

SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

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INSTRUCTIONS AND INFORMATION FOR UVULOPALATOPHARYNGOPLASTY (UPPP) WITH OR WITHOUT TONSILLECTOMY

Dear Patients: we wish your surgical experience to be as **positive** and **free of stress** as possible. Please contact our office if you have any concerns - remember, there **are no silly questions!**

PLEASE, NOT TAKE ASPIRIN, MOTRIN, IBUPROFEN, ADVIL AND SIMILAR NON-TYLENOL PAIN RELIEVERS FOR 2 WEEKS BEFORE AND AFTER SURGERY. THESE INCREASE THE RISK OF BLEEDING!

Reasons for performing this surgery

- Obstructive sleep apnea.
- Severe snoring.

Alternatives to this surgery include the following

- No treatment - simply watching the problem(s) to see if they improve on their own.
- Treatment with **C**ontinuous **P**ositive **A**irway **P**ressure (CPAP). This is the best treatment for sleep apnea since it involves almost no pain or risk and is the most successful.
- Perform genioglossus advancement / hyothyroid suspension surgery instead / in addition.
- Non-surgical treatment for snoring (see our handout on this topic).
- Weight loss - may significantly help snoring and obstructive sleep apnea.
- Dental bite appliances - these are best used for snoring, not sleep apnea.
- Oral surgery - to move the upper and lower jaws forward (for severe sleep apnea).
- Tracheotomy - for only the most severe sleep apnea.

Risks of not treating obstructive sleep apnea

- Risk of heart and lung disease.
- Increased risk of high blood pressure.
- Increased tiredness / sleepiness.
- Risk of falling asleep while driving or performing similar activity.
- Decreased quality of life due to the above.

UPPP / tonsillectomy may be combined with other procedures such as nasal surgery or other sleep apnea surgery such as genioglossus advancement / hyothyroid suspension.

What to expect with this surgery

- Performed with general anesthesia - patients are completely asleep.
- Surgery lasts 30 - 45 minutes.
- Performed through mouth (no external incisions).
- Patients with obstructive sleep apnea usually are admitted to the hospital on the day of surgery and remain in the hospital for 1 - 2 days. Snoring patients usually go home the day of surgery.

What to expect after surgery

- **Pain** - UPPP and / or tonsillectomy are quite painful and produce a very sore throat for 10 - 14 days. You will receive pain medicine and should plan to take it on a regular basis as prescribed on a regular basis for most of this postoperative time period. This medication can cause nausea; it may help to take it with food.
- **Ear pain** - often occurs due to pain being referred from the throat to the ears.

- **Gum chewing** - often (several times per day) may help reduce pain due to muscle spasm.
- **Activity** - plan to rest for at least the first several days after surgery, then increase activity as tolerated. Avoid exercise or heavy exertion for at least 3 weeks.
- **Work & School** - plan to take 2 weeks off work and school.
- **Bleeding** - a small amount of bleeding is OK and may occur the day of surgery and about 1 week later. For severe or persistent bleeding, call our office or (after hours) go to the Emergency Room.
- The surgical area in the throat will become covered with a white coating for 10 - 14 days. Gargling with icewater for 20 minutes may stop bleeding.
- **Fever** - low-grade fever (101 degrees) is common after surgery. Dehydration increases fever.
- **Voice** - patients frequently note a nasal voice since the throat is sore and the palate is readjusting to the reduction in size and change of shape. Patients may notice that they initially get some liquid in the nose when drinking and swallowing. This usually improves in several weeks.
- **Phlegm** - Mucus and phlegm often build up after UPPP. Gargling, coughing, and clearing the throat can cause pain and bleeding but swishing the mouth with warm water is OK.
- **Oral Hygiene** - tooth brushing is OK as desired. Gentle mouth rinsing with warm water or warm salt water (1/2 tsp. salt in 8 oz of water) is often soothing.
- **Sutures / stitches** - placed in palate / throat area. These self - dissolve.

Diet

Eating and drinking generally hurt after surgery. Begin with liquids the first day and then advance to a soft diet as tolerated. Avoid dry, hard foods because this might be irritating or cause bleeding.

Keeping drinking lots of liquids to maintain hydration!!!

- Liquids - water, ice chips, juice, Kool-Aid®, Gatorade®, ice cream, popsicles, etc.
- Soft foods include pudding, oatmeal, yogurt, mashed potatoes, soft pasta, soft vegetables, or any food processed in a blender.
- Citrus (acidic) and very hot or cold foods may be painful.
- Avoid red beverages / food and chocolate since these may be confused with blood if vomiting occurs.
- Do not drink through straws because this can cause negative pressure (suction) in the throat and cause bleeding.
- Milk and dairy products *sometimes* increase the mucus / phlegm in the throat.

Risks of surgery include

All surgery involves certain risks, including death, infection, bleeding and complications of anesthesia. These procedures are usually safe but some of the risks include:

- **Bleeding** - a small number of patients have some bleeding after surgery which requires treatment.
- **Nasal voice / Velopharyngeal Insufficiency** - after surgery the throat re-learns to close off the nose from the mouth for swallowing and speaking, mainly with the UPPP. On rare occasions, this may cause permanent voice or swallowing problems that require treatment.
- Injury to mouth, teeth, throat, neck, and adjacent structures.
- **Nasopharyngeal stenosis** - scarring and tightening of the throat between the nose and mouth.
- Injury to the mouth / throat area, lips and teeth, or other structures in the area.
- Dehydration.
- Possible need for other surgery or treatment such as CPAP.

Thank you again for the opportunity to participate in your health care! Please let us know how we may make your experience more pleasant.

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