



CHANCELLOR PARK VETERINARY SURGERY

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Elbow Dysplasia

Elbow dysplasia is the most frequent cause of front leg lameness in the dog. Elbow dysplasia is the term used to describe a variety of conditions which may occur alone or in combination within the elbow. These are, for the most part, caused by incongruity or poor alignment of the joint surfaces within the elbow.

Elbow dysplasia in canines is considered to be primarily a genetic developmental disease. Other possible contributing factors may be growth rate, high protein diet, trauma, hormonal imbalances, poor nutrition, rapid weight gain and level of exercise.

Elbow dysplasia begins to occur in growing dogs, aged between 4 and 7 months of age, particularly in medium, large, and giant breeds. In adult dogs, the clinical signs are secondary to the osteoarthritis that follows. Among the most affected breeds are the Labrador Retriever, Golden Retriever, German Shepherd Dog, Rottweiler, Bernese Mountain Dog, Great Dane, Dogue de Bordeaux, Chow-Chow, and Newfoundland.

Medial coronoid process disease (MCPD) represents the most common form of elbow dysplasia; it can be observed as an isolated pathology or in association with osteochondritis dissecans (OCD) or, less frequently, with ununited coronoid process (UAP).

Early treatment of developing mild elbow dysplasia, medial coronoid process disease (MCPD) and osteochondritis dissecans (OCD) at 4 to 5 months of age with distal dynamic ulnar ostectomy

1. In 4- to 5-month-old dogs with elbow dysplasia radiographic changes are seen with or without lameness. In affected dogs, a distal dynamic ulnar ostectomy only (cutting part of the ulnar bone out) can be performed without joint treatment. It is believed that this practice releases the pressure on the medial and lateral part of the medial elbow joint. The advantage of this surgical procedure is that complications are occurring very

seldom and the simple surgery may cure the disease. If this is not the case then step 2 is required.

2. The operated puppies are rechecked clinically and radiographically 3 to 4 weeks later. In cases with persistent clinical signs and worsening radiographic pathology, joint inspection is carried out in conjunction with proximal dynamic ulnar osteotomy (which we feel is more effective than distal dynamic ulnar osteotomy in advanced cases of elbow dysplasia).

Owner expectation and commitment:

1. Initial diagnosis of elbow disease including x rays
2. Following x rays in 3-4 weeks post initial surgery.
3. Second surgery if response to first surgery is poor.

If you want to proceed with the treatment and want to know the costs please ask reception and the estimates will be sent to you by email.