

Laryngeal Paralysis

INFORMATION SHEET



What is laryngeal paralysis?

Laryngeal paralysis is when the vocal cords in the larynx fail to open during inspiration (breathing in). Failure of the larynx to work effectively can result in obstruction of the upper airway and inhalation of food and water.

Laryngeal paralysis is usually caused by a dysfunction of one or both of the nerves supplying the muscle that is involved in opening the vocal cords. The more common causes of damage to this nerve include trauma, a polyneuropathy, underactive thyroid gland and masses in the neck, however most cases are idiopathic i.e. we just don't know the cause.

How do we investigate laryngeal paralysis?

Investigations include blood tests, as most patients are elderly and may have underlying disease processes. Chest radiographs are required to check for signs of aspiration pneumonia that can occur when food or water passes into the lungs, and also for other concurrent conditions which may alter the outcome. A definitive diagnosis usually requires direct examination of the larynx under a light plane of anaesthesia. Failure of one or both of the vocal cords to open during inspiration is diagnostic of laryngeal paralysis.

How can we treat laryngeal paralysis?

Conservative management can be implemented in some cases and includes weight loss, exercise restriction and medical management. Surgical treatment involves permanently fixing one or both of the vocal cords in an open position. The most common technique is called a 'Tieback" or Crico-arytenoid Lateralisation procedure. This is where a permanent stitch is placed between the laryngeal cartilages, resulting in permanent opening of the larynx. This procedure is usually performed on one side as fixing both sides appears to provide little more clinical benefit whilst having a higher complication rate.

What kind of aftercare is required following surgery?

Your pet will be hospitalised for 1-2 days. Your pet will be discharged with pain relief. Suture removal will be required 7-10 days post-operatively. Until suture removal your pet should be room rested and taken out on a harness and lead into the garden for toileting purposes. A harness should be used lifelong. Your pet should be able to eat their normal food.

What kind of outcome is expected?

90-95% of animals undergoing a tieback procedure have a significantly improved quality of life. Some animals will have a persistent cough or low grade noise when panting. More serious complications that can occur include aspiration pneumonia and suture failure/fracture of the cartilages leading to recurrence of clinical signs.

Chestergates Veterinary Specialists

Tel: 01244 853 823 Fax: 01244 853 824

Email: info@chestergates.org.uk Website: www.chestergates.org.uk Units E & F, Telford Court Gates Lane, Chester CH1 6LT



