

Laryngeal Paralysis:

The disease that brews during the winter and boils over during the summer

**Synopsis**

Laryngeal paralysis has a unimodal distribution of emergence-- warm weather brings these cases to the forefront, often in an emergency manner. Contrary to many misconceptions about this condition and its treatment, therapy can be very rewarding and allow a pet's twilight years to be comfortable and active.

The majority of cases you will see are in the category of **Geriatric Onset Laryngeal Paralysis Polyneuropathy** (COLPP). These are most commonly 10+yr Retrievers (also seen in Newfie, Springer, Brittany, Great Dane, Greyhound, and other geriatric dogs.) They present either **emergent in crisis** or **incidental during annual** physicals. The beauty of identifying these patients incidentally, routinely, is they (and their families) avoid a respiratory crisis experience and they optimize enjoyment of their geriatric years!

Coincident with their laryngeal paralysis neuropathy are esophageal dysfunction and rearlimb palsy. The “flabby” esophagus is the primary reason the risk of aspiration pneumonia is so high in these kids postoperatively. Lifelong treatment with motility enhancers has demonstrated positive effect. The rearlimb palsy is most commonly misdiagnosed as “arthritis” and medicated as such; it is also a very common reason for end of life decisions. Early and aggressive use of anti-oxidant supplements may delay progression of this aspect of the polyneuropathy.

Complications that may arise with this procedure are:

- Aspiration pneumonia (minor-major; may require hospitalization, can be life-threatening)
- Seroma (minor; rarely needs treatment)

Postoperative outcomes may be poor due to the above complications, and/or:

- Failed tieback (minor/major; may need add'l surgery)
- Ongoing/recurrent aspiration pneumonia (major; may be life-ending; may need add'l surgery)
- Progressive rearlimb palsy (minor but progressive; some rapid, some chronic)

What a surgeon needs prior to surgery:

- Are there signs of active regurgitation (silent or overt)? (*Surgical technique dependent upon this data.*)

General considerations and complications for all surgery/anesthesia procedures are:

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional infections (rare, minor; usually require oral antibiotics)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for **Laryngeal Paralysis**.

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