TPLO at MVO

MVO is boutique and can offer a variety of options for dogs having TPLO surgery

Base costing is $3K + GST which includes:
sedation, opioid pain relief injections, anaesthesia / anaesthesia monitoring, intravenous fluids, use of the operating room, surgery with a specialist of significant experience (25 yrs+ doing TPLO), implants (plate and screws), antibiotics (intravenous and oral tablets for 5-7 days), wound dressing, postoperative knee x-rays on the day of surgery, nurse supervised patient recovery, complimentary rechecks

Extras to think about:

Pre anaesthesia blood test ($250) to check kidney / liver function

Preop X-rays ($250) if not taken by local vet to measure slope of tibia

Epidural spinal ($150) to provide powerful pain relief for first night after surgery

Transdermal fentanyl patch ($75) for 3-4 d of ongoing pain relief

Anti-inflammatory drugs such as meloxicam oral liquid ($50-75)

Closed joint surgery / Arthroscopy ($1650) which is less invasive or open joint surgery / arthrotomy ($550) to assess meniscus inside joint. *Meniscal cartilages can be torn inside the knee and pet owners must understand that some meniscal tears that are identified postoperatively (causing lameness) may have actually been present at the time of initial TPLO surgery but were not recognised and treated. MVO advise all pet owners to have the joint explored by either open or closed surgery in addition to the TPLO. It has been shown that closed assessment of meniscal tears is far superior.*

“MVO insurance” for extra 10% which covers all surgical complications that require further surgery. The most common revision procedure (7% risk) is plate removal if deep infection develops (some hospitals will charge $3K + for this)

Overnight care ($750) under the care of vet / nurse from Casey Pet Emergency

8 week postop x-rays $300

Infection is the biggest postoperative complication after TPLO:

Surgical site infection was documented in 13.3% of cases. Data were collected from the records of 519 dogs treated with antiseptic lavage and 903 dogs treated with saline lavage during TPLO. Surgical site infections were diagnosed more fre-

quently in dogs that received preclosure antiseptic lavage (15%) than those with saline irrigation (9%) (p = .001). Single session bilateral TPLO increased the odds of SSI by 250% (p = .004). The odds of SSI increased by 11% (p = .001) for every 5 kg increase in bodyweight. Staphylococcus pseudintermedius was isolated from 15/17 (88.2%) SSI from which a bacterium was isolated, with 6/15 (40%) being methicillin-resistant Staphylococcus pseudintermedius (MRSP). Postoperative administration of antimicrobials was protective for SSI (P = .0001). Duration of anesthesia time was associated with the likelihood of development of SSI (P = .001): less total anaesthesia time translates into less infection.