



6136 BRANDON AVENUE
 SPRINGFIELD, VA 22150
 703 / 569-0300
 FAX: 703 / 866-4962
 Web site: www.southpaws.com

Monday, February 26, 2001

Dr. Steve Rogers
 Falls Church Animal Hospital
 1249 West Broad Street
 Falls Church, VA 22046
 Phone (703)532-6121
 FAX (703)534-4037

Dear Dr. Rogers:

The following is information concerning your referral of Abby, a Golden Retriever owned by Ned Rhodes.

SURGICAL PROCEDURE PERFORMED
 Cruciate Ligament Reconstruction-Left

DATE PROCEDURE PERFORMED
 22 February 2001

TREATMENT

Evaluation under sedation again demonstrated a left stifle effusion. There was a small amount (about one mm) of spongy cranial drawer instability. Examination findings were consistent with partial CCL tear. Abby was prepared for aseptic surgery of the left stifle. Standard lateral parapatellar approach to the left stifle. There was a small tear of the craniomedial band of the CCL. The majority of the ligament was intact. There was no significant DJD present. Both menisci were intact. No other pathology was evident. The damaged ligament was debrided and the joint was lavaged. Joint capsule was closed with 0 Maxon, SI. Two strands of heavy gauge nylon were passed around the lateral fabella, though a hole drilled in the proximal tibial tuberosity, and under the patellar ligament. The sutures were tightened until all drawer instability was removed and stabilized with crimp clamps. The biceps fascia was moved distally and cranially and imbricated with 0 Maxon, vest over pants pattern. Bupivacaine was instilled into the joint for immediate postoperative pain relief. Subcutaneous and skin layers closed with 3-0 Maxon, SI.

PROGNOSIS

Good. Statistically, approximately 1.5% of all cruciate ligament reconstructive surgeries need re-operation for excessive looseness which occurs within the first 6 weeks postoperatively. This is most commonly due to excessive exercise during the first six weeks postoperatively. The sutures may eventually break. By that time enough fibrosis will have formed around them that the joint will remain stable. There is no outward clinical sign that the sutures have broken.

CLIENT INSTRUCTIONS

Limit active exercise. Passive range of motion exercises starting immediately. Suture removal in ten to fourteen days.



INTERNAL MEDICINE

James McConell, D.V.M.
 Chief of Internal Medicine

Tina Conway, D.V.M.
 DACVIM-Internal Medicine

ONCOLOGY

Sarah Shearer, D.V.M.
 DACVIM-Oncology

CARDIOLOGY

Theresa Saunders, V.M.D.
 DACVIM-Cardiology

Bonnie LeDoux, D.V.M.
 DACVIM-Cardiology

Steven Rosenthal, D.V.M.
 DACVIM-Cardiology

William Tyrrell, Jr., D.V.M.
 DACVIM-Cardiology

Jennifer Sidley, D.V.M.
 DACVIM-Cardiology

Greg Ferguson, D.V.M.

**EMERGENCY AND
 CRITICAL CARE SERVICES**

David Dalggaard, D.V.M.
 Director of Critical Care

Matthew Amkowiak, D.V.M.

Kim Dunne, D.V.M.

Jason Evans, D.V.M.

Bob Herman, D.V.M.

Kristian Gutowski, D.V.M.

**SURGERY AND
 ORTHOPEDICS**

George Stremming, D.V.M.
 Chief of Surgery

Daniel Binko, V.M.D.
 DACVPS-Surgery

NEUROLOGY

Betsy Dayne-Hart, V.M.D.
 DACVIM-Neurology

Michael Knoedel, D.V.M.
 DACVIM-Neurology

**HOLISTIC MEDICINE AND
 ACUPUNCTURE**

Jordan Kocot, D.V.M., CVT

INTERNS

Larissa Kuo, D.V.M.


Valerie Peluso, D.V.M.

Siata Thordarson, D.V.M.



6126 BRANDON AVENUE
 SPRINGFIELD, VA 22150
 703 / 569-0300
 FAX: 703 / 868-4962
 Web site: www.southpaws.com

Thank you very much for this referral. If you have any questions regarding this or any other case, please feel free to contact me either here at the office, or at home at (703) 455-4790.

Sincerely,


Daniel Brehm, VMD, DACVS

INTERNAL MEDICINE
 James McConnell, D.V.M.
Chief of Internal Medicine

Tina Conway, D.V.M.
DACVIM-Internal Medicine

ONCOLOGY
 Sarah Shear, D.V.M.
DACVIM-Oncology

CARDIOLOGY
 Thomas Saunders, V.M.D.
DACVIM-Cardiology

Boomer LeBaron, D.V.M.
DACVIM-Cardiology

Steven Rasmussen, D.V.M.
DACVIM-Cardiology

William Tyrrell, Jr., D.V.M.
DACVIM-Cardiology

Jennifer Sidley, D.V.M.
DACVIM-Cardiology

Gina Ferguson, D.V.M.

EMERGENCY AND CRITICAL CARE SERVICES
 Doree DeAngelis, D.V.M.
Director of Critical Care

Matthew Ambrowski, D.V.M.

Kim Dasoff, D.V.M.

Jason Evans, D.V.M.

Beth Herman, D.V.M.

Kristan Gutowski, D.V.M.

SURGERY AND ORTHOPEDICS
 George Sienkiewicz, D.V.M.
Chief of Surgery

Daniel Brehm, V.M.D.
DACVS-Surgery

NEUROLOGY
 Betsy Dayrell-Hart, V.M.D.
DACVIM-Neurology

Michael Kosciak, D.V.M.
DACVIM-Neurology

HOLISTIC MEDICINE AND ACUPUNCTURE
 Jordan Kover, D.V.M., CVA

INTERNS
 Larissa Katz, D.V.M.

Valerie Pallato, D.V.M.

Eliza Thomazick, D.V.M.

ALL OF US HERE AT SOUTHPAWS ARE HAPPY TO ANNOUNCE THAT EACH DEPARTMENT NOW HAS A DEDICATED, DIRECT PHONE NUMBER. SURGERY AND NEUROLOGY...451-0909, CARDIOLOGY...913-7214, INTERNAL MEDICINE AND ONCOLOGY...451-3635, CRITICARE...569-3688, AND HOLISTIC MEDICINE...913-7210. DR. SIEMERING HAS A DIRECT PRIVATE LINE TO HIS DESK FOR YOUR PERSONAL USE...912-6564.

Physical Therapy after Cruciate Ligament Surgery

1. Short leash walks for elimination purposes only for the first 3 days at home.
2. Wrap an ice pack in a moist towel or sheet and apply directly to the knee 3 to 4 times daily for 15 minutes. This should be done for the first 48 hours after discharge from the hospital. If your dog does not tolerate the ice well, place another layer of towels between the skin and the cold pack OR lessen the time to 5 to 10 minutes to allow the dog to get adjusted to it.
3. Passive Range of Motion (PRM) should start immediately and should be performed 2 to 3 times per day. When performing PRM exercises, it is essential not to produce pain or discomfort in the dog. When performing the movement, the joint should be taken slowly to the point of resistance, maintained for 5-10 seconds, and then returned to the neutral position. Each exercise can be performed several times. If your dog seems to be in excessive discomfort or pain with the range of motion exercises, try moving in a shorter range that may be less painful until he gets used to the feeling of moving the joint. If you are still having problems, don't force them or jeopardize your safety. Have the dog lay on its side with the affected (surgical) limb closest to you. Hock, knee and hip exercises follow:
 - a) Place your hand on the bottom of the paw and push gently towards the back. This flexes the hock, knee and hip. Then pull the paw straight down. This extends the hock, knee and to some degree, the hip.
 - b) Hip extension exercise: Gently grasp above the knee with one hand while using the other hand to stabilize or gently hold the dog's back. Bring the leg back towards the tail, pause and gently return to neutral.
 - c) Hip abduction exercise: This is normally a limited motion compared to extension, and this movement should not be forced. Grasp the undersurface of the leg, above the knee. The leg is gently brought up toward you. Both of your hands may be used to perform this movement. After the leg is brought to this position, pause and return to neutral.
4. Gait Training should be started on the 5th day after surgery. Start very slow and deliberate walks. The goal is to get the surgical leg onto the ground and have weight placed on the foot. If you walk too fast, this exercise will not work. The reason for this exercise is to build muscle strength. Praise your pet when he does put weight on that leg. We recommend the following schedule
 - Day 5-8: 10 minutes twice a day
 - Day 9-14: 15 minutes twice a day
 - Day 15-21: 20 minutes twice a day
 - Day 22-42: 30 minutes twice a daySome dogs may simply not want to put the foot down after surgery. Occasionally, they walk around on three legs for several weeks. Do not be alarmed by this.
5. Positive reinforcement during all the above is VERY important for your pet and for the success of these exercises. We recommend verbal praise over food treats also!

SouthPaws Veterinary Referral Center
Department of Surgery
Dr. George Siemering and Dr. Daniel Brehm
(703)451-0909

SPECIALLY PREPARED FOR: Abby Rhodes

Since our pets depend on us for all aspects of their care and well being, the critical burden of postoperative care rests entirely with you. The operation can either be a success or failure depending on how well you follow these instructions for home care. If you have any questions or feel you have an emergency after the Surgery Department's regular office hours, please feel free to call **Dr. Siemering at home at 703-276-1197 or call Dr. Brehm at home at 703-455-4790. PLEASE DO NOT CALL THE EMERGENCY DEPARTMENT UNLESS YOU ARE UNABLE TO REACH EITHER DOCTOR.** The surgical nurses are available for routine questions from Monday through Thursday 9 a.m. to 5 p.m. and Friday 9 a.m. to 4 p.m. If the nurses are in surgery when you call, please leave a message on their voice mail and they will return your call as soon as possible. Any fees incurred outside regular hours are considered a complication and are not included in the original fee.

It will be essential to adhere strictly to the following:

There are no restrictions on what food Abby is allowed to enjoy.

An Elizabethan collar is strongly recommended if licking or chewing begins. You can probably find one at one of the larger pet supply stores or Falls Church Animal Hospital. There are products that are also available to help deter licking and chewing such as *Chewguard* or *Bitter Apple*. It is important to keep her from licking any area too much. The skin will become irritated and cause her to lick even more.

No running or jumping inside or outside the house for the next 6 weeks.

No stairs or slippery floors for at least 6 weeks.

It is not uncommon for patients to hold their urine for extended periods of time after leaving the hospital. Sometimes it can be as long as 1 1/2 days before your pet is comfortable enough to get into position to urinate. As long as your pet is not straining to urinate, there is probably no reason for concern, and she will urinate when she can no longer wait. Bowel movements will follow the same pattern and as long as there is no straining to defecate, your dog will have a bowel movement when she is ready.

A Duragesic patch was applied to her chest area preoperatively to relieve postoperative discomfort. The drug is absorbed into the body and will last for 4 days. It can be removed on Monday 26 February 2001 by pulling it quickly. This drug needs to be kept out of the reach of children. Please fold the patch on itself, wrap it in tissue, and dispose in a wastebasket that is out of the reach of children. The possible adverse reactions that have been reported with this drug include sedation, decreased respirations, constipation, inappetence, anxiety, and decreased heart rate. If any of the side effects occur, remove the Duragesic patch and call us. It may take at least 6 hours for the drug to get out of the system.

Please follow the physical therapy instructions that are included.

Please make an appointment with the receptionist for approximately 2 weeks from now, for a recheck with a surgical nurse. As long as there are no complications, the doctor will not need to see Abby until 6 weeks from now.

Appointment Date: _____ Time: _____

SouthPaws Veterinary Referral Center
 6136 Brandon Avenue
 Springfield, VA 22150
 (703)569-0300
 INVOICE

Client Information

Ned Rhodes, # 17964
 2749 N. Wakefield St
 Arlington, VA 22207

Patient Information

"Abby", # 17209
 Golden Retriever, female
 Weight: 85.60 lbs. 38.909 kgs

Referring Veterinarian: Dr. Steve Rogers

Invoice Number: 3449 Date: 02-23-2001

Date	Doctor	Description	Quantity	Charge
02-22-2001	31	Cruciate Surgery	1.00	1,560.00
02-22-2001	31	This includes:	1.00	0.00
02-22-2001	31	IV Administration Set	1.00	0.00
02-22-2001	31	IV Catheter	1.00	0.00
02-22-2001	31	IV Fluids - LRS	1.00	0.00
02-22-2001	31	IV Injection Cap	1.00	0.00
02-22-2001	31	IV Pump Monitor	1.00	0.00
02-22-2001	31	Preoperative Drugs	1.00	0.00
02-22-2001	31	Anesthetist	1.00	0.00
02-22-2001	31	Anesthesia - Inhalant	1.00	0.00
02-22-2001	31	EKG Monitor	1.00	0.00
02-22-2001	31	Blood Pressure Monitoring	1.00	0.00
02-22-2001	31	CO2 Monitor	1.00	0.00
02-22-2001	31	Hospitalization	1.00	0.00
02-22-2001	31	Surgical Drapes	1.00	0.00
02-22-2001	31	Implant	1.00	0.00
02-22-2001	31	Pain Control Intra-Op	1.00	0.00
02-22-2001	31	Bandage	1.00	0.00
02-22-2001	31	Pain Control Post-Op	1.00	0.00
02-22-2001	31	Bupivacaine Injection	1.00	0.00
02-22-2001	31	Ventilator	1.00	0.00
02-22-2001	31	Saline Lavage	1.00	0.00
02-23-2001	31	Payment - VISA	1.00	-1,560.00

Previous Balance: 0.00
 Subtotal: 1,560.00
 Payments: 1,560.00
 Discounts: 0.00

Thank you for trusting us with Abby's care. If you have any questions or concerns, please give our office a call any time.

EACH DEPARTMENT HAS A DIRECT PHONE NUMBER. SURGERY AND NEUROLOGY...(703) 451-0909, CARDIOLOGY...(703) 913-7214, INTERNAL MEDICINE AND ONCOLOGY...(703) 451-3635, CRITICARE...(703) 569-3688, AND HOLISTIC MEDICINE...(703) 913-7210.