Grade 3 Larynx - supraglottic obstruction
Laryngeal Release and Separation Surgery

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Dialogues - 2011
A New Operation for Prolapse of Epiglottis
G.S. Aged 6

- Treacher Collins Syndrome
- Lifelong Tracheostomy
- Multilevel airway obstruction
  - High Anterior larynx
  - Epiglottis prolapse
  - Midline vocal cords (Why? un-assesable endoscopically)
  - Suprastomal tracheal collapse
Requirements for Decannulation

- Open Elevation/grafting of suprastomal collapse
- Correction of Epiglottic airway prolapse
- Access to vocal cords to assess then correct midline fixation.
Principle of Surgery

- Suprahyoid release will allow vocal cords to drop away from away from laryngeal surface of epiglottis
- Body of Hyoid prohibits elevation of epiglottis
Suprahyoid laryngeal release
Pre-op endoscopies
Another case

![Image of a medical or biological sample](image-url)
Technique

- Apron skin flap anterior neck
- Expose Larynx to above Hyoid bone
- Transect insertions of mylohyoid, geniohyoid & genioglossus
- Transect Stylohyoid insertions laterally
- Enter pre-epiglottic space
- Resect central body of hyoid
- Larynx including thro-hyoid membrane drops
Technique ctd.

- Using simultaneous endoscopic control
- Use deep PDS Sutures to tether the epiglottis upwards into tongue musculature and sub-dermally for elevation.
- No stenting
- Routine Closure with drain
Intra-operative endoscopic control
Outcome 6 months later

- Grade 2 larynx
- VCs cannot abduct due to posterior subglottic scarring/muscle atrophy
Check-cord movements
Next Surgery - aged 7

- Posterior graft  single stage LTR
- Elevation of suprastomal trachea
- Reversal of tracheostomy
- Successful extubation
- Good airway
- Very acceptable voice
After Posterior cricoid graft
Thank You