Kneecap luxation surgery

Medial or lateral patellar luxation | Dogs; occasionally cats

When the kneecap slips out of its groove, the leg may briefly skip or become persistently painful. Surgery aims to improve the alignment and stability of the kneecap.

About the procedure

What is patellar luxation?

The kneecap normally slides along a groove in the thigh bone as the knee bends. In a luxating patella it moves to the inside (medial) or outside (lateral) of that channel. Many dogs are born with a tendency for the bones and muscles to develop out of alignment. Some show an occasional skipping step; others have a permanently displaced kneecap, a bowed leg or difficulty walking. Both knees can be affected simultaneously.

Does every slipped kneecap need surgery?

No. A mild luxation that causes no pain or difficulty may simply need monitoring. Surgery is considered when there is repeated or persistent lameness, pain, worsening alignment during growth or loss of function. Your vet grades the luxation from 1 to 4, but the grade is only one part of the decision. X-rays and sometimes CT help assess bone shape and plan treatment. The knee is also checked for cruciate ligament disease. If both knees need treatment, the surgeon will discuss whether separate operations are safer.

How can the kneecap be stabilised?

Surgery is tailored to the individual leg. The surgeon may deepen the groove while preserving its cartilage where possible (trochleoplasty or sulcoplasty), move the bony attachment of the kneecap tendon into a better position (tibial tuberosity transposition), and adjust the soft tissues around the knee. Small pins, wires or other implants may hold a moved bone segment while it heals. More severe deformity may need a corrective cut in the thigh or shin bone, secured with a plate.

What about groove replacement?

If the groove is severely damaged or unsuitable for a conventional repair, selected patients may be considered for patellar groove replacement (PGR), in which an implant provides a new surface for the kneecap to track over. It is not a routine treatment for every luxation. The surgeon will explain its specific indications, alternatives and risks.

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Recovery, risks and home care

Recovery and home care

Expected outcome

Most pets gain comfort and improved kneecap tracking, but established arthritis or severe deformity may limit the result.

How should I manage the first weeks?

Keep your pet in a restricted area with non-slip flooring and prevent jumping, running and stairs. Cage rest is strongly recommended and will help avoid many unnecessary complications. Use short lead outings for dogs. Protect the wound and give medication as prescribed.

When can exercise increase?

A wound review is usually needed around 10–14 days. If bone has been cut or moved, repeat X-rays are commonly taken at around 6–8 weeks and again if healing is incomplete. Many pets require 8–12 weeks of controlled recovery or longer after complex correction.

When should I call?

Report a return of skipping or a suddenly painful knee, a new prominence beneath the skin, increasing swelling, discharge or persistent refusal to bear weight. A pin that becomes prominent or moves towards the skin needs veterinary assessment.

Questions to ask your vet

Which parts of the knee need correction? Will bone be cut or implants used? Is the other knee affected?

Discussing risks and complications

As with any surgical procedure, complications can occur. Your surgeon will discuss the possible complications, individual risks and expected outcome for your pet during the pre-operative consultation.

General anaesthesia can cause serious complications, including death. Your veterinary team will explain individual risks and alternatives.

Your veterinary team will discuss the recommended treatment, alternatives and the risks of general anaesthesia for your individual pet.

Important information

Check the wound daily; prevent licking and keep it dry. Give prescribed medicines only. Report vomiting, diarrhoea, poor appetite or increasing illness. For breathing difficulty, collapse, uncontrolled bleeding or severe distress, seek emergency care immediately.

Follow the personalised discharge plan; this sheet is not a consent form. Contact your own practice or its out-of-hours service for urgent care.