



Surgical Release Form for Arytenoid Lateralization

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: _____

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper, Franklin, Lew and McFadden) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area. Drs. Lew and McFadden are board certified small animal surgeons.

Your pet has been diagnosed with laryngeal paralysis. The goal of surgery is not to completely eliminate all the noise that is present pre-operatively, but to reduce it to a level that allows your pet to breathe easier. Please be aware that although your pet should be improved after surgery, their breathing will never be completely normal. As many as 20% of patients with laryngeal paralysis have an underlying illness that may not be apparent at the time of surgery including neurologic disease, low thyroid function, myasthenia gravis, or simply a genetic predisposition to the disease as seen in older Labrador Retrievers. Any patient with a compromised airway should avoid stress whenever possible. Also, activity should be limited to moderate levels and on hot days they should be kept in a cool environment. Lastly, an ideal body weight should always be maintained.

The undersigned owner or authorized agent of admitted patient _____ hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer such treatment as is necessary to perform the below-mentioned procedure. The nature of the procedure(s) has been explained to

me and no guarantee has been made as to results or cure. I understand that there may be risk involved in these procedures.

I consent to the administration of such anesthetics or tranquilizers as are necessary.

Anesthetic Risks: (Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, I understand that anesthesia carries inherent risks). The incidence of complications from anesthesia are extremely low and we do not anticipate any complications in your pet but on rare occasions the following can occur:

1. Allergic reaction to the anesthetic agents
2. Heart rhythm abnormalities
3. Untoward reactions to the gas including drops in blood pressure or respiratory difficulties
4. Just like in humans, on very rare occasions, general anesthesia can result in death.

Procedure: Arytenoid lateralization; Soft Palate Resection and Everted Laryngeal Saccules Resection (if present)

Surgical Risks: Complications are unfortunately fairly common in this procedure but they are minimized with an experienced surgeon. When you realize that most untreated patients die from this condition, the risk becomes acceptable. In a recent very large study, 30-40% of patients undergoing this surgery experienced some complications.

1. Bleeding, gagging, or coughing can occur immediately post-operatively necessitating re-anesthetizing your pet and temporary intubation. We treat all these patients with short acting steroids to reduce any swelling but on rare occasions this can still occur. In very rare instances, patients may need a temporary tracheotomy for a few days until the swelling resolves.
2. Aspiration pneumonia is a very common complication of this surgery. As many as 20% of patients can develop pneumonia within the first six months of surgery.
3. Failure of the repair or infection of the surgery site.
4. Continued respiratory distress if scar tissue forms or not enough tissue is taken initially.
5. Acute death occurs in very rare instances, mostly when there are other underlying diseases like thyroid deficiency, pre-existing pneumonia, or neurologic disease. Long term death usually results from aspiration pneumonia.

Texas Specialty Veterinary Services (TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians, and veterinarians.

Please initial to allow TSVS to mention your pet _____.

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|-------------|----------------------------------|--|
| Date | Pet Owner/Agent Signature | Phone I Can Be Reached At Today |
|-------------|----------------------------------|--|

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