RESULTS

275 dogs were included for the study and postoperative antibiotics were dispensed to 168 (61.1%) dogs. NLP was used in 114 (41.5%), LP in 128 (46.5%) and DLP in 33 (12%) dogs. Postoperative infection was diagnosed in 48 (17.5%) dogs. Dogs with NLP, LP, and DLP had postoperative infection rates of 24.5%, 13.3%, and 9.1%, respectively. The usage of a locking construct and postoperative antibiotic therapy were associated with significant reductions in postoperative infection. A non-locking construct increased and postoperative antibiotics

decreased the risk of infection by 2.08 and 2.37 times, respectively.

However, DLP did not result in a statistically significant reduction in infection.

STATEMENT (CONCLUSIONS)

A locking construct and postoperative antibiotic therapy significantly reduced the risk of postoperative infections in dogs >50 kg undergoing TPLO. Further investigations are required to determine if the use of DLP could be justified in this cohort of dogs.

Gait analysis of lameness-free dogs: experience with a Tekscan pressure-sensitive walkway system

James Miles, Michelle Nielsen, Amalie Mouritzen, Tenna Pedersen, Lise Nikolic Nielsen, Anne Vitger, Helle Harding Poulsen

Department of Veterinary Clinical Sciences, University of Copenhagen, Copenhagen, Denmark

OBJECTIVES

To define reference intervals and investigate repeatability for key gait parameters in a lameness-free canine population using a pressure-sensitive walkway (PSW) system.

METHODS

Following institutional ethical approval, 40 healthy client-owned dogs of various breeds weighing 15–40 kg and

between 2–6 years old were recruited. Orthopaedic pathology was ruled out by clinical examination and using validated owner questionnaires. Six valid trials (3 in each direction) were obtained using a 2 m by 0.46 m PSW (Tekscan 5101E-VH4), equilibrated daily and calibrated weekly. For a valid trial, all paws had to contact the PSW for two or more consecutive strides, with a constant velocity of 0.9–1.1 m/s, while walking with a loose leash without overt head movements. Measurements were repeated for 10 dogs on a different day. Symmetry indices for key gait parameters were derived and reference intervals for these created from bootstrapped 2.5% and 97.5% percentiles.

RESULTS

Stance time, stride length and peak vertical force reference intervals were typically under $\pm 10\%$, and narrower for forelimbs than hindlimbs. Coefficient of variation for repeated measurements was typically under 10%. Direction of travel had statistically significant, but clinically unimportant effects, on several gait parameters.

STATEMENT (CONCLUSIONS)

Pressure-sensitive walkway data are repeatable and show relatively little variation, such that deviations beyond reference intervals may permit identification and monitoring of lameness in clinical patients. Pressure-sensitive walkways may be useful in assessing clinical gait profiles and monitoring response to treatments such as surgery or physiotherapy.

Complications and outcomes following feline dorsal pantarsal arthrodesis using a pre-contoured plate in 32 cats (2010–2018)

Nuria Comas, Miguel A Solano, Noel Fitzpatrick

Fitzpatrick referrals, Godalming, United Kingdom

OBJECTIVES

To report the clinical perioperative (0–3 months) outcome and complications of pantarsal arthrodesis (PTA) with dorsal plating in 32 cats without postoperative external coaptation, and to report long-term outcome based on owner's perception with the Feline Musculoskeletal Pain Index (FMP) questionnaire.

Presented by BSAVA
Guest (guest)

IP: 18.209.158.208

On: Wed, 26 Apr 2023 14:27:57

Oral presentations

METHODS

Medical records of cats undergoing dorsal pantarsal arthrodesis using a feline pre-contoured dorsal PTA plate (Feline Dorsal Pantarsal Arthrodesis Plate; Veterinary Instrumentation) performed in a single referral veterinary hospital between January 2010 and April 2018 were analysed. Clinical and radiographic assessment were performed perioperatively (0–3 months) and the FMP questionnaire was used to evaluate owners' perceptions of outcome with a minimum of 6 months follow-up.

RESULTS

32 cats met the inclusion criteria. 11 patients had complications (34%): 2 mild (6%), 7 major (2 medical; 7 surgical)

(22%) and 2 catastrophic (6%). Among all the complications, skin wounds and infection ($n = 5$), swelling ($n = 1$), implant loosening or breaking ($n = 3$), lameness ($n = 3$) and plantar necrosis ($n = 1$) were seen. Radiographic recheck at 4–12 weeks after surgery showed good progression of arthrodesis. Good clinical progression was seen at the last recheck for 91% of cats. Twenty owners answered the FMP questionnaire a mean of 35 months (min 7–max 82) with good to excellent outcomes.

STATEMENT (CONCLUSIONS)

Based on our results, pantarsal arthrodesis using dorsal specifically designed pre-countoured plate without external coaptation is a suitable method to treat tarsal and distal tibial/fibular lesions in cats.

Outcomes of 17 talar ridge replacements using a medial malleolar osteotomy approach for the treatment of osteochondritis dissecans in 10 dogs

Sarah Austin, Noel Fitzpatrick

Fitzpatrick Referrals, Easing, United Kingdom

OBJECTIVES

To report short to long term outcomes in dogs with medial talar ridge osteochondritis dissecans (OCD) treated with a talar ridge replacement (TRR) via a medial malleolar osteotomy approach.

METHODS

Data of dogs treated with a custom made TTR fitted via a medial malleolar osteotomy approach were retrospectively

sourced from medical records at a single referral hospital. A graded outcome was assigned from clinical exam at last known recheck. Follow up intervals vary from long term (742 days post operative) to more recent cases (41 days). The outcomes are classified as one (excellent) no lameness, two (good) mild lameness after exercise, three (fair) mild to moderate lameness but consistent weight bearing, four (catastrophic) requiring arthrodesis, amputation or euthanasia.

RESULTS

Of the ten dogs, seven had bilateral OCD lesions with staged or concurrent bilateral TRR performed and four had unilateral. Overall outcomes were excellent in seven TRR's and good in ten. Long term data (12–24 months) showed four TRR's with excellent and one with good outcomes. Median term data (6–12months) showed four with good outcomes and short term (less than 6 months) showed three TRR's with excellent and five with good outcomes.

STATEMENT (CONCLUSIONS)

Talar ridge replacement via a medial malleolar osteotomy presents a surgical option with good to excellent outcomes for the management of OCD of the medial talar ridge. Encouragingly these outcomes are sustained into long term follow up.

Delivered by BSAVA to:

Guest (guest)

IP: 18.209.158.208