INTRA OP. FOR LARYNGOHYOID REDUCTION

The animal is placed under general anaesthesia and positioned in dorsal recumbency with the head and neck extended.

The ventral cervical and intermandibular areas extending 10 cm rostral to the basihyoid bone are prepared aseptically.

The operation is conducted through a sterile surgical incision on the ventral of the horse’s neck by its throat. The incision is 2cm caudal to the cricoid cartilage and is extended to 2cm rostral of the basihyoid bone.

Fascia and the Sternohyoideus muscle is separated on the midline and bluntly dissected free of the dorsolateral aspect of the larynx lateral to the thyrohyoideus muscles.

Swabs are used to clear up any excessive bleeding at this point.

Using a 3.2-mm drill bit, a hole is made in the rostral aspect of the basihyoid bone, taking precautions to avoid damage to the vascular structures dorsal to the basihyoid bone (Fig. 43-22).

The area of the surgery is to advance the larynx rostrally and dorsally, so it now sits over the soft plate, forcing it to stay in the correct position.

The needle of two nonabsorbable sutures (size 2 or 5polyblend sutures) is placed from the ventral to the dorsal aspect of the basihyoid bone. One suture is then passed twice into the right lamina of the thyroid cartilage near the insertion of the tendon of the sternothyroid tendon (Fig. 43-23). The procedure is repeated with the other suture in the left lamina of the thyroid cartilage.

 A bilateral partial sternothyroidectomy is performed at this time.

The sutures are tied so the rostral aspect of the thyroid cartilage is located immediately dorsal and 0.5 to 1 cm rostral to the caudal border of the basihyoid bone (Fig. 43-24). Closure is obtained by reapposing the sternohyoideus muscles and incorporating the fascia overlying the larynx with permanent sutures using no. 0 poliglecaprone suture to perform a simple continuous suture pattern. These permanent sutures are placed to hold the larynx in its new position.

The subcutaneous is closed with absorbable 2.0 lactomer (Polysorb) suture material using a simple continuous suture pattern.

Skin staples are placed on the skin and the area is cleaned with gauze and diluted chlorhexidine.

Additionally, cautery of the soft palate can be performed via the mouth. This causes the soft palate to scar and tighten.

This tie –forward surgery has an 80 % success rate

Image of the procedure

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