

POST-OPERATIVE MANAGEMENT OF PROSTHETIC LARYNGOPLASTY

- Antibiotics, anti-inflammatories and throat spray medications are given after surgery in most cases. Skin sutures/staples may need to be removed if an incision was made. Stall rest and time to return to work will vary depending on the surgeon's preference and the grade of laryngeal hemiplegia.
- Topical administration of a pharyngeal medication with a mixture of nitrofurazone (Furacin) or pediatric trimethoprim sulfa (oral preparation), dimethyl sulfoxide, glycerin, and prednisolone can be beneficial. A No. 10 French catheter is advanced along the floor of the nasal passage into the nasal pharynx, and 10 to 15 mL of the solution is sprayed slowly through this catheter at 12-hour intervals for 7 days. Use of corticosteroids either in conjunction with phenylbutazone or alone are often advocated, especially with laser surgery of the upper respiratory tract. Regimens used include dexamethasone powder (0.022 mg/ kg) given orally once daily in the morning feed for 3 consecutive days, day 4 is skipped, and the same dosage is then given on the fifth postoperative day. If a longer course of corticosteroid therapy is deemed necessary, 0.9 mg/kg of prednisone is given orally, starting the day after surgery, once daily in the morning feed for 7 days. The same dosage is then given every other day for three treatments. The dosage is subsequently reduced to 0.45 mg/kg, given every other day for three treatments. An individual horse's risk of cortisone-induced or -related laminitis should be given

prior to administration. The horse is restricted to hand-walking exercise for the first week after surgery and then endoscopically assessed to determine if the horse can return to paddock exercise or if additional rest and anti-inflammatory medication are necessary. The horse should not be returned to training for 60 days.

- Stall rest for 4 weeks with hand walking only
- 4 weeks of small paddock turnout or light walking exercise
- Training can be resumed after 6-9 weeks
- It is very important to prevent a horse that has had a tieback from exercising until advised by the surgeon, because this can cause increased movement of the suture and could increase the risk of tieback failure.

1. <http://www.thehorse.com/articles/29618/surgical-options-for-managing-roaring-in-horses>
2. <https://www.acvs.org/large-animal/laryngeal-hemiplegia>
3. [Equine Surgery 4th edition by Auer and Stick](#)