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SURGICAL CONSENT & AUTHORIZATION for MPL +/- TPLO

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. 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.

_____ If a concurrent cranial cruciate ligament (CCL) rupture is found during surgery, then I authorize tibial plateau leveling osteotomy (TPLO) surgery to be performed to current this problem as well. Without a comprehensive surgery to treat all problems, success is not likely.

_____ 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 (and TPLO surgery if warranted only) by Dr Jennifer Hoch.

Client's signature

Client's phone number

Date

Office Use Only: Weight: _____ Temp: _____ HR: _____ RR: _____ Confirm Leg: LEFT RIGHT