Intra op

The operation is conducted through a sterile surgical incision on the underside of the throat. The aim of the surgery is to advance the larynx (voice box) forward, so it sits over the soft palate, forcing it to stay in the correct position. The voice box is held in position by permanent sutures. In addition to the sterile surgery, cautery of the soft palate is performed via the mouth, causing the soft palate to scar and tighten.

The horse is placed under general anesthesia in dorsal recumbency, and endotracheal

intubation is performed. A 15 cm ventral midline incision is made, extending from the rostral

aspect of the basihyoid bone to 1 cm caudal to the cricoid cartilage. The paired sternohyoid

muscles are bluntly separated on the midline, and dissection is bluntly extended to the ventral

aspect of the larynx. If not already performed in a prior surgery, the sternothyroid (ST) muscle

tendon of insertion on the thyroid cartilage lamina is undermined and isolated (but not yet

transected) in preparation for transection.

 One size 5 polybend suture (Fiberwire® Arthrex Inc., Naples, FL) is inserted at the

ventral aspect of the right ST tendon of insertion and exited from the lamina of the thyroid

cartilage and through the thyrohyoideus muscle 1 cm rostrally and slightly dorsally from its

insertion point. The suture is then placed again through the right lamina of the thyroid cartilage

slightly more dorsal (0.5 cm) and exits more dorsally than the previous bite forming a loop in the

thyroid lamina. The procedure is repeated on the left side. The ST tendon of insertion is

transected after the sutures are placed in the thyroid lamina. A suture or wire passer is used to

pass the most dorsal suture on the right side and most ventral suture on the left side dorsal to the

basihyoid to exit on the right side of the lingual process where they are tagged with separate

hemostats. The most dorsal suture on the left side and most ventral suture on the right side are

then similarly passed dorsal to the basihyoid to exit on the left side of the lingual process where

they are tagged with separate hemostats. To remember the suture order the phrase “Dude Is Very

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Complications

• Haemorrhage from deep in the surgical site

• Hemorrhage usually stops or reduces significantly when the suture is tightened and tied. Therefore, the surgery should be hastened to accomplish tying of the suture as soon as possible

 • Needle breakage

• Perforation of the laryngeal mucosa

• Prosthetic suture ‘cut through’ of either the cricoid cartilage or muscular process of the arytenoid cartilage