



Laryngeal Paralysis

Associated Terms:

Paralyzed larynx, Tieback, Unilateral Arytenoid Lateralization, Arytenoid Lateralization, Lar Par



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The opening to the trachea ("wind pipe") normally is pulled open on two sides when breathing in, and relaxes when breathing out. In dogs and cats with laryngeal paralysis, the muscles that normally pull the airway open do not function properly. When an affected pet breathes in, the walls of the airway do not pull open—rather, they are sucked into the opening, or in severe cases sucked shut. Early in the condition, this creates increased noise when they breathe; later, it can completely obstruct their airway, and they can suffocate.

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The early signs of laryngeal paralysis can be quite subtle. You may notice:

- harshness in their panting
- increased panting or panting when cool and calm
- a hoarse or raspy-sounding bark

Later, animal owners report that they see their pet working **harder to breathe**; their facial expression is a bit anxious, their eyes are prominent and their chest is vigorously expanding. The pet may also look like they are "smiling" when they pant, with their lips pulled way back and tongue hanging out. Dogs will seem to tire more easily during activities such as walking.

Because animals use their breathing as a means to cool themselves naturally, pets with laryngeal paralysis are more **prone to overheating** under conditions that would not make a normal dog hot. This

may be a simple walk outside on a sunny day or vigorous play on a cool day.

When the paralysis is quite pronounced, it is very obvious that the dog or cat is really working to breathe. The extra noise they create with each breath is harsh and easy to hear. Their tongue may be a darker red or purple in color; they do not want to be touched or restrained. They are in “respiratory distress” and need medical assistance.

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Your primary care veterinarian may recommend some or all of the following diagnostic tests:

- blood tests
- chest x-rays
- sedated examination of your pet's throat
- neurologic examination

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Medical care during a breathing crisis often includes:

- oxygen therapy
- external cooling
- sedation
- possibly intubation and assisted breathing for a short time

With this brief but effective therapy, most patients will rest comfortably and return to their pre-crisis state. Unfortunately, most patients that have reached a crisis point will continue to suffer these breathing episodes because their airway is ineffective.

Many different approaches have been used to surgically treat laryngeal paralysis. Over the years and through the monitoring of many post-operative patients, one technique has remained at the top of the list of procedures with good success and few complications, the **Unilateral Arytenoid Lateralization** or “**Tieback**”.

In the tieback procedure, a suture is used to permanently pull the wall of the airway open on one side of the larynx. To minimize the chance of fluids or food entering the airway, only one side is pulled open enough to prevent airway compromise and future breathing crises.

In the hands of an experienced ACVS board-certified veterinary surgeon, this is typically a relatively straight-forward, **minimally invasive surgical procedure**. The incision is only 3-4 inches on one side of the neck and well-planned pain management can reduce or eliminate post-operative pain directly associated with surgery.

There are several other surgical treatment options that your veterinary surgeon may discuss with you. These options are usually considered if a tieback is not a viable option. Talk with your primary care veterinarian and pursue a consult with a veterinary surgeon to fully explore your options.

Restrictions following surgery are few:

Restrictions following surgery are few:

- use a harness rather than a neck collar
- minimize barking for 6 weeks
- pre-form meals into meatballs
- consider an elevated feeding station
- use caution if swimming is essential
- implement weight loss program

Minor post-surgical complications can include:

- incision infection
- seroma (an accumulation of fluid under the incision)
- loss of voice (usually already gone with laryngeal paralysis)
- coughing during or following eating and drinking (usually tapers off over time)

Major post-surgical complications can include:

- breakdown of suture/cartilage connection that results in pre-surgical breathing status requiring re-operation
- aspiration of regurgitated stomach contents into the lungs resulting in mild to severe pneumonia

Families often describe their pet as “getting older and slowing down” and attribute this as simply an age-related situation. In dogs with laryngeal paralysis, this slowing down is possibly related to poor airflow into their lungs through a compromised larynx. Many families report that their pet is “young again” after the airway problem is surgically corrected.

While laryngeal paralysis and its post-operative complications can be quite severe, the majority of families living through this with their pets are happy with the quality of life that is restored with surgery. It is less and less common for aspiration pneumonia to be fatal, and pets can make a full recovery even in severe cases. Most pets do not suffer these complications and go on to live well with the ease of breathing restored. Each pet must be considered individually though; talk through these potential complications with your primary care veterinarian and veterinary surgeon and select the most appropriate management plan for your pet.

This Animal Health Topic was written by and reviewed by Diplomates of the American College of Veterinary Surgeons. Any opinions stated in this article are not necessarily the official position of the American College of Veterinary Surgeons.

The American College of Veterinary Surgeons recommends contacting an ACVS board-certified veterinary surgeon or your general veterinarian for more information about this topic.

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For questions about your animal's specific condition, please contact an [ACVS board-certified surgeon in your area](#).

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