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

**POSTOPERATIVE MANAGEMENT**

Following prosthetic laryngoplasty, confinement to a stall or a walk-in, walk-out yard is recommended for 30 days. Routinely, feed and water are placed at ground level to reduce laryngeal and upper tracheal contamination. This method of feeding should be encouraged long term. Hand-walking is allowed for exercise. During the second postoperative week, the swelling in the laryngoplasty incision area subsides. During the fifth and sixth postoperative weeks (30 to 45 days after surgery), the horse is exercised lightly or turned out in a small paddock or round pen. After this, training is resumed. The owner should be advised to feed hay from the ground and that the horse may develop a chronic cough associated with eating.

***Postoperative complications***

Complications in the first 2 weeks postoperatively related to the surgical procedure (as distinct from general anesthesia complications) include seroma, wound infection, wound dehiscence, dysphagia, coughing (often, but not always) associated with eating and mild to excessive loss of abduction. Excessive abduction may necessitate a repeat layngoplasty.

Chronic complications include persistent coughing; chronic airway contamination with feed, saliva, and water; chronic tracheitis and bronchitis; lung abscess formation; pneumonia; chondritis with formation of a luminal suture sinus; isolated inflammation and granuloma formation on the corniculate process of the arytenoid cartilage; perilaryngeal abscess formation; suture pullout; progressive loss of abduction; and persistent nasal discharge of feed and saliva, both of which could require repeat laryngoplasty.