SURGICAL CONSENT & AUTHORIZATION (Laryngeal Paralysis “Tie Back” Surgery)

Date:_____ Referring Hospital:_____

Pet’s name:_____ Client’s name:_____

Pet’s DOB:_____ Breed: _____ Sex: Male Female Altered: Yes No

_____ This document acknowledges that I have been informed by Dr. _____ that my pet is suspected to have laryngeal paralysis. I have been informed of the treatment options, including surgery.

_____ I elect and consent for Unilateral Arytenoid Lateralization (“Tieback”) surgery to be performed on my pet by Dr. Jessie Sutton, DACVS-SA.

_____ I understand the risks associated with this procedure may include anesthetic risk, hemorrhage, infection, wound healing complications, suture breakage, cartilage fracture, pharyngeal swelling & death.

_____ Aspiration pneumonia has been reported to occur in 10-20% of dogs after Unilateral Arytenoid Lateralization (“Tieback”) surgery. This is a lifelong risk that is worse with anesthesia, sedation, vomiting and swimming. Aspiration pneumonia can be fatal in severe cases.

_____ I understand that excitement, excessive panting/barking can lead to swelling of the surgical site in the throat/pharynx. If difficulty breathing occurs, this may require emergency care and possible temporary tracheostomy. Sedatives may be prescribed to minimize this risk.

_____ I understand that there is no guarantee of success or resolution with surgery. Long term lifestyle changes are still recommended, such as avoiding overheating.

_____ I understand that successful outcomes require proper home care and restrictions.

_____ I understand that my pet may be administered Nocita (long acting local anesthetic that lasts up to 72 hours) for pain management.

_____ I consent for photographs and videos to be obtained of my pet for use by Roam Veterinary Surgery for case presentations, monitoring, and/or website or social media. CIRCLE ONE: YES NO

I hereby grant permission for my pet to undergo Unilateral Arytenoid Lateralization ("Tieback") surgery by Dr. Jessie Sutton, DACVS-SA.

_____	_____	_____
Client's signature	Client's phone number	Date