

INSTRUCTIONS FOR UVULOPALATOPHARYNGOPLASTY (UPPP)

PREPARATION

Your physician has determined that you have obstructive sleep apnea (OSA) and that conventional medical therapies or CPAP are not effective at this time. Therefore, you have decided to have a procedure that will effectively tighten up the back of the throat so that it will not be as collapsible during sleep. The procedure consists of removing the uvula and a portion of the soft palatal edge along with the tonsils if still present. Your physician will reconstruct the cut edges of the palate to widen the back of the throat to allow better airflow during sleep. The procedure is very effective in eliminating or significantly reducing snoring in the majority of cases. Mild-to-moderate obstructive sleep apnea is reduced but not necessarily eliminated in all cases. UPPP is only one procedure used for severe OSA. You may need to consider other procedures and continue to use CPAP. After UPPP and, in some cases, nasal airway surgery, you may more effectively tolerate CPAP.

PRIOR TO SURGERY:

1. No aspirin or other blood thinners seven days prior to surgery.
2. Each surgery center or hospital has different requirements for preoperative testing. Our surgical coordinator will give you instructions for the specific admitting requirements.
3. Remember, **nothing to eat or drink after midnight before surgery. Otherwise, surgery will be postponed.**

POSTOPERATIVE CARE:

1. After UPPP (and tonsillectomy), your throat will become quite sore. Discomfort usually increases after 48 hours and lasts for several days. We will give you prescriptions for pain medications. Please use the pain medications liberally, especially at night, to avoid waking with significant discomfort. Remember: Use the prescribed pain medicines or Tylenol. No aspirin or aspirin-containing products, ibuprofen, Motrin, Advil, etc.
2. You will develop ear pain after UPPP as a result of referred pain from the throat muscles. It is not due to an actual ear infection.
3. The key to rapid healing and recovery is good hydration and early return to a normal diet. You must force yourself to drink plenty of liquids around the clock. This is especially important when you awake at night. Avoid citrus and tomato-based liquids since they tend to burn. Start with water, Jell-O, ginger ale, ice cream sherbet, puddings, soft-boiled eggs, etc. and work up to a regular diet. The act of swallowing helps the throat muscles from going into continuous spasms.
4. Swallowing will be difficult at first. Do not be surprised if you get some regurgitation of fluids or solids through your nose during the first few weeks. The rearranged palate muscles sometimes need to adapt to close the nasopharynx during swallowing.
5. Activity should remain minimal during the first week. Begin full activity and exercise after approximately two weeks unless your doctor advised otherwise.
6. Low-grade fever or temperatures around 102 degrees are common after UPPP/tonsillectomy. Good hydration helps tremendously to avoid this problem.
7. Objectionable mouth odor is common. Continue to brush your teeth as usual. Avoid mouthwashes since they contain alcohol and other additives, which will burn the throat.
8. Do not be surprised if there is white material covering the areas where the tonsils were removed. This is the normal fibrin (scab) covering the exposed muscle. It is not a fungus, and it will dissolve naturally during the healing process. Likewise, the tongue may be sore or also develop a coating. This discomfort occurs from the pressure exerted by the mouth prop during the procedure.

RISKS AND COMPLICATIONS OF UPPP/TONSILLECTOMY SURGERY:

1. Bleeding can occur during or after surgery. Usually, with our modern techniques, most bleeding occurs approximately one week out from the procedure. Most of it is minor, but if there is active severe bright-red blood in the throat that does not stop after a few minutes, you should call us first at the office day or night so that we may meet you in the emergency room.
2. Persistent swallowing problems are rare. This kind of complication occurs if the palate cannot close well.
3. There may be persistent sleep apnea. Remember, UPPP/tonsillectomy is one procedure and by itself may not be curative. We will recommend a postoperative sleep study a few months after the procedure to determine any level of residual sleep apnea.
4. Voice changes can occur after UPPP due to a change in resonance of the voice. This change is due to tightening the palatal tissues and removal of the uvula. The average speaker will usually not note any changes. Please advise us if you use your voice professionally.
5. Other rare complications can occur, including, but not limited to, scarring, infection, damage to teeth, complications of anesthesia and numbness of the throat or altered sense of taste. 6. If you have any further questions or concerns, please call our office.