



TIE-BACK SURGERY CONSENT FORM

BACKGROUND

Your horse has been diagnosed with laryngeal hemiplegia (roaring), a condition where one side of the larynx is paralyzed and cannot open properly during exercise. This causes airway obstruction, abnormal respiratory noise and reduced performance.

RECOMMENDED PROCEDURE

The surgery recommended is prosthetic laryngoplasty (commonly called tie-back surgery), often combined with a ventriculocordectomy (removal of part of the vocal cord and ventricle). The tie-back procedure involves placing sutures to permanently hold the affected arytenoid cartilage open, improving airflow. The ventriculocordectomy helps to reduce abnormal noise and further improve airflow.

EXPECTED OUTCOME

- * Improved airway function during exercise
- * Reduction or elimination of abnormal respiratory noise
- * Improved athletic performance in most cases

Note: surgery improves airflow but does not restore normal laryngeal function. Horses may still have some limitations compared to unaffected animals.

RISKS AND POSSIBLE COMPLICATIONS

- * Common: coughing, nasal discharge, mild aspiration of feed material
- * Less common: infection of the surgical site, suture failure, inadequate improvement or recurrence of symptoms
- * Rare but serious: aspiration pneumonia (inhalation of feed into lungs), severe infection, inflammation of the arytenoid cartilage (chondritis)

AFTERCARE

- * Stall rest and controlled exercise will be required for several weeks following surgery
- * Gradual return to training is essential and will be guided by your veterinarian
- * Feeding management may need adjustment (such as feeding from the floor) to reduce the risk of aspiration
- * Long-term follow-up examinations may be needed

* I, the undersigned, confirm that I am the legal owner or authorised agent of the horse described below. I have discussed the procedure and potential risks with the attending veterinarian and had the opportunity to ask questions. I understand the risks and agree to proceed with the surgical procedure.

* I acknowledge that no guarantees have been made regarding the outcome of this procedure.

- Name of the owner: _____
- Name of the horse: _____
- Microchip number: _____
- Owner signature: _____
- Date: _____
- Veterinarian: _____

EMERGENCY TREATMENT AUTHORISATION

In the event of a complication during the surgery, I authorise the veterinarian to administer necessary treatment to my horse and understand additional charges may apply.

Emergency Contact Number: _____