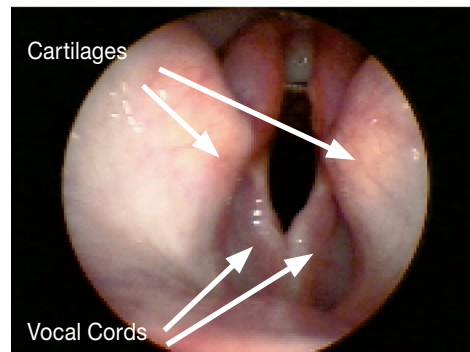
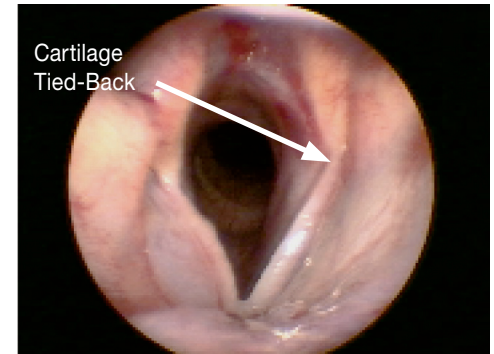


Introduction

The larynx is the opening to the trachea. The laryngeal muscles open the laryngeal (arytenoid) cartilages during breathing and close them during swallowing. Certain respiratory and neurologic disorders can cause paralysis of these muscles preventing the cartilages from opening, a condition known as laryngeal paralysis.



Before Surgery – Laryngeal Paralysis



After Surgery – Laryngeal Tie-Back

Although laryngeal paralysis usually develops slowly over time, the symptoms may come on quite suddenly. Symptoms include voice change or loss, panting, exercise intolerance (tires easily), overheating (heat stroke) and collapse. Diagnosis requires a light general anesthetic to evaluate the function of the laryngeal muscles and cartilages. Laboratory tests and radiographs are necessary to determine if there is a treatable underlying disorder causing the laryngeal paralysis.

Treatment

Treatment of laryngeal paralysis consists of a surgical “tie-back” procedure to permanently open the laryngeal cartilages, or surgical removal of the affected arytenoid cartilage. Since the vocal cords are affected, some loss of voice is typical postoperatively. Commonly, only the most affected side is operated initially.

Since other structures are involved in swallowing, permanent opening of the laryngeal cartilages does not usually result in longterm problems. In the immediate post-operative period, patients may inhale or aspirate small amounts of liquid, food or saliva. Coughing is a protection mechanism and is common after eating and drinking especially in the first few weeks.

Aspiration pneumonia is an uncommon problem that may be life threatening and requires additional treatment.

After Care

After surgery, patients must be rested so as to avoid any exertion. Patients must be confined to a small, cool area with leash walks to urinate and defecate only for about 3-4 weeks. In general, we recommend disposing of any neck collars and using a chest harness for all leash controlled activities.

Patients are fed small bite sized pieces of hot dog (low fat turkey franks) or meatballs hand made from canned food for a few days to weeks. Kibble, softened by soaking in warm water, can be fed for a few days to weeks after that, before returning to a normal diet regimen.

Since laryngeal paralysis is usually associated with a generalized neurologic deterioration disorder, gradual progression of weakness or neurologic loss elsewhere in the body is typical. **VMSG**