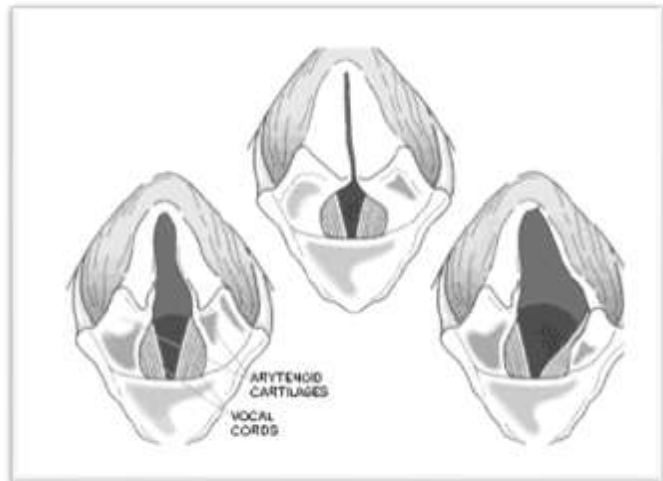


Laryngeal Tie Back

The Procedure

Laryngeal tie back surgery is performed in dogs that have laryngeal paralysis.

The larynx (also known as the voice box) is important for making sound, however there are other functions that need the vocal cords to open and close. When your dog breaths in, the vocal cords open to allow air to flow into the airways (the harder the breathing, the more open they are). The larynx also needs to close during swallowing or vomiting, to prevent food or liquid from entering the airways. Should anything inadvertently



enter the airways, coughing maximises the chance of expulsion of this material, which is controlled by the larynx partially closing, making air move more rapidly to push it out.

Dogs with laryngeal paralysis have a larynx that does not function normally. One of the more obvious clinical signs that is seen in patients with laryngeal paralysis is progressive noisy breathing (known as stridor), with difficulty exercising and, in some cases, episodes of collapse. Other signs of the condition include a change in the sound of your dogs bark, coughing, difficulty eating, and sometimes regurgitation (particularly if there is an underlying generalised nerve issue).

The aim of the laryngeal tie back procedure, is to open one half of the larynx permanently, to allow for more normal air flow. It is only done on one side, to reduce the risk of food or liquid passing into the airways.

Surgical Site

This will need to be protected from interference from your pet to minimise complications, therefore there will be a primapore dressing applied. Unfortunately due to the location of the surgery, a buster collar cannot be worn.

This wound will need to be checked twice a day. Please report any swelling of, weeping from or breakdown (opening) of the wound.

We recommend cold and warm compress from a pain relieving and healing perspective:

- 3 days cold compress – a cold pack wrapped in a thin towel to protect the skin, to be applied over the surgical site for 10 minutes three times a day, for 3 days.

- 3 days warm compress – a warm pack wrapped in a thin towel to protect the skin, to be applied over the surgical site for 10 minutes three times a day, for 3 days.

Feeding

Hand feed your dog with balls of meat for the first 4 weeks post operatively. They can be weaned onto their normal food gradually after this.

Medication

This will be detailed on a separate post operative discharge sheet but will involve:

- A course of antibiotics.
- Non Steroidal Anti-inflammatories (NSAID).
- Paracetamol for approximately 5 days.

Post operative checks

3 days post operatively to check the surgical site and 10 days post operatively to check the surgical site, and remove skin sutures if present.

Exercise

As the tissue heals, we would recommend not walking your dog to prevent problems with sutures catching on anything, or unwanted play/interference from other dogs or cats. Toileting in the garden should be fine for dogs. After 10-14, normal exercise can be gradually re-introduced although extremes of exercise should be avoided.

Your dog cannot go swimming after this procedure as the larynx is tied open and cannot protect the airways from water entering them.

We advise the use of a harness rather than a lead on a collar.

Excitement and barking should be avoided where possible for 2 weeks after surgery, it may be worth disconnecting the doorbell, or putting a sign on the door to ask people not to knock.

Post operative expectations and potential complications

The aim of this surgery is to allow your dog to breath more easily so that they can exercise more normally, and be less at risk of overheating in warm weather. It is important to be aware that your dog should not have too much exercise, and should still be kept cool in warmer weather.

Whilst the prognosis for dogs undergoing this surgery is good, as with any surgical procedure, there are potential complications. These would include:

- Infection
- Seroma formation
- Wound breakdown
- Failure of the surgery if the sutures holding the larynx open break
- Aspiration pneumonia – when liquid or food is inhaled into the airways