

Post-operative Discharge Instructions following Left Arytenoid Lateralisation (Laryngeal Tieback) Surgery

Arytenoid Lateralisation (Laryngeal Tieback) surgery has been performed to artificially open the larynx at the back of the throat and opening of the wind pipe (trachea) to increase the amount of air able to be passed. This surgery has been required to due to either paralysis of the nerve and damage or degeneration of the nerves which supply the function to the larynx, or due degeneration and collapse of the cartilages which hold the larynx open when we inhale and breath in. The paralysis causes the larynx to close when we breath in, a bit like sucking a thick shake through a straw, causing decreased air flow and suffocation. We usually see this occur as an increased noise when breathing in (stridor) during periods of activity and heat stress.

Surgery involves artificially tying opening one side of the larynx using sutures (laryngeal tieback) so the patient is able to breath in, and not have the larynx close. The goal of surgery is to open the airway and minimise the risk of future life threatening breathing episodes. Some respiratory noise will remain following surgery, in upto 30% of cases, and a return to full exercise tolerance and heat tolerance may not be complete. The outcome as determined by clients post-operatively is good in over 90% of cases.

Complications may occur either in the immediate post-surgery period or at some stage in the future. Early complications are related to inflammation and swelling, and may require a temporary hole to be made in the base of the neck (tracheostomy) until the swelling subsides and the patient is able to breath without issues. Infection rates are low, generally 2-4%, and usually managed with oral antibiotics. Later complications observed, are breakages of the sutures or breakage of the cartilages the sutures are in, either due to excessive barking and activity or old age degenerative changes. Should suture breakage occur then a second surgery to tie-back the other laryngeal cartilage may be required to open the airway again.

Because the surgery involves artificially tying open the larynx, there is an increased risk of inhaling food into the lungs because the larynx is designed to naturally protect the wind pipe (trachea) from getting food inhaled. The most serious, late complication which may occur, is inhalation of food into the lungs (aspiration pneumonia) due to the larynx having to be artificially and permanently tied open. The risk of aspiration pneumonia is approximately 15%, and should be monitored for closely at all times following surgery. Aspiration pneumonia is life threatening and should be identified early and treated pro-actively with hospitalisation and intravenous antibiotics. Pneumonia may present as a cough, increased lethargy, increased rate of breathing (respiratory rate) and decreased appetite.

Healing will take 4-6 weeks, during which time there should be a gradual improvement in breathing function. Weight loss in most instances will make a significant additional improvement to respiratory function.

There will be some swelling of the back of the throat in the early period following surgery, and close attention to the breathing function and effort within the first 24-48 hours should be given. Care should be taken to not allow over activity or excitement which may cause respiratory distress and increased breathing demands.

Following laryngeal tieback surgery there are no sutures needing removal, but close observation of the wound for swelling, redness or discharge should be monitored for.

****** Should you have any concerns please contact your veterinarian immediately.
All follow-up should initially be performed by your regular veterinarian, who will contact
Advanced Veterinary Surgery for further advice if required.***

***We would rather ensure the recovery is progressing as expected and avoid complications by
early recognition.***

Re-examination by your Regular Veterinarian

Your vet: 7-10 days for assessment, progress check and examination of the wound on the neck

Your vet: Any further re-examinations to be advised by your regular veterinarian only if required. Usually performed as required, and general examination of outcome at 4 weeks.

Please don't hesitate to contact your veterinary clinic at any stage for examination if you have concerns.

Medications

A course of anti-inflammatory and antibiotic medications will be dispensed. Please read the instruction labels carefully and contact your veterinary clinic should you have any queries.

Should there be any gastrointestinal signs (vomiting, diarrhoea), please stop the medication and contact your veterinary clinic.

Post-operative Care

Rest and short lead controlled walks in the backyard only for toileting purposes as required for 4 weeks, followed by a gradual increase in the length of lead controlled walks thereafter.

Free exercise off the lead and return to normal activity generally at 4-6 weeks after surgery.

I would recommend the use of a chest harness in the future, and avoid the use of a collar or lead about the neck at all times to minimise pressure on the windpipe and larynx.

Diet

Please feed small boluses (small meatball sized) portions of soft food which is able to be easily swallowed. Dog roll cut into bite sized pieces works well.

Please handfeed for 2 weeks to minimise the risk of aspiration pneumonia and inhalation of food.

Please do not feed milk, dry food or biscuits, bones or hard chews, or gravy-type foods at all times in the future to minimise the risk of aspiration.

Attention to body condition should be observed, and in some instances weight loss will make a significant improvement to respiratory function in conjunction to surgery.