

## SURGICAL CONSENT & AUTHORIZATION for MPL

Date: \_\_\_\_\_ Referring Hospital: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Client's name: \_\_\_\_\_

Pet's DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: Male Female Altered: Yes No

\_\_\_\_\_ This document acknowledges that I have been informed by Dr. \_\_\_\_\_ that my pet is suspected to have a medially luxating patella (MPL). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for MPL correction (trochlear wedge recession, lateral imbrication, medial fascial release and tibial tuberosity transposition) surgery to be performed on my dog by Dr Jennifer Hoch, DACVS.

\_\_\_\_\_ I understand surgery will be on the: (Circle & initial) RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

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

\_\_\_\_\_ I understand that the surgical success rate with MPL surgery for Grade 2-3 is reported for 90-95% of dogs and cats having a good to excellent long term outcome. Complications can occur in up to 10% of cases and may include relaxation of the patella (coming out of place again) and pin loosening (requiring pin removal in the future). Grade 4 MPL have a higher complication rate of 30%, including relaxation and the need for another surgery.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions.

\_\_\_\_\_ I understand that no guarantees are being given.

\_\_\_\_\_ I elect for my pet to be administered Nocita (local anesthetic lasting up to 72 hours) for additional \$200. CIRCLE ONE: YES NO

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

I hereby grant permission for my pet to undergo MPL surgery by Dr Jennifer Hoch.

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

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

\_\_\_\_\_  
Date

For Office Use Only: Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

Confirm Leg: Circle One LEFT RIGHT