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Forelimb Amputation on a Boston Terrier

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Forelimb Amputation on a Boston Terrier. On Sept. 14, 1951, a 3-year-old female Boston Terrier was admitted to Stange Memorial Clinic with a history of having been hit by a car six weeks previously. Upon entry to the clinic, the patient had a paralyzed right shoulder. Permission was given for amputation in the event that it was necessary.

Examination revealed the condition to be due to radial paralysis of the right forelimb. Amputation of the limb was scheduled for the next day.

The next day the terrier was placed on the operating table and anesthetized with pentobarbital sodium. An incision was made through the skin of the right limb and the muscles dissected away from the humerus. The large vessels were ligated and the fossa of the scapula was scraped, freeing the fossa of any joint capsular tissue. The muscles were sutured to the pectoral region and the skin incision was closed with interrupted sutures. 400,000 units of procaine penicillin G in oil were given intramuscularly at the completion of the surgery.

The next day the patient was observed and it was noted that the incision was dry and beginning to heal. Similar observations were made on the second day after surgery plus the fact that the patient was active and alert. Another 400,000 units of procaine penicillin G in oil were given intramuscularly.

On the third day after the amputation the patient’s temperature was 102.2°. The incision was clean and closed, with little swelling in the area. The next day the wound was observed to be moist and slightly swollen but the patient active and alert. Four hundred thousand units of procaine penicillin G in oil were given intramuscularly. On the fifth day the incision was fairly dry with swelling at the posterior border. The sutures were still in place.

On September 21st, the sixth day after amputation, the patient’s temperature was 103.6°. Two sets of three sutures each were removed from the incision; one set posteriorly and the other set medially. Expression of the incision revealed the presence of some hemorrhage. Four hundred thousand units of aqueous procaine penicillin G were injected intramuscularly. Daily massage of the area was recommended.

The following day sero-hemorrhagic exudate was observed coming from the incision. The temperature was down to 100.8°. One-half million units of procaine penicillin G in oil were given intramuscularly. On the eighth day after amputation, exudation was still apparent and was present until the thirteenth day. For better drainage the incision was opened on the eighth day, while not removing any additional sutures. Temperature on the ninth day post-surgery was 101°. Penicillin ointment was applied where possible on the tenth day. On the eleventh day firm swelling around the wound was noted with exudate coming from the central part of the wound. The balance of the sutures in the anterior part of the wound were removed and every other suture removed from the remaining portion. Penicillin ointment was applied. The temperature was 100.6°.

On the twelfth day little change was noted. Temperature was normal and there was slight discharge. The next day the remaining sutures were removed. Most of the sutures were removed on the sixth and eleventh days after amputation. The next day a small scab was noted over the area which had been draining. The temperature was normal.

For the next eight days to the date of discharge the patient convalesced nicely with normal temperature, respiration and pulse. During that time it was in good spirits, alert, playful, and had a good appetite. On October 7th, the patient was discharged.

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Removal of a Cyst from the Neck of the Bladder of a Dog. On Sept. 23, 1951, a 9-year-old female Collie was admitted to the Stange Memorial Clinic.