

How do I make an appointment at the School of Veterinary Medicine?

The contact details for the LSU-SVM are:

School of Veterinary Medicine

Louisiana State University

Skip Bertman Drive

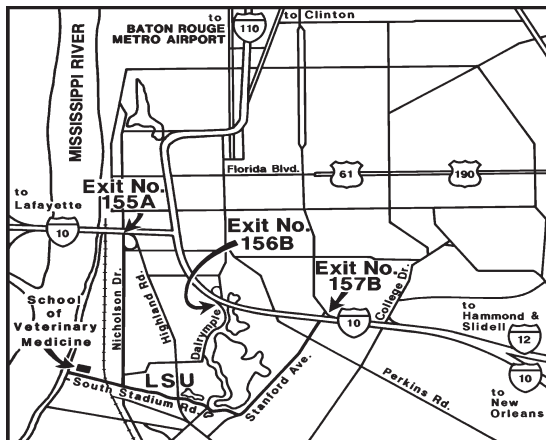
Baton Rouge, LA 70803

(225) 578-9600

FAX (225) 578-9916

The opening hours are Monday to Friday, 9am to 5pm. A referral is required from your primary veterinarian.

The hospital is open 24 hours a day, all year around, for emergencies.



School of Veterinary Medicine
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School of Veterinary
Medicine

Cranial Cruciate Ligament Disease

Client Information
Brochure



What is Cranial Cruciate Ligament disease?

The cranial cruciate ligament (CCL, called the anterior cruciate ligament in people) is a very important stabilizing ligament in the knee joint of dogs. In some cases the ligament can tear as a result of an athletic injury, but most often it degenerates, or weakens, over time. The exact cause of the weakening is the focus of much research and discussion, but is not known at this time. Mature (middle aged) large breed dogs are most commonly affected, though small breeds and younger dogs also develop the problem. Quite often dogs will rupture the CCL in both knees, within 1-2 years of each other.

Rupture of the CCL causes instability, pain and arthritis in the knee. A shock absorber in the knee called the medial meniscus, which is cartilage, is often torn also.

What signs indicate CCL disease?

Signs that your dog may have CCL disease include:

- limping
- standing without putting full weight on one leg
- reluctance to exercise
- stiffness after exercise
- sitting with the leg stuck out almost straight ('sit' sign)
- clicking sound when walking



How is CCL disease diagnosed?

Evaluation will include talking about your pet's history, then a thorough physical examination. The diagnosis is best made by feeling the knee joint. Sedation or anesthesia might be necessary for this. X-rays of the affected joint are usually necessary to evaluate the degree of arthritis and to look for other problems. In some cases, MRI or arthroscopy of the knee can be used to gain more information.

How can CCL disease be treated?

Non-surgical management is typically reserved for very small dogs that improve readily over the first couple weeks. Therapy might include anti-inflammatory drugs (such as Rimadyl, Metacam, or Deramax) to manage pain, controlled exercise, weight modification, physical rehabilitation, and joint protectants (such as chondroitin sulfate or glucosamine).

There are many **surgical techniques** that have been developed over the years to treat CCL disease. No one treatment has been proven to be the best, and each case must be considered individually. Surgical treatment is recommended in most large dogs, and in any dog with pain and lameness not resolving after non-surgical treatment.

The aim of surgery may be to mimic the action of the original ligament (extracapsular stabilization) or alter joint biomechanics (TPLO or TTA). In all procedures, the joint including the meniscus are explored first.

Extracapsular Stabilization (also called a Flo suture, de Angeles suture, or imbrication suture), involves anchoring very thick suture to structures on the outside of the joint to mimic the CCL. When the suture is tightened, the knee becomes stable. The suture will loosen a little over time, but typically remains in place long enough for scar tissue to contribute to joint stability and muscles to rebuild and strengthen.

In 2004 the LSU School of Veterinary Medicine has expanded its companion animal care with the Companion Animal Rehabilitation (CARE) Center to include rehabilitation and weight management for patients with orthopedic problems and/or neurological dysfunction.

Tibial Plateau Leveling

Osteotomy (TPLO)

aims to restore functional stability of the knee as the dog walks. The TPLO changes the geometry of the joint. The procedure involves making a radial cut in the bone and rotating the piece of bone to change the angles in the knee. A special plate is then placed.



Tibial tuberosity advancement (TTA)

functions exactly like the TPLO, but alters the joint biomechanics by repositioning the point of attachment of the patellar tendon. A special plate is needed to hold the tendon and bone in the new position.

Good results are expected with most repair methods. Your surgeon will discuss in detail which is preferred for your pet, as well as risks, outcome, cost, rehabilitation and after-care. LSU has a dedicated companion animal rehabilitation center.

In order to have your pet seen by a veterinarian at the School of Veterinary Medicine, a referral is required from your primary veterinarian. This will include bringing a referral letter, pertinent history and any radiographs to your appointment.