**Pre Op Considerations for Prosthetic Laryngoplasty (Tie Back)**

Laryngotomy and ventriculectomy may be performed with the horse under general anesthesia and in dorsal recumbency or with the standing animal sedated and injected with local analgesic at the surgical site. Prior to surgery (ideally, 4 hours prior), the patient is given 2 g of phenylbutazone intravenously to minimize postoperative laryngeal edema. The surgical area at the caudal aspect of the mandible is clipped and prepared aseptically. To perform the endoscopically guided ventriculectomy, the horse is placed in standing stocks and sedated with 0.3 mg xylazine HCl. A jugular catheter is placed and a continuous infusion of 20 mg detomidine in 1 L polyionic fluids is used to maintain sedation. A flexible endoscope is passed nasally, and 20 ml of 2% carbocaine is used to bathe the surgery area.

**Instrumentation**

**1.** General surgery pack

**2.** Self-retaining retractor (Gelpi, Weitlaner, or Hobday’s roaring retractor)

**3.** Laryngeal bur

**4.** Tracheostomy tube

**5.** Laser with fiber (980-nm diode laser with 3 m/600-m

fiber preferred)

**6.** Protective eyewear