

## **Laryngeal Paralysis (Tie-back surgery) Surgical Protocol**

### **Preop:**

1. Place catheter and e-collar
2. Take 2 views of the chest (as a baseline – always on no meds)
3. Flip surgery table so that patient's head can be slightly elevated

### **Induction:**

1. Dr. Harper or surgeon will induce with Propofol (have drawn up and ready 4-6mg/kg IV - have extra available in case needed)
2. Have Dopram calculated at 1mg/lb. (but not drawn up) in case needed
3. Administer:
  - a. Acepromazine (0.001-0.005 mg/kg IV)
  - b. Buprenorphine (0.02mg/kg IV)
  - c. Atropine (0.02mg/kg IV)
  - d. Maropitant citrate/ Cerenia (1mg/kg SQ)
  - e. Metoclopramide/ Reglan (0.2mg/kg SQ)
  - f. Dexamethasone SP (0.05-1 mg/kg IV)
  - g. Cefazolin (22mg/kg IV)
4. Start IV fluids at (5ml/kg/hr. IV)

**\*\*\*\*Keep patient warm and covered at all times\*\*\*\***

### **Intra-op:**

Repeat Cefazolin dose every 90 min while pet is under anesthesia

### **Postop:**

1. Fluids at maintenance rate with Reglan (*optional*) added (1.5 mg/kg per day).  
Keep on CRI until patient is discharged
2. Ask surgeon about giving another dose of Cefazolin or not that day
3. Give Buprenorphine q 6hrs/as needed. Can add Acepromazine prn to keep patient calm
4. **DO NOT USE AN E-COLLAR, PLACE BANDAGE OR SCARF IF SCRATCHING**

### **Afternoon/evening (occ. next day):**

- 1) Pet may drink under tech supervision
- 2) Later, if not vomiting, pet may eat his/her OWN food, under tech supervision
- 3) If pet is doing well, prefer patients to go home same day as surgery (occ. next day)