**How:**

* The horse is positioned under general anaesthesia with the affected side facing dorsally. The head is extended and neck elevated using padded material. The incision site is routinely prepped for surgery.
* A 5cm to 8cm incision is made ventral and parallel to the llnguofacial vein, extending rostrally from the cricotracheal space, avoiding the transverse colli nerve.
* Sharp dissection through the subcutaneous tissue and blun dissection btween the linguofacial vein and omohyoid musclesare performed, down to the caudal border of the cricoid cartilage.
* The prosthesis (No. 2 non-absorbable suture material) and curved trochar point needle are used to apply the prosthesis as a single or double strand.
* The needle is inserted by carefully sliding it under the cricoid cartilage. Avoid penetration of the underlying mucosa and entrance of the airway as it may cause a fistula or intralaryngeal granuloma.
* The prosthesis penetrates the cricoid cartilage approximately 1cm from the dorsal midline, 1.5cm rostrally from the caudal border.
* After pulling the prosthesis through the cricoid cartilage, both ends are brought out of the incision.
* A second plane of dissection is done cranial to the first incision, immediately in front of the neurovascular pedicle supplying the omohyoid, sternothryoid and sternohyoid muscles. Retraction exposes the cricopharyngeal and thyropharyngeal muscles.
* A curved pair of forceps are used to grasp both ends of the prosthesis and bring it cranially beneath the cricopharyngeal muscle. This allows it to be retrieved at the crnial aspect of the incision.
* A towel clamp or retractor is used to rotate the larynx laterally. The needle is passed through the muscular process in a medial to lateral direction.
* The needle should pass through the cranial half of he base of the muscular process.
* Both ends of the prosthesis are tied under tension to abduct the arytenoid and corniculate cartilages.
* If a second prosthesis is used, it is placed in the same way as the first but 1cm laterally to the first suture in the cricoid cartilage.
* Subcutaneous tissues are closed routinely with a 2-0 synthetic absorbable suture material in a simple continuous pattern the skin is closed with a 2-0 synthetic non absorbable suture material in a simple interrupted pattern.