

February/March, 2017

Dear Colleague,

I want to express my sincere thanks to all my colleagues who have referred me cases for the past 20 years. I hope I have earned your confidence, and I very much appreciate feedback on how I can improve. I am proud that I have been able to offer minimally invasive surgical alternatives for 20 years.

In anticipation of continued service for 20 more years, we have recently upgraded all of our equipment to HD video. This was a significant investment, but the image quality is vastly superior. This fits our motto-you have to see it to treat it, and the better you see the better you treat it. This is really the goal of arthroscopy-better patient outcomes thru more precise treatment, this is especially true in the stifle for proper meniscal management.

Arthroscopy continues to be 95% of our cases, with the vast majority being stifles for cruciate ligament disease. It is my opinion that the meniscus cannot be adequately examined or treated in dogs without the magnification of arthroscopy. We continue to see more and more cases of meniscal tears after successful cruciate ligament repairs (with any technique). Arthroscopy allows us to treat these cases without disrupting the prior repair.

This year also marks our tenth year of performing Tightrope stabilization, and I could not be happier with the technique. Our infection rate for the past two years is under 3%, and removal of infected Tightropes is very easy thru two medial incisions. Just like the infected lateral fabellar repairs, most patients do well after simply removing the device. Loosening of more than a couple of millimeters is very rare with proper isometric placement.

The evidence is clear that arthroscopy is the gold standard for treating elbow and shoulder disorders in our patients. Most patients may resume activity almost immediately after surgery.

We have also invested in a new HD Flexible GI scope. This new technology places the camera at the tip and the image quality is stunning. These new scopes also have larger channels for bigger biopsies and larger retrieval instruments, which greatly improves our success at removal of foreign objects.

Thank you again for your support! Please continue to consider us for your patients looking for a minimally invasive approach. Our website has useful information, and you may reach us via the website. You can also email me directly at [dccook@aol.com](mailto:dccook@aol.com) , or feel free to call to discuss any specific case you may have!

Sincerely,

Dr. Robert Cook, DVM