

**Animal Emergency, Critical Care & Referral Center  
10213 Kingston Pike  
Knoxville, TN 37922  
(865) 693-4440**

**Operative Report**

**Date:** April 15, 2009

**Case No:**

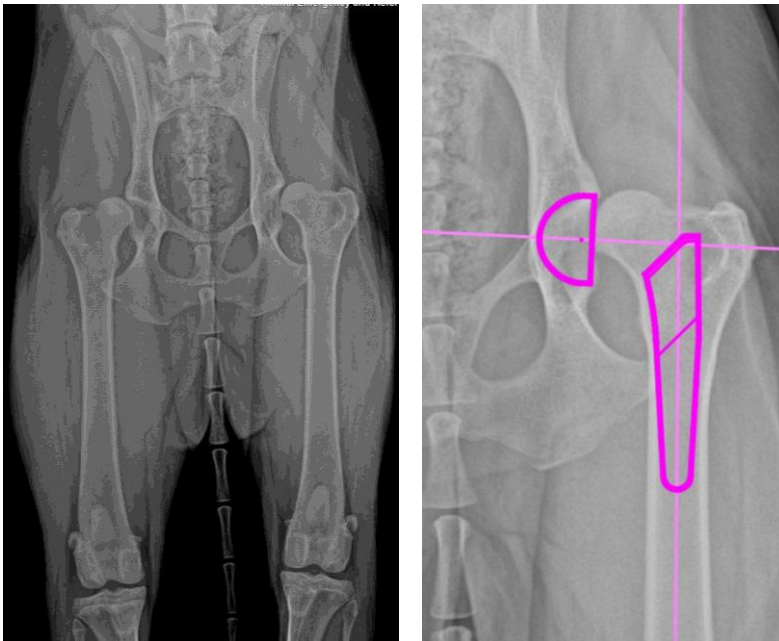
**Patient:**

**Ref Vet:**

**Pre OP Dx :** Dog has SEVERE hip dysplasia bilaterally. There is some muscle atrophy in the rear limbs because dog is shifting weight to the forelimbs. Palpation of the limbs was wnl. O reports dog is worse on the left. Pre THR evaluation including Panel/ CBC/ UA HW test were all WNL.

Pre evaluation rads of pelvis suggests a 7mm stem and a 22mm/14 cup. The acetabulum is very shallow and poorly developed.

**Pre Operative Notes:** O elected THR. IV catheter. Ace & Torb Pre med. Propofol > Main Cefazolin IV. Fentanyl CRI and Hydromorhone. IV



**Operation In Detail:** The left rear of the dog including the limb was clipped and prepped for surgery 2 days ago. Dog had a chlorhexaderm bath last night. Dog was prepped for surgery today. The dog was placed in the THR table in right lateral recumbency. A 10cm linear incision was made dorsal to the trochanter extending distal to the trochanter.

The subcutaneous fat and fascia were incised exposing the superficial gluteal m and Biceps fascia. The BF was incised along the same line. The TFL was incised along the same line. The middle Glut m was incised at the attachment and retracted dorsally. A deep gluten tenotomy was performed. The femur was externally rotated and the jt cap was incised exposing the femoral neck and head of the femur. Using a sagittal saw blade, the neck was incised along the medial cortex of the femur.

The femur was retracted caudally exposing the acetabulum. The rim was debrided and the joint capsule was retracted. Using a 21 reamer, the acetabulum was reamed up to a 22 mm finishing reamer. A trial cup confirmed 22 mm cup and the implant was driven in.

The femur was externally rotated and preparation for the femoral stem was completed. A size 7 BFX stem was inserted and driven in. A trial head of 14mm + 3 was confirmed and a final head was attached. The head was reduced. The implants appear to have excellent alignment and compression.

The fascia was closed with 2-0 PDS in a continuous pattern. Next the subcutaneous tissue was sutured with 2-0 PDS in a simple continuous pattern. Skin was stapled in a simple interrupted pattern.



**Post Operative Notes:** Restrict activity for 3 months, then return to normal activity. Staple removal in 10-14 days. Give antibiotics and pain meds as directed.

Please call if you have any questions or problems.

Mitch T. Rosenzweig, DVM

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**Operative Report**

**Date:** October 13, 2009

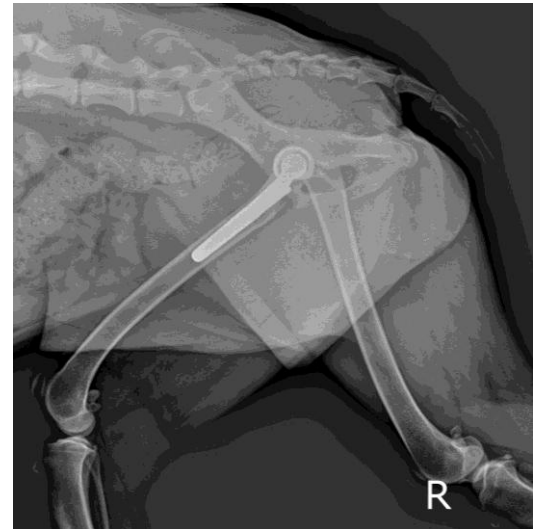
**Case No:** 12793

**Patient:** Sarah Roberts

**Ref Vet:** TVGRR

**Pre OP Dx :** Dog had SEVERE hip dysplasia bilaterally. A THR was performed on the left hip in April 2009. She is here for the right side today.

Pre evaluation rads of pelvis suggests a 7mm stem and a 22mm/14 cup. The acetabulum on this side is very shallow and poorly developed. The prev stem on the left side has migrated about 4mm distally. The dog is doing great on the leg and palpation is wnl.



**Pre Operative Notes:** O elected THR. See AECCR for meds.

**Operation In Detail:** The right rear of the dog including the limb was clipped and prepped for surgery 2 days ago. Dog had a chlorhexaderm bath last night. Dog was prepped for surgery today. The dog was placed in the THR table in left lateral recumbency. A 10cm linear incision was made dorsal to the trochanter extending distal to the trochanter.

The subcutaneous fat and fascia were incised exposing the superficial gluteal m and Biceps fascia. The BF was incised along the same line. The TFL was incised along the same line. The middle Glut m was incised at the attachment and retracted dorsally. A deep gluten tenotomy was performed. The femur was externally rotated and the jt cap

was incised exposing the femoral neck and head of the femur. Using a sagittal saw blade, the neck was incised along the medial cortex of the femur.

The femur was retracted caudally exposing the acetabulum. The rim was debrided and the joint capsule was retracted. Using a 21 reamer, the acetabulum was reamed up to a 22 mm finishing reamer. A trial cup confirmed 22 mm cup and the implant was driven in.

The femur was externally rotated and preparation for the femoral stem was completed. A size 7 BFX stem was inserted and driven in. A trial head of 14mm + 3 was confirmed and a final head was attached. The head was reduced. The implants appear to have excellent alignment and compression.

The fascia was closed with 0 PDS in a continuous pattern. Next the subcutaneous tissue was sutured with 2-0 PDS in a simple continuous pattern. Skin was stapled in a simple interrupted pattern.



**Post Operative Notes:** Restrict activity for 3 months, and then return to normal activity. Staple removal in 10-14 days. Give antibiotics and pain meds as directed.

Please call if you have any questions or problems.

Mitch T. Rosenzweig, DVM