

## Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. ***If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.***

### Uvulopalatopharyngoplasty (UPPP)

#### Definition

Uvulo = related to the uvula, the central tag-like structure hanging down from the edge of the soft palate

Palato = indicates relation to or connection with the palate

Pharyngo = the pharynx

-plasty = a surgical procedure for the repair, restoration, or replacement of a part of the body

This procedure involves removing excess tissue in the back of the roof of the mouth. This area is called the soft palate and the uvula.

#### Purpose of Procedure

There are two reasons why this procedure is performed: to improve the quality of sleep by reducing obstruction and to reduce snoring.

#### Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

#### Procedure

This procedure involves placing an instrument between the upper teeth and the tongue to hold the tongue out of the way and to hold the mouth open. If the tonsils are present, they are removed. The tonsil is separated from the muscle and the muscle covering to which it is attached. Bleeding is controlled usually with electric cautery. Cautery involves using a small electric current to block the blood vessel and stop any bleeding. Occasionally, tying with suture material is necessary. After the tonsils are removed, a predetermined amount of excess tissue from the soft palate is also removed. The open areas are then closed using dissolvable suture material.

#### Post Procedure

Following the procedure, fluid intake is very important. Maintaining regular doses of pain medication will make swallowing the fluids easier. An adequate fluid intake will be indicated by light colored

urine. A suppository may be prescribed to control nausea or vomiting. An ice pack should be used around the neck to help with discomfort and swelling. Straws are not allowed as they can increase the risk of bleeding. A soft food diet may be resumed as the patient desires. The back of the throat at the surgical site will usually appear white. This is normal and is a scab that is forming where the tonsils and/or uvula had been. No food with sharp edges should be eaten until the throat resumes a normal color. Missing a week of school or work is not unusual. Two weeks are necessary before resuming normal levels of activity. About a week after the procedure, ear pain may be experienced as part of the healing process and is not a concern unless reduced hearing is also noted.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

### **Expectations of Outcome**

If this procedure was done to remove a non-cancerous growth, the chances of recurrence should be minimal. If the procedure was done for chronic infection and the entire gland was removed, the infection should not reoccur. You should not notice any increased dryness of your mouth since other salivary glands remain and provide adequate moisture.

### **Possible Complications of the Procedure**

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- **Anesthesia complications:** There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- **Bleeding within 7 to 10 days:** This may be minor. Gargling with a mixture of ice cubes in a cup of water with a teaspoon of salt can be used first to stop the bleeding. You should notify your physician's office if this occurs. If the bleeding does not stop, you will need to return to the hospital for evaluation and treatment.
- Temporarily you may notice a feeling of fluid in the back of your nose while drinking. This should only be temporary. Notify your physician if this continues.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).