

Distal Tibial Growth Fracture Repair

This fracture is observed primarily in the immature animal as a physeal fracture of Salter type 1 or type 11.

Reduction and fixation vary with the individual case. In some patients, reduction may be accomplished by a combination of traction, countertraction, and manipulation.

An open reduction may be mandatory for satisfactory reduction in most case: the approach is usually made on the medial side. Because the distal tibial has no muscular covering, the bone is virtually subcutaneous.

Surgery: Open reduction and internal fixation technique.

- After reduction, the insertion of two small, diagonally placed pins starting at the medial and Lateral malleoli is often the only practical methods of fixation because of the shortness of the fragment.
- Supplemental fixation using a short lateral splint is applied.
- Additional Rotational stability can also be achieved by a tension wire placed between the protruding pins on one or both side.

AfterCare:

- Activity is restricted during the healing period.
- The external fixation can be removed when adequate primary callus has formed (in about 3 weeks)
- The transfixation pins are usually removed after clinical union has been reached.

If you have any questions please feel free to contact us using the information below. Thank You,



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