

## **Informed Consent**

### **Arytenoid Lateralization/ Laryngeal Tie Back (Tie Back)**

Your pet has been diagnosed with a problem in the upper airway at the level of the larynx. This is at the top of the trachea (air pipe). The condition is a dysfunction in the nerves, muscles, or their connection, which leads to dysfunction of the larynx. Laryngeal paralysis is common in older dogs, especially Labrador retrievers. The job of the larynx is to open during inspiration (when your dog breaths in) and relax during expiration (when your dog exhales). Dysfunction, or paralysis of the larynx means the normal functions do not occur. Most importantly, during inspiration, the arytenoid tissues (part of the larynx) cause partial airway obstruction, instead of moving out of the way during breathing. You could think of it as breathing through a straw. When your dog is relaxed or sleeping, it might be just fine, but when your dog is excited, active, or hot (and panting), this obstruction hinders airflow and can cause them to try to pull more air in and they struggle to breath, and in doing so, they create noise as air moves past these “extra” tissues in the way. This can lead to a negatively self-perpetuating cycle where they try harder and harder to breath and inflammation, swelling, and obstruction prevent normal breathing and in the worst case scenario, a dog may die of suffocation. Your dog has been diagnosed, presumptively, with laryngeal paralysis, and you have elected surgical therapy to treat this condition. The goal of surgery is to use sutures placed outside the larynx to permanently open half of the larynx. We only do surgery on one side because operation on both sides makes it difficult for the epiglottis to cover the airway when your dog eats and drinks, dramatically increasing risk of aspiration pneumonia (see below). The prognosis is very good with surgery, however, there are risks we need to make you aware of. If you have any questions or concerns, please let us know.

The risk of complications after tie back is low, about 15% of cases. Here are some potential risks:

Seroma- a benign collection of fluid up the skin

Infection- this is a risk in any surgery and is usually treatable with oral antibiotics, and may require removal of the sutures

Failure of the sutures- this can occur if the suture pulls through the cartilage or if they break and the signs you saw prior to surgery return. In this event, surgery on the other side is usually recommended.

Aspiration pneumonia- this can happen if your pet accidentally inhales food or water meant to be swallowed. It has the potential to be life threatening and occurs usually within

6 months of surgery. It can be mild to severe. Mild cases can be treated with antibiotics and home therapies, severe cases require hospitalization, oxygen therapy, and could be fatal.

Damage to adjacent structures- the trachea and esophagus as well as important vessels and nerves are near the surgery site and inadvertent trauma could occur

Hemorrhage (bleeding)- bleeding is usually mild but has the potential to be severe if adjacent vessels are damaged

Damage to the cartilages meant to support the sutures- if the cartilages are damaged during dissection, they may not be able to hold suture and revision or surgery on the other side may be needed