**Post Op Considerations for Prosthetic Laryngoplasty (Tie Back)**

Antibiotics are not administered routinely. The laryngotomy wound is cleaned twice daily. The animal is confined for the 2–3 weeks it takes for the wound to heal. After this period, the horse is hand-walked. The horse may be put back to work 8 weeks following surgery. The tracheostomy tube is usually left in the laryngotomy opening until the patient recovers from anesthesia. If there is undue trauma during surgery—more likely with some of the more involved procedures performed by a laryngotomy approach—it may be advisable to leave the tracheostomy tube in place in case laryngeal edema develops. We do not perform a separate tracheostomy without a specific, critical indication.

**Complications**

Ventriculectomy or ventriculocordectomy performed alone has less risk of complications than these procedures performed in conjunction with laryngoplasty. Postoperative complications are rare and generally

minor. The most commonly reported complication of laryngoplasty is coughing, which may be performance

limiting in some horses. Complications associated with laser ventriculectomy and ventriculocordectomy are generally few; and in general, horses will ingest food and water without apparent discomfort in 6 hours postoperatively. Thermal damage to surrounding tissue, inadequate removal of ventricular mucosa due to poor visualization, excessive tissue sloughing, mucocele formation, laser burns to the contralateral vocal cord, and arytenoid cartilage necrosis have been documented following laser ventriculocordectomy, however. Complete healing of the surgical site was affirmed by endoscopic evaluation at 47 days postoperatively. A histologic study showed that there was no collateral damage to the laryngeal cartilage when using a diode laser in contact fashion at 20 watts.