**HOBDAY\ TIEBACK INTRAOPERATIVE PROCEDURE**

* Lidocaine or mepivicaine is applied
* Usually combined with a ventriculocordectomy
* The ventricle and the vocal cord (located under the arytenoid cartilage) is removed to widen the airway that is performed alone or along with a prosthetic laryngoplasty
* This procedure alone can improve performance and decrease respiratory noise in draft breeds or in show horses that do not need to perform at high rates of speed. It is done under anesthesia through an incision under the jaw into the airway (known as a laryngotomy) or by using a laser passed through an endoscope (or “scope”) up the nostril.
* Laryngotomy incisions are left open to heal on their own. Laser techniques are done either under general anesthesia or with your horse awake and standing.
* No incision is necessary with the laser technique since the endoscope and laser are passed up the nose to the larynx.
* The standing laser technique is ideal for draft breeds that may have difficulty recovering from general anesthesia.