Oral presentations

CT images were manipulated to obtain 3D representations of the affected limb, so that virtual osteotomies could be performed and corrected to align the antebrachium and arthrodese the carpus. From these CAD templates, osteotomy and reduction guides and a single dorsally applied custom, hybrid (1.5/2.0mm) titanium plate were printed (Vet3D). Under general anaesthesia, via a cranio-medial approach combined correction and stabilization of the antebrachial osteotomy and pancarpal arthrodese was performed using the guides, custom plate and an additional medially applied 1.5mm locking plate. Analgesia was provided with NSAIDs and opiates.

RESULTS

After 6 weeks, the patient improved, lameness due to osteoarthritis in the elbow was present. Radiographs

showed stable implants and healing of the arthrodese and osteotomy. Unfortunately, 10 weeks after surgery acute luxation of the right carpus occurred and the patient was euthanized.

STATEMENT (CONCLUSIONS)

The use of CAD and patient specific, customized osteotomy and reduction guides as well as the creation of a patient specific customized plate allowed for the accurate correction and rigid stabilisation of an antebrachial deformity with combined pancarpal arthrodese in a very small patient, whose antebrachium measured 5cm and pes measured 6cm.

Rotation of the proximal bone fragment during tibial plateau levelling osteotomy to control severe haemorrhage from the cranial tibial artery: cadaveric experimental study

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OBJECTIVES

To demonstrate that rotation of the proximal bone fragment following osteotomy controls haemorrhage from

the cranial tibial artery (CTA) during tibial plateau levelling osteotomy (TPLO).

METHODS

A TPLO was performed on 8 pelvic limbs from 4 cadavers. In each case, the CTA was transected. This was confirmed using angiography. The proximal bone fragment was rotated, fixed in place, (as it would be routinely performed during a TPLO procedure) and the angiogram repeated. The study was repeated with dye added to the contrast solution followed by surgical dissection and direct observation of the CTA.

RESULTS

After the proximal bone fragment was rotated and fixed in position, leakage of contrast from the CTA was absent on angiography. Direct visualization confirmed compression of the CTA against the musculature preventing leakage of the coloured dye solution.

STATEMENT (CONCLUSIONS)

Haemorrhage from the CTA during TPLO may be controlled following rotation and fixation of the proximal bone fragment without the need for direct visualisation or ligation of the vessel.

The use of transarticular external skeletal fixation to protect the primary repair of a patellar fracture in five dogs

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OBJECTIVES

To report short-term outcome and complications of transarticular external fixation (tESF) used as augmentation of internal fixation for patellar fractures in dogs.

METHODS

A retrospective case series, evaluating clinical records of five dogs presenting to a single referral hospital with