**Postoperative management**

It is important that the horses receive loading doses of antibiotics any time the respiratory tract is invaded. Anti-inflammatory therapy is an important component of minimally invasive upper respiratory tract surgery. Phenylbutazone (4.4 mg/kg, IV) or flunixin meglumine (1.1 mg/kg, IV) is given immediately before surgery. Horses needing only minimal continued anti-inflammatory support are subsequently given phenylbutazone (2.2 mg/kg PO, twice a day for 7 days); alternatively, dexamethasone powder (0.022 mg/kg) is given orally once daily in the morning feed for 3 consecutive days, day 4 is skipped, and the same dosage is then given on the 5th postoperative day. If a longer course of corticosteroid therapy is deemed necessary, 0.9 mg/kg of prednisone is given orally starting the day after surgery once daily in the morning feed for 7 days. The same dosage is then given every other day for three treatments. The dosage is subsequently reduced to 0.45 mg/kg, given every other day for three treatments. Topical administration of a pharyngeal medication, a mixture of nitrofurazone (Furacin) or pediatric trimethoprim sulfa (oral preparation), dimethyl sulfoxide, glycerin, and prednisolone also appears to be beneficial. A no. 10 French catheter is advanced along the floor of the nasal passage into the nasal pharynx, and 10 to 15 mL of the solution is sprayed slowly through this catheter at 12-hour intervals for 7 days. The horse is restricted to hand-walking exercise for the 1st week after surgery. After this time, an endoscopic re-examination is performed to assess wound healing and to determine if the horse can return to paddock exercise or if additional rest and anti-inflammatory medication are necessary. The horse should not be returned to training for 90 days.