

Laryngeal and Nasopharyngeal Disease Surgery Treatment

Explain the conditions of laryngeal paralysis, laryngeal collapse, and epiglottic retroversion, and the pathophysiology and treatment recommendations for each

Identify the grades of laryngeal collapse. Explain treatment options and potential issues of surgical treatment for laryngeal collapse to a client

Laryngeal Collapse

- Primary cartilage problem or more commonly secondary to other respiratory disease
- Can occur in a variety of dogs but brachycephalic dogs are overrepresented
- Progressive dz
- Medical and lifestyle management is recommended as long as the patient can compensate
- Address the underlying conditions that may be exacerbating the condition, (cause of upper airway obstruction, body condition, etc.)
- Permanent tracheostomy if the patient is no longer able to compensate

Permanent tracheostomy

- Salvage procedure for end-stage disease
- Dog body conformation impacts the outcome
- Requires diligent stoma maintenance from the owner

Describe the important surgical anatomy relevant to the diagnosis and treatment of laryngeal paralysis. Explain GOLPP to a client and potential impacts for their dog

Arytenoid Lateralization

- Only perform one side, usually the left due to ergonomic benefit for the surgeon
- Bilateral arytenoid lateralization was seen to significantly increase the dog's risk of complications and were less likely to survive

GOLP

- LP may be a part of a generalized polyneuropathy
- Likely to have esophageal dysfunction
- Likely to develop generalized neuropathy over the course of a year

Communicate the risks and benefits and possible complications of the different surgical approaches for laryngeal diseases

Sequalae of tie-back surgery

- Change in bark
- Coughing

- Recurrent bronchitis/pneumonia secondary to aspiration
- Affected dogs may have pre-existing esophageal or pharyngeal dysfunction
- Failure of lateralization
 - Suture failure
 - Cartilage failure
- Progression of peripheral neuropathy
- **Seroma = most common post-op complication**

*Intraoral approach has an overall higher risk for long-term complications than patients receiving the lateralized procedure

Advise clients on postoperative management and the likely outcomes after surgery for laryngeal paralysis and laryngeal collapse. Explain laryngeal webbing and treatment impacts

Post-operative care of Arytenoid Lateralization

- NPO and IV Fluids immediately post-op
- Re-institute feeding a day after surgery and assess swallowing
- Small moist meatballs
- Analgesia
- Respiratory monitoring
- Avoid neck leads
- Advise O about lifelong risk of aspiration pneumonia
- Weight loss
- Activity restriction for 4-6 weeks

Describe the approaches to diagnosis and removal of a nasopharyngeal polyp (NP), including the important surgical anatomy relevant to the diagnosis and treatment

- Generally, diagnosis is based on signalment, history and anesthetized physical exam findings
- Unlikely to respond to medical management alone

Explain the pros and cons of different treatment approaches for a NP and when you might recommend one approach over another

- Traction-avulsion – grasp polyp as close to its base where it exits the auditory tube
 - Use slow and steady traction to avulse polyp from its attachments inside the middle ear
- Ventral bulla osteotomy

- Use for recurrent NP cases, bony changes associated with the bulla, indications of walled-off infection, polyp limited to middle ear and tympanic membrane is intact, otic polyp protruding into ear canal where O is unable to manage additional treatment options if recurrence occurs
- Imperative to explore both compartments

Advise clients on the postoperative care, medical management, and likely outcomes including potential recurrence after removal of a NP

- NSAIDs or steroids but NOT both
- Antibiotics are usually NOT indicated but may be considered in certain cases

Complications: Minor bleeding, 10-50% recurrence rate of NP polyps with traction-avulsion, transient Horner's syndrome