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| **PREOPERATIVE ANAESTHESIA & SURGICAL PREPARATION** |
| * A broad-spectrum antibiotic is administered prophylactically, as well as a prophylactic anti inflammatory (phenylbutazone) is administered intravenously prior to surgery to minimize postoperative laryngeal edema. * The ventral aspect of the linguofacial vein is clipped and prepared aseptically and local analgesic (20 ml of 2% carbocaine) is injected at the surgical site. * Horse is sedated using 1 mg/kg IV or 2 mg/kg IM xylazine HCl. * After xylazine sedation, Ketamine HCL is then administered at a dose rate of 2 mg/kg to achieve general anaesthetic effect and the animal is then positioned in Lateral recumbency and a flexible endoscope is passed nasally. * A jugular catheter is placed and a continuous infusion of 20 mg detomidine in 1 L polyionic fluids can be used to maintain sedation or surgical levels of anaesthesia may be sustained with 1.5-1.8% concentration of Isoflurane in oxygen. |
| **POINTS TO NOTE:**  Before performing the surgery preoperative evaluation should be done to definitely diagnose recurrent laryngeal neuropathy/ laryngeal hemiplegia.  Proper history taking and thorough physical examination should be done to identify any concurrent diseases and to ensure the animal vital signs are within normal, and before sedation and anaesthesia.  Laryngeal dysplasia (branchial arch defect, chondropathy or failed laryngoplasty) can all appear similar to recurrent laryngeal neuropathy endoscopically. |

**How to perform the tie-back procedure:**

**https://www.youtube.com/watch?v=JRNhbtsf-hs**