**Ventriculectomy Procedure**

The horse is placed in the stocks and sedated with loading doses of detomidine (4 mg IV) and butorphanol (10 mg IV). After starting a detomidine drip (14 mg added to 250 mL of saline) to effect (approximately 2 drops per second for 15 minutes, 1 drop per second for 15 minutes, and so on, as the effect is highly variable), the horse’s head is elevated and the laryngotomy site is prepared. Local anesthetic is injected underneath the skin in the area of the laryngotomy approach. After the final preparation, a 10-cm incision is made on the ventral midline, centered over the junction of the horizontal and vertical rami of the mandible. The paired sternothyrohyoideus muscles are separated on the midline and the characteristic V in the thyroid cartilages is palpated. Laryngotomy is performed with a #10 scalpel blade. A burr is introduced into the ventricle to its depth and twisted, engaging the mucosa in the projections on the burr (Fig. 44-9, A and B). Occasionally, the ventricle is so large that it is necessary for the operator to press on the laminar portion of the arytenoid cartilage to enable the burr to engage the mucosa of these large saccules at their apex. The burr is then withdrawn slowly from the ventricle, everting the attached saccule. Swallowing usually occurs during this procedure and helps evert the saccule. A large hemostat is placed across the everted saccule proximal to the head of the burr (see Fig. 44-9, C), and with traction on the clamp, a second clamp is placed behind it. With digital pressure on the opening of the ventricle, the entire saccule is everted and then excised with Metzenbaum scissors (see Fig. 44-9, D). The same procedure is repeated on the opposite ventricle, which is allowed to heal along with the laryngotomy incision by second intention.

