TEXAS SPECIALTY
TSVS
VETERINARY SERVICES

Surgical Release Form for Leg (limb) Amputation

Owner: _____Patient:_____Date:_____

Referring Hospital: _____Veterinarian:_____

Surgery to be performed: _____

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper and Franklin) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area.

Your pet needs to have his/her leg amputated due to irreparable damage, severe fracture injury, tumor, or muscle, tendon or nerve damage. Front legs are amputated with the scapula bone to prevent unsightly sticking out of the scapular spine after muscle atrophy. Rear legs are usually amputated by cutting the femur bone near the joint instead of disarticulating the hip as it is less painful, less expensive, and more cosmetic. If your pet has disease near the hip joint or a tumor in the femur bone then disarticulation is necessary to fully treat the problem. Radiosurgical equipment is utilized to diminish bleeding and swelling and pain and epidural anesthesia is utilized for rear leg amputation to insure comfort upon awakening from the surgery. Bandages are sometimes used in front leg amputations but rarely in rear leg surgeries. Your pet will very quickly adapt to their new center of gravity and ambulate very well. Most patients adapt within a week, although some require some coaxing and physical therapy and can take up to four weeks to walk well without support. Three legged patients can run, jump and play with little handicap. Since humans are bipeds, losing a limb leaves them with one leg which is a severe handicap. Our pets walk on four legs and losing one leg to become a triped is not nearly as debilitating. Patients can even do quite well with just two legs, even if they are on the same side!

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Lastly, pets do not have any emotional component to their loss of a limb and do not “feel sorry for themselves” or have any signs of depression after undergoing loss of a limb.

The undersigned owner or authorized agent of admitted patient _____ hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer such treatment as is necessary to perform the below-mentioned procedure. The nature of the procedure(s) has been explained to me and no guarantee has been made as to results or cure. I understand that there may be risk involved in these procedures.

I consent to the administration of such anesthetics or tranquilizers as are necessary.

Anesthetic Risks: (Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, I understand that anesthesia carries inherent risks) The incidence of complications from anesthesia are extremely low and we do not anticipate any complications in your pet but on rare occasions the following can occur:

1. Allergic reaction to the anesthetic agents
2. Heart rhythm abnormalities
3. Untoward reactions to the gas including drops in blood pressure or respiratory difficulties
4. Just like in humans, on very rare occasions, general anesthesia can result in death.

Procedure: Leg Amputation
Surgical Risks:

1. Infection (rare)
2. Bleeding from incision (especially if overactive)
3. Seroma (pocket of fluid) which usually resolves by resorption by the body but occasionally needs drainage with a penrose drain
4. Suture line dehiscence requiring additional surgery to close the wound. Keeping an Elizabethan collar on your pet if they are prone to chewing at sutures is advisable for ten days until suture are removed in most cases.
5. Blood clots (thrombus) or fat thrombus entering bloodstream and causing pulmonary thromboembolism or brain or heart strokes which can often be fatal (very rare)
6. When the underlying problem is a cancer in the bone or soft tissue, recurrence of the cancer can still occur within weeks, months or even years depending on the type of cancer. Post-surgical chemotherapy and/or radiation therapy can sometimes significantly increase the life expectancy.
7. Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases.

My pet is having surgery today on the Right / Left Front / Rear leg (please circle correct leg).

Texas Specialty Veterinary Services (TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner’s name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please initial to allow TSVS to mention your pet _____

Date **Pet Owner/Agent Signature** **Phone I Can Be Reached At Today**

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