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| **Post Operative Care And Management** |
| Antibiotics, anti-inflammatory drugs and wound dressing spray medications are routinely used after for post operative care.  A stent bandage sutured over the incision can help protect the incision during recovery and minimize swelling postoperatively.  Following prosthetic laryngoplasty, confinement to a stall or a walk-in, walk-out yard is recommended for 30 days.  Routinely, feed and water are placed at ground level to reduce laryngeal and upper tracheal contamination.  Hand-walking is done to allow for some exercise.  During the fifth and sixth postoperative weeks (30 to 45 days after surgery), the horse is exercised lightly or turned out in a small paddock or round pen. After this, training is resumed. The owner should be advised to feed hay from the ground and that the horse may develop a chronic cough associated with eating. |
| **Post Operative Complications**  Complications in the first 2 weeks postoperatively related to the surgical procedure include seroma, wound infection, wound dehiscence, dysphagia, coughing (often, but not always) associated with eating and mild to excessive loss of abduction.  Excessive abduction may necessitate a repeat layngoplasty. Other complications include persistent coughing, chronic airway contamination with feed, saliva and water.  Respiratory condition such as, chronic tracheitis, bronchitis, lung abscess formation, pneumonia can occur as well. Chondritis with formation of a luminal suture sinus, isolated inflammation and granuloma formation on the corniculate process of the arytenoid cartilage. Perilaryngeal abscess formation, suture pullout and progressive loss of abduction are also complication that can arise after a prosthetic laryngoplasty. |

