

Laryngeal Paralysis Surgery Aftercare Information Sheet

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Patient: {PATIENT FULL NAME}

Date: January 31, 2022

Presenting Complaint: Increased respiratory noise and effort

Physical exam findings: {NAME} was bright, alert, and responsive. They went into respiratory distress with stridorous noises when aroused. No other significant findings.

Diagnostics: Preoperative bloodwork was unremarkable. Thoracic radiographs did not reveal any evidence of aspiration pneumonia. A sedated oral exam revealed bilateral laryngeal paralysis.

Diagnosis: Laryngeal paralysis

Surgery: {NAME} had a unilateral arytenoid lateralization performed to allow them to breath better. {NAME} did well under anesthesia and recovered without incident.

Exercise: Limit activity for the next 2 weeks. Short leash walks are permitted on a leash. No jumping, running, or rough-housing. Do not leave {NAME} off the leash unattended. {NAME} should also be exercise restricted in warm weather as they are predisposed to heat stroke for the rest of their life. Please also switch to a harness and do not allow {NAME} to swim.

Medications:

1. **Rimadyl (___ mg):** Give 1 tablet by mouth every 12 hours with food. Please watch for signs of gastrointestinal upset: loss of appetite, vomiting, diarrhea, and black stools. If these signs occur your pet could be sensitive to these medications and they should be discontinued and a veterinarian contacted. This medication was given in hospital at _____.

Diet: Please feed {NAME} canned food "meatballs" for the next two weeks as they heal. Once healing is complete, {NAME} can be transitioned back to a normal diet.

Incision: Please check the incision for signs of infection: redness, swelling, pain or discharge. Do not allow {NAME} to scratch at the incision.

Suture Removal: The sutures can be removed in 10-14 days from the day of surgery. Please make an appointment with Dr. {RDVM} in that time frame.

Recommendations: Please closely monitor {NAME} for any respiratory distress (increased respiratory rate/effort, blue mucous membranes, etc.). If you become concerned with {NAME}'s progress, please call anytime.

Clinician: Joshua Bruce, DVM, DACVS-SA

Thank you for allowing us to care for {NAME}!