**Surgical technique**

The horse is placed under general anaesthesia in dorsal recumbency, and endotracheal intubation is performed. A 15 cm ventral midline incision is made, extending from the rostral aspect of the basihyoid bone to 1 cm caudal to the cricoid cartilage. The paired sternohyoid muscles are bluntly separated on the midline, and dissection is bluntly extended to the ventral aspect of the larynx. If not already performed in a prior surgery, the sternothyroid (ST) muscle tendon of insertion on the thyroid cartilage lamina is undermined and isolated (but not yet transected) in preparation for transection. One size 5 polybend suture is inserted at the ventral aspect of the right ST tendon of insertion and exited from the lamina of the thyroid cartilage and through the thyrohyoideus muscle 1 cm rostrally and slightly dorsally from its insertion point. The suture is then placed again through the right lamina of the thyroid cartilage slightly more dorsal (0.5 cm) and exits more dorsally than the previous bite forming a loop in the thyroid lamina. The procedure is repeated on the left side. The ST tendon of insertion is transected after the sutures are placed in the thyroid lamina. A suture or wire passer is used to pass the most dorsal suture on the right side and most ventral suture on the left side dorsal to the basihyoid to exit on the right side of the lingual process where they are tagged with separate hemostats. The most dorsal suture on the left side and most ventral suture on the right side are then similarly passed dorsal to the basihyoid to exit on the left side of the lingual process where they are tagged with separate hemostats.

**Mobilization of larynx**

The horse’s nose is lifted so the head and neck are angled at approximately 90°. The sutures are tied separately using a slip knot. The sutures are tied so the rostral aspect of the thyroid cartilage is ~1 cm rostral to the caudal aspect of the basihyoid bone. The larynx moves approximately 4 cm rostrally and 2 cm dorsally using this procedure. Remember it appears at this time that the dorsal movement is more important. The head is replaced in its normal resting position and the incision closed in an acceptable manner.