

# Medial Patellar Luxation

Patellar luxation is a condition in which the knee cap (patella) pops out of its groove. A luxating patella is usually congenital (born with the condition) though there are cases where it can be caused by a traumatic injury. Medial patellar luxation (MPL) is when the kneecap pops out of its groove moving to the inside of the leg.



Patellar luxation is a condition in which the knee cap (patella) pops out of its groove. A luxating patella is usually congenital (born with the condition) though there are cases where it can be caused by a traumatic injury. Medial patellar luxation (MPL) is when the kneecap pops out of its groove moving to the inside of the leg. Less common, lateral patellar luxation (LPL) is when the kneecap pops out of its groove moving to the outside of the leg. Though neither is limited to specific breeds, this condition is often diagnosed in small breed dogs, frequently effecting both rear legs. MPL occurs most commonly in breeds such as Yorkshire terriers, Maltese, Papillion, and miniature poodles, but also

can be seen in Labrador retrievers, Great Pyreneese, and other large breeds.

The condition can be seen as early as 6-12 months of age and can range from a mild affliction to a severe permanent luxation. The most common sign is often a yelp followed by non-use of the leg until the patella pops back into place. The patella can sometimes be manually moved back into position, but once the luxation has occurred, it will often be a life long problem without surgical intervention. The grading scale for this condition is rated Grade I for a mild affliction with minimal luxation through Grade IV in which the kneecap is permanently luxated and will not remain in its groove.

The surgical repair involves several steps. First, the groove that the kneecap sits in is deepened. Then the surrounding tissues are altered to ensure the kneecap will rest within the newly fashioned groove securely. Sometimes



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the tibial crest (front section of the shin bone) is transposed to a slightly different location and secured with pins. (Section C - Image of post-surgical MPL with transposed tibial crest)

Most pets will return to normal function with the surgical leg very quickly though some will require physical therapy to assist rehabilitation. Though physical therapy may be necessary, strict rest is required immediately post-operatively to help prevent a reoccurrence of the MPL while the surgical site is healing. There should be no running, jumping or playing during this strict confinement time. Only the doctor will be able to determine when minimal activity should be added into the daily routine with the goal being to return to normal function by sixty days. It will be necessary to document progress with radiographs of the surgical site.

Overall, some pets recover very quickly with little need for owners' assistance, but other animals need intensive physical therapy. Lean and fit animals tend to recover quicker than overweight and weaker pets.



Most complications are minor in nature. Relaxation is rare, but may occur and often requires an additional surgery. The risk of a relaxation is greatest during the first few weeks after surgery especially if the pet had a chronic high grade luxation. If surgical pins were used to hold the tibial crest in place, there is a risk that these might need to be removed after 3-12 months of healing. Signs that they might need to be removed are slight swelling and redness in the surgical area or a reoccurrence of lameness. This would also be documented with radiographs.

There are few risks or complications with the MPL surgery, be sure to discuss them at the time of your consult. We require current blood work and pertinent medical history to assess the risk for general anesthesia. While there is always risk involved with general anesthesia, the risk is usually very low for healthy animals with normal blood values. It is further reduced by local pain control during anesthesia, which is accomplished by epidural anesthesia. You will also be sent home with a course of antibiotics and pain relievers. The pain relievers are only to be used as needed and can sometimes mask the pain, making the patient overexert themselves, leading to potential injury.



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