

# SAMPLE GOLPP DISCHARGE INSTRUCTIONS FOR OWNER

<Dog name, signalment> owned by <owner name>, was presented to <hospital name> on <date>. <Dog name> has been diagnosed with bilateral laryngeal paralysis consistent with GOLPP (geriatric onset laryngeal paralysis polyneuropathy). A unilateral cricoarytenoid laryngoplasty (tie-back) was performed this visit. A summary of the visit is below.

**History:** Enter relevant history

**Physical examination:** Enter physical examination findings, including neurological findings

**Diagnostics:**

UPPER AIRWAY EXAMINATION: date and results

IMAGING: date and results

BLOODWORK: date and results

**Diagnosis:** Bilateral laryngeal paralysis consistent with GOLPP.

**Treatment:** A one-sided laryngeal “tie-back surgery” was performed. Postoperative laryngoscopy demonstrated increased opening of the operated side of the larynx (voice box) which will allow air to freely pass through the airway and improve your <dog name>’s breathing. While under our care, <dog name> was monitored in the ICU and received intravenous fluid therapy, intravenous antibiotics and appropriate pain management.

**Prognosis:**

- After surgery, most dogs are markedly improved and can participate in improved running and playing after the initial healing period.
- Following laryngeal tie-back surgery, the bark may be changed/muted. Some dogs may still have some raspiness of the breathing (stridor) due to fluttering of the vocal cords on the right side (we only tie back one side), but they should not be in respiratory distress.
- Tie-back surgery does not address other facets of GOLPP. The condition is a systemic neuropathy that can affect swallowing function and gradually weakens the muscles of the body. **It is not a painful condition.** Over time (typically years), <dog name> may become weaker in the hind legs, and more unsteady in getting around. Physical therapy benefits dogs with GOLPP (see below).
- The main risk after tie-back surgery is aspiration pneumonia. This is usually treatable if recognized early (see below).

## AT HOME CARE:

Please adhere to the following instructions to speed recovery and reduce the risk of complications:

### Exercise:

1. <Dog name> should be kept quiet for the next two weeks during healing. No running, jumping, or playing during this period. He should not engage in any activity that stimulates barking.
2. <Dog name> should be leash walked long enough to urinate and defecate, and go on a slow leashed walk only for the next two weeks. He should always be walked with a head lead (Gentle Leader) or harness. He should never be walked using a neck collar again.
3. Many patients with GOLPP enjoy swimming (especially Labradors!). After tie-back surgery, swimming is allowed, however pets should not be allowed to dive for objects or fetch in the water/ any other water activity that submerges their head. This is because they can no-longer close off the airway to prevent water getting in, which can cause aspiration pneumonia.
4. As time passes, <dog name> may have more difficulty with mobility in the hind end due to the progressive polyneuropathy. To help them with getting around, a multi-point harness such as the "Help 'em Up" brand is recommended.
5. Professional rehabilitation (strength, balancing and coordination exercises) has been shown to help maintain coordination and muscle mass in patients with neuropathies. We highly recommend a physical therapy consult for <dog name> as soon as incision healing is complete (14 days after surgery).

### Diet:

1. <Dog name> should be fed soft food spooned or rolled into small (1 inch) meatballs for the next two weeks. He may then be transitioned back to his normal food provided that it does not lead to coughing.
2. Once healed, feeding foods with larger kibble can be tried if lots of throat clearing is noted. Try feeding on the floor for a week, and then on an incline plane for a week, and see which position suits your dog the best. You may need to experiment with soft food, dry food, or dry food with water added to see what he tolerates the best.
3. **Excessive water intake at one time** may lead to regurgitation or vomiting, which can lead to aspiration pneumonia. From now on, offer water to your dog in small amounts, as often as necessary. The goal is to prevent them gorging on lots of water and then regurgitating it. It is however very important that he has access to adequate amounts of water during the day. Slow drinking water bowls are available to purchase online.

**Incision:**

1. Monitor the incision daily for redness, swelling, heat, pain or discharge and call if any of these occur.
2. Please place a cold compress on the incision three times daily for 10 to 15 minutes to help decrease swelling and discomfort for four days after surgery. Place a thin towel between the cold compress and the skin.
3. Do not allow <dog name> to scratch at the incision. Typically patients do not scratch, but if he attempts to scratch he may need a loose wrap, neck warmer or bandana to cover the incision.
4. Rarely, a seroma (buildup of fluid at the surgical site) may occur. If this happens, a warm compress can be applied to the surgery site 3-4 times daily to help encourage the fluid to resorb.

**Expectations and warning signs:**

1. <Dog name> will most likely be tired from surgery and hospitalization. Allow plenty of rest and do not be surprised if mild lethargy and inappetance is noted the first night.
2. If at any time <dog name> becomes lethargic, is not eating or develops a fever (rectal temperature > 102.5 F) please call us or your primary care veterinarian. This may indicate the start of pneumonia. Pneumonia is typically very treatable if caught early. We recommend you purchase a dedicated thermometer for <dog name>.
3. It is very rare that the tie-back prosthetic sutures pull out, but this can occur with brittle cartilages or misplaced sutures. If this occurs, the raspy breathing (stridor) will return and your dog will be at risk. If you notice a recurrence to the raspy breathing and respiratory distress, please contact us immediately.
4. <Dog name> should stay on antacid and prokinetic medication for life to help with swallowing. We most commonly use sildenafil, which is given twice daily. This medication can cause diarrhea, and we may need to adjust the dose if this occurs. Omeprazole (Prilosec) is also recommended once or twice daily, to decrease the acidity of any reflux. See below for prescribed medications.
5. Throat-clearing can persist for some months after surgery. Several times a day is acceptable, but if throat-clearing becomes persistent or continuous, changes in <dog name>'s medications and feeding protocols may be indicated.

**Follow Up:**

- 1.The two week recheck will be by telemedicine. Please send a photo of the incision and short video of <dog name> breathing to Dr. <Surgeon name>, at xxx-xxx-xxxx, 10-14 days after surgery.
2. We can recommend several rehabilitation centers when you are ready to start this with <dog name>.
- 3.If you have any concerns about <dog name>, you can text Dr. <Surgeon name>, putting <dog name><owner name> in the text message.

<Dog name>has been a wonderful patient and we hope for a speedy and uncomplicated recovery! Thank you for entrusting <Dog name>'s care to our hospital.

Sincerely,  
Dr. <Surgeon name>

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PRESCRIBED MEDICATIONS:

*Stanley, 2023*



Additional resources available!

