acute traumatic patellar fractures. Fracture configuration included apical or basilar ($n = 3$), transverse ($n = 1$) and comminuted fracture ($n = 1$). All dogs were treated with tESF (type II modified) to augment internal fixation of patellar fractures for six weeks. Primary patellar apposition and stabilization was achieved with absorbable suture (locking loop and/or circumpatellar), orthopaedic wire (circumpatellar and/or figure-of-eight with or without Kirshner wire) and/or nylon leader line (circumpatellar and/or patello-tibial). All cases were rechecked clinically and radiographically at six weeks and three at twelve weeks. Long-term follow-up was available through telephonic LOAD-questionnaire >2years post-operatively for 4/5 dogs.

RESULTS

Two dogs showed radiographic signs of progression of osseous union at the twelve weeks recheck. Three of five dogs had minor complications related to tESF and two dogs had a small avulsion of the distal pole of the patella. None of the dogs had major complications. All dogs available for long-term telephonic LOAD questionnaire (4/5) were reported as free of lameness.

STATEMENT (CONCLUSIONS)

Based on our results, tESF to augment internal fixation for patellar fracture in dogs is a feasible method with acceptable morbidity and good to excellent clinical outcome.

Comparison of effectiveness of intramuscular amoxicillin, intravenous co-amoxiclav and intravenous cefuroxime for antibacterial prophylaxis in clean orthopaedic procedures

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OBJECTIVES

To document the effectiveness of preoperative intramuscular amoxicillin in the prevention of surgical site infections, when compared to intravenous co-amoxiclav and cefuroxime, in clean orthopaedic procedures where an implant was inserted.

METHODS

Retrospective analysis of cases at a group of three first-opinion hospitals over 24 months. Data were collected on procedure, antibiotic used, dosage and incidence of surgical site infections (SSI) for the intramuscular amoxicillin (AM), intravenous co-amoxiclav (AC) and intravenous cefuroxime (CE) groups. SSIs were defined as superficial incisional (SISSI) or deep incisional (DISSI). Difference in SSI incidence between the three groups were analysed via one-way ANOVA.

RESULTS

Overall SSI incidence was 2.7%. The AM group ($n = 110$) showed an SSI incidence of 1.8% (SISSI 2/110, DISSI 0/110), AC group ($n = 92$) was 2.9% (SISSI 3/92, DISSI 0/92) and CE group ($n = 89$) was 3.4% (SISSI 2/89, DISSI 1/89). There was no statistical significance in overall SSI incidence between groups ($p = 0.75$).

The most common procedure was placement of a lateral fabellar suture (126/291, 43%) followed by a bone plate (73/291, 25%). Median dose in the AM group was 11mg/kg (range 7–16mg/kg), in the AC group 10mg/kg (9–15mg/kg), and the CE group 32mg/kg (29–50mg/kg).

STATEMENT (CONCLUSIONS)

In this group of patients, those receiving intramuscular amoxicillin showed the lowest incidence of SSIs, and although this was not statistically significant, it was non-inferior to the more commonly used intravenous preparations of co-amoxiclav and cefuroxime. Use of prophylactic intramuscular amoxicillin in these and similar procedures is recommended, given legal, safety, and antibiotic stewardship concerns surrounding the widespread use of unlicensed, broad-spectrum intravenous antibiotic preparations.