Postoperative care for the tieback surgery is a bit more intensive. Priest said these horses should keep their heads elevated as much as possible for seven to 10 days, and caretakers should elevate the horse's feed and water, as well. Do not allow the horse to graze during those activities. Priest stressed that head position can significantly impact respiratory function, so it's important to keep the horse's head up. If the horse is only having troubles while working in a collected frame, be sure to check whatever goes on in his airways during those activities.

During the dynamic exam, the horse should perform his normal activities, especially the ones that cause the most noise. The veterinarian should review the horse's history and determine whether the presenting complaint is noise during exercise, poor performance, or both. The veterinarian should also look for other pathologies such as arytenoid chondritis and neck fractures. The looking standing exam might exhibit cranial or caudal laryngeal prolapse, infrahyoid or parenchymal masses, intrinsic laryngeal masses, or a COP. In some cases, the veterinarian may need to redone the standing exam to see if the problem persists. The veterinarian may also need to sedate the horse to get a better idea of what is going on.

Epiglottic entrapment and retroversion are two common respiratory conditions in horses. Epiglottic entrapment occurs when the epiglottis becomes trapped by the aryepiglottic folds of tissue, which can obstruct the airway. This condition can be intermittent, which is why it can be difficult to diagnose. Epiglottic retroversion, on the other hand, is a rare condition in which the epiglottis fails to maintain its correct position on the soft palate. Instead, the epiglottis becomes trapped by the aryepiglottic folds of tissue. This can cause a lot of discomfort for the horse, and may require surgical intervention.

During surgery, the veterinarian can correct epiglottic entrapments through the use of a postoperative collar, which the horse wears during exercise to help hold his larynx in a position that will not allow DDSP to occur. More invasive options include the myectomy (surgical removal of the muscle that controls throat movement) and the arytenoid adduction (surgical removal of the arytenoid cartilage). However, these procedures come with their own set of risks and complications. Priest noted that complications, such as soft palate tears, retraction, and chronic cough and/or aspiration pneumonia, can occur. Should either of these procedures fail, the veterinarian may need to consider a more invasive option, such as a tieback or a hypothyroid procedure.

Priest said tieback surgeries are either "really rewarding or really frustrating." He said he typically uses general anesthesia to reduce the risk of the horse moving during the procedure. The veterinarian will insert a flexible fiberoptic endoscope into the horse's nasal passage to visualize the inside of the mouth and nose. The veterinarian will then identify the location of the obstruction and insert a wire hook to pull the obstruction out. The veterinarian will then place a knot around the wire hook to prevent it from falling out. The horse will be monitored closely for complications, such as bleeding or infection.

There are a number of treatment options, both surgical and nonsurgical, for these conditions, including the use of a postoperative collar, the myectomy, the arytenoid adduction, and the hypothyroid procedure. Priest said veterinarians still aren't sure whether the former is effective. Horses that undergo a myectomy can return to work 600 meters of the unit, and a software system. He said there are several different scopes veterinarians can choose from, all of which have their advantages and disadvantages. The veterinarian will need to weigh the benefits and risks of each option before making a decision.