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## Geriatric Onset Laryngeal Paralysis Polyneuropathy (GOLPP)

**Geriatric Onset Laryngeal Paralysis Polyneuropathy (GOLPP)** is a degeneration of nerves which control the muscles that move the laryngeal cartilages in the throat. The nerves responsible for laryngeal movement arise from the vagus nerve, one of the body's major nerves. Other nerves may also be affected, leading to clinical signs such as poor swallowing function, slowly progressive hind-end weakness and loss of muscle mass. It is most commonly diagnosed in older Labradors.

Loud and difficult breathing, including respiratory distress, in relation to **GOLPP**, is secondary to paralysis of the vocal cords of the larynx. Surgical treatment is done using an arytenoid laryngoplasty (also called a "Tie-Back"). An incision is made on the side of the dog's neck to approach the larynx. The arytenoid (cartilage) is separated and permanently fixed in an open position. This decreases airway resistance. Dogs generally experience immediate improvement in breathing after this surgery. Respiratory noise will decrease but not be eliminated, and dogs will continue to cough especially when drinking water.

### **Reason for performing an arytenoid laryngoplasty ("Tie-Back") surgery:**

Your pet should be able to breathe more easily and thus have more energy. This surgery should reduce the risk of having a severe episode of respiratory distress. Their exercise tolerance should improve, but we still recommend avoidance of strenuous activities, especially during hot and cold weather for the rest of their life.

**Risks and complications:** This is a major procedure. Aspiration pneumonia is the most common complication:

- Medications may be prescribed to reduce the risk of aspiration pneumonia and aid in swallowing.
- New feeding habits will also decrease the risk of aspiration pneumonia.

**Risks of General Anesthesia:** We listen closely to your pet's medical history and carefully review any provided medical records. Your pet will have a detailed physical exam, appropriate pre-operative screening blood tests, and possibly radiographs to identify and control anesthetic risk factors. Even with these measures, anesthesia remains a small, but present risk. For this reason, we use the safest intravenous and inhalational anesthetics. Our anesthesia doctor and highly experienced technical staff are well trained in the administration and monitoring of all types of sedation and general anesthesia. Your pet is carefully monitored by a formally trained and experienced licensed technician during anesthesia and is carefully monitored following their procedure.

### **Long Term Prognosis and General Considerations:**

The majority of pet owners are very pleased with the outcome of the tie-back surgery. Your dog will need to be monitored for signs of aspiration pneumonia for the rest of his/her life and some activity/exercise modifications will be necessary. Maintain your pet's weight at a normal level. Do not use a collar as neck restraint – use a chest harness for walking. Most importantly, your dog should now be able to breathe easier and live a more comfortable life.

**At Home:** Your pet will typically go home the day of surgery. During your scheduled discharge appointment, we will review our detailed and written home care instructions. We will also answer any questions and address any concerns that you may have at that time.

- We will provide medications for discomfort during the post-operative period.
- **FEEDING:** slowly feed your pet by hand in the form of small 'meatballs' for the first 2 weeks. Make sure they are in a sitting, upright position while eating. When re-introducing their normal diet, encourage them to eat slowly
- Keep your pet cool and quiet for the next 6 weeks.
- Look for signs of aspiration: increased body temperature (this can only be evaluated by taking a rectal temperature); increased breathing rate & effort, loss of appetite, or lethargy.

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- We recommend that you keep your pet in relative confinement (crate, kennel, smaller room with a baby gate, “mud” room, laundry room) when unsupervised.
  - Slow, short leash walks 3-5 times per day on a level surface are recommended. Use a check harness, not a collar, for walking.

And remember, we are here for you if you have questions. Just give us a call at **919-545-1001**, extension 2 or send us an email at [surgery@quartetvet.com](mailto:surgery@quartetvet.com)