



## Lateral Suture Release Form

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Patient age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex (circle): Male Female Altered: Y N

Referring Hospital: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Surgery to be performed on which limb (initial one): **RIGHT** \_\_\_\_\_ or **LEFT** \_\_\_\_\_

\_\_\_\_\_ This document acknowledges that I have been informed that my pet is suspected to have a cranial cruciate ligament rupture (CCLR). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for a lateral suture surgery to be performed on my dog by Dr Joshua Bruce, DACVS-SA. A torn meniscus may also be treated if found.

\_\_\_\_\_ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, nerve damage, infection, implant failure, & very rarely death.

\_\_\_\_\_ I understand that the surgical success rate with lateral suture is reported for 93-95% of dogs having a good to excellent long term outcome, but that there will always be arthritis present in the joint. Complications can occur in 5-7% of cases. If infection occurs, recovery can be delayed and the need for implant removal surgery may be necessary (at additional cost). I understand that guarantees are not being given.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions. I understand that guarantees are not being made for outcome.

\_\_\_\_\_ I understand that 50-60% of dogs with a torn CCL will have the same problem in the opposite leg (typically within 18 months).

\_\_\_\_\_ I understand that my pet may be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control. There are very few complications associated with the use of Nocita, however, the risk of complications is not zero. Dr. Bruce has used Nocita in a variety of types of cases without ill-effect, however, its use in dogs for any procedures besides a TPLO procedure or cats with declaws is extralabel at this time.

\_\_\_\_\_ I consent for photographs and videos to be obtained of my pet for use by KVS for case presentations, monitoring, and/or website or social media. **CIRCLE ONE: YES NO**

I hereby grant permission for my pet to undergo Lateral Suture surgery by Dr Joshua Bruce.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Client's phone number

\_\_\_\_\_  
Date

For Office Use Only:

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

Confirm Leg: Circle One LEFT RIGHT

Witness: \_\_\_\_\_