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| **Medial Patellar Ligament Desmotomy** |
| **Indications**  | Upward fixation of the patella that has not responded to other treatments. |
| **Site Preparation**  | The tissue adjacent to and beneath the medial patellar ligament is aseptically prepared (scrubbed) and locally anesthetized (blocked). |
| **Procedure**  | Medial patellar desmotomy is performed in the standing, sedated and locally-anesthetized horse.1. The medial patellar ligament is identified along the front and inside aspect of the stifle. The ligament is easily palpable in the standing horse.
2. An incision is made along the medial aspect (inside) of the medial patellar ligament. The incision is adjacent and parallel to the ligament.
3. The medial patellar ligament is isolated using a pair of hemostats and partially exteriorized from the incision. Once capture of all ligament fibers is confirmed, the ligament is transected (in a horizontal plane).
4. Following complete ligament transection, the incision is closed with 3-4 interrupted sutures.
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| **Postoperative Care**  | Minimal care of the incision is necessary following the procedure.Perioperative anti-inflammatory and antimicrobial therapy is recommended. Suture removal is typically performed at 2 weeks postoperatively.Stall rest is recommended for 2 weeks postoperatively, followed by 2-4 weeks of turnout in a small paddock. Regular pasture turnout may resume after 30-45 postoperative days. Depending on the comfort of the horse, training can also recommence after 30-45 days of recovery. |
| **Advantages**  | * Very simple procedure.
* Can be done in the standing horse.
* Permanent release despite scar formation between the ends of the cut ligament.
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| **Disadvantages**  | * Fails to address the initiating problem.
* Long-term osteoarthritis may result due to maltracking of the patella and/or altered gait.
* May predispose to patella fragmentation
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