

## **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) – see Additional document for TPLO radiographic guidance technique
  - 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.
  - b** SEDATION is generally required to acquire acceptable films.
  - c** Physical markers are required in all radiograph submissions sent to TSVS
    - i** If a physical marker is not present, radiographs will need to be repeated and submitted to TSVS 48 hours prior to surgery.
    - ii** If you need assistance acquiring physical markers, please reach out to TSVS.

### **Intraoperative Requirements:**

- 1.** Premedication: Your choice (given 20-30 minutes prior to induction)
  - a** TSVS *highly* recommends Hydromorphone or Morphine as a preoperative medication.
  - b** This will assist the patient and the referring clinic to ensure a smooth anesthetic experience and avoid higher levels of gas anesthetic to keep the patient properly anesthetized.
  - c** If your hospital is unable to acquire these medications, here are some examples of other options:

Example: Hydromorphone 0.15 mg/Kg IM  
Dexdomitor 0.015ml/Kg IM (-1/3 label dose)  
Atropine 0.025 mg/Kg IM (Should be administered 15-20 minutes prior if using with dexdetomidine)
- 2.** IV Catheter Placement:
  - a** Fluid administration during surgery: 10ml/Kg/hour
- 3.** Preoperative Antibiotics:
  - a** Cefazolin: Mix to 100 mg / ml
  - b** Dose: 22mg/Kg IV at induction
  - c** Repeat Cefazolin: Every 90 minutes during anesthesia or until oral antibiotic medication can be started.
- 4.** Induction and intubation: Your choice

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- a** Example: Propofol 3 mg / Kg / IV but only to effect
- 5.** Pre-emptive pain control: Your Choice Example: Hydromorphone or Dexdomitor (above)
- 6.** Clipping Hair for surgery (very liberal clipping):
  - a** Hind leg: From just below the tibio-tarsal joint proximally to midline on inside and outside of the affected limb
- 7.** Clean and vacuum all clipped hair from the prep area and the patient
- 8.** Transport to Operating Room
  - a** Dorsal recumbency, cross front legs with catheterized forelimb down
- 9.** Hanging leg prep:
  - a** Non-sterile Vet Wrap & IV Stand
  - b** Surgical Scrub
    - i** Please provide a liberal amount of sterile 3x3 or 4x4 gauze sponges. DO NOT use cotton pledgets in sterile stainless-steel bowl.
  - c** TSVS staff will perform sterile prep of the limb(s)
- 10.** Hanging leg prep for draping the limb in sterile fashion
  - a** The distal limb from point of the tarsus distally is wrapped with vet wrap and tied/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 General pack or Spay pack
- Size 0 PDS and 3-0 Monocryl suture
- # 11 surgical blade for meniscus
- Sterile saline for surgical flush
- Mayo stand
- Clean Towels (3-4)
- Large Instrument table, otherwise, we provide
- Sterile Gauze (mentioned above)
- Chlorhexidine Scrub & Solution

### **Provided by TSVS:**

- Surgical cap and mask
- Sterile surgical drapes
- Orthopedic Pack (plating instruments, screws, plates, etc.)
- Sterile 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 30/kg. by mouth every 12 hours x 7 days
  - NSAID: Carprofen 1mg / lb. bid or 2mg / lb. SID x 14-21 days
  - Opioid: Tramadol 5mg / Kg and Gabapentin 10mg/kg TID-QID for 10 days

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- ❖ **Please take the above information and items into consideration when calculating estimates to your clients.**
- ❖ **A TPLO procedure from prep, cut, close to post op rads takes about 1.5-2 hours of anesthesia time (depending on preoperative prep time at your clinic).**

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