your choice (given 20 minutes prior to IV Cath Placement)  
Example: Hydromorphone 0.15 mg/Kg IM  
Dexdomitor 0.015ml/Kg IM (-1/3 label dose)  
Atropine 0.025 mg/Kg IM
2. IV Catheter Placement:  
Fluids administration during surgery: 10ml/Kg/hour
3. Preoperative Antibiotics:  
Cefazolin: Mix to 100 mg / ml  
Dose: 22mg/Kg IV at induction  
Repeat Cefazolin: Every 2 hours during anesthesia  
or until oral antibiotic medication can be started
4. Induction and intubation: Your choice  
Example: Propofol 3 mg / Kg / IV but only to effect (dexdomitor above)
5. Pre-emptive pain control: Your Choice  
Example: Hydromorphone (above)
  
6. Clipping hair for surgery (very liberal clipping):  
Hind leg: From just below the tibio-tarsal joint proximally to midline on inside and outside of affected limb

7. Leg cleaning: Vacuum all hair
8. Transport to operating room:
  - a. Dorsal recumbency with V tray or V table OR cross front legs with catheterized forelimb down
9. Hanging leg prep:
  - a. Requires IV stand (hang leg)
  
  - b. 1" white tape
  - c. 2" or 4" Coflex or Vetwrap

**10. Surgical Scrub:**

Please provide package of sterile 3 x 3 or 4 x 4 gauze sponges, DO NOT USE COTTON PLEDGETS in sterile stainless steel bowl

TSVS staff will perform

**11. Hanging leg prep for draping the limb in sterile fashion**

- b.** The distal limb from point of the tarsus distally is wrapped with vet wrap and tied or hung with the patient in dorsal recumbency to allow the stifle joint and tibia to be prepped in sterile fashion

**Surgical Supplies provided by your hospital:**

Sterile Spay or Neuter pack

Size 0 PDS and 3-0 Monocryl suture

#10 surgical blade for skin

# 11 surgical blade for meniscus

Sterile saline for surgical flush

12 cc sterile syringe for surgical flush

Mayo stand

Large Instrument table, otherwise we provide

Several 22 GA 1.5 inch needles

**Provided by TSVS**

Hood and mask

Sterile surgical drapes

Orthopedic Pack (plating instruments, screws, plates, etc)

Sterile Coflex or vet wrap

Power drill (sterile)

Power Saw (sterile) with variable speed floor adapter requires electrical outlet with possible extension

IM Pin Cutter (sterile)

Other equipment necessary to perform TPLO

**Postoperative requirements:**

1. 2 immediate postoperative radiographs (Lateral and Posterior anterior views)
2. E collar is MANDATORY immediately after surgery

3. Post operative medications:

Example:

Antibiotic Cephalexin 15-22mg/lb bid 14days

NSAID Carprofen 1mg / lb bid or 2mg / lb SID 14-21days

Opioid Tramadol 5mg / Kg and Gabapentin 10mg/kg TID-QID for 10 days

**These items are extra costs and therefore should be included in your estimates to your clients. Procedure from prep, cut, close to postop rads takes about 1.5-2 hrs of anesthesia time (depending on preoperative prep time in your clinic).**

If you have questions, please feel free to call or email in regards to perioperative requirements for the TPLO Cruciate repair procedure.