



Surgical Release Form for Achilles Tendon 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, Franklin, Lew and McFadden) 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 only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area. Drs. Lew and McFadden are board certified small animal surgeons.

Your pet has been diagnosed with a rupture of the Achilles tendon. This is a devastating injury that if left unrepaired will result in a severe lameness making use of limb impossible. Tears can occur in the gastrocnemius muscle, the tendon itself, or it can avulse from the attachment on the bone. Medical management with casts, splints or bandages alone is usually unsatisfactory. Tendons heal very slowly, more slowly than broken bones. Six weeks after repair, tendons have 56% of their normal tensile strength and by 1 year have 79% of normal strength. Dogs only strain their tendons to only 25% to 33% of their maximal capability so the strength obtained by 6 weeks after tenorrhaphy (tendon repair) is generally adequate to withstand limited exercise and the strength obtained at 1 year is adequate for unlimited exercise based on studies and clinical impressions. Studies indicate tension across the wound should start 3 weeks after tenorrhaphy but activity needs to be with limited loads and carefully supervised slow walking. To accomplish this, it is best to support the repair with a trans-articular external fixator (pins through the bones across the tarsal joint connected on the outside with titanium rods and adjustable hinges). This allows your pet to walk on the leg without bulky and dangerous casts and splints. We can also adjust the angle of the fixator at 3 weeks to put a slight amount of strain across the tendon and slowly adjust the fixator post-operatively to control how

much strain the tendon is subjected to over time. Fixators require daily cleaning and care in order to function properly. In most patients, the fixator is removed by 6-8 weeks and replaced with a light support bandage.

The undersigned owner or authorized agent of admitted patient _____ hereby authorize 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, I understand that anesthesia carries inherent risks) The incidence of complications from anesthesia are extremely low and we do not anticipate any complications 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.

Procedure: Achilles Tendon Tenorrhaphy; Trans-Articular External Fixator Placement

Surgical Risks:

1. Infection of the tendon repair in 5-10% of cases depending on the type of injury and the time elapsed since injury. Chronic ruptures (weeks or months) have more complications than acute ruptures.
2. Failure of the tendon repair can occur if proper post-operative care is not followed by the owner.
3. Fixator pins can become loose or infected and need replacement at additional cost.
4. If the tear is in the muscle, surgery may be delayed a few weeks and the tendon shortened to prevent a permanent plantigrade abnormal stance

Texas Specialty Veterinary Services (TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please initial to allow TSVS to mention your pet _____.

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases.

Date

Pet Owner/Agent Signature

Phone I Can Be Reached At Today

Telephone (800) 707-0167/(210) 706-0167

Email: tsvsinfo@tsvs.net