

UVULOPALATOPHARYNGOPLASTY (UPPP)

REASON FOR PROCEDURE

This procedure is done for snoring with sleep apnea. The procedure is much more effective at controlling the snoring than the sleep apnea. Occasionally people will need other measures in addition to the surgery for complete control of the apneic problems.

This procedure is done in the hospital and sometimes you might need to be in the hospital overnight. Patients can usually go home from the ICU the following morning.

PRIOR TO SURGERY

For two weeks before your surgery, avoid any medications that may contain Aspirin or Ibuprofen. These medications will often make the patient bleed more during the surgery. Even one pill will trigger this effect, so it is important you have had no Aspirin or Ibuprofen containing medications for two weeks prior to surgery. If you are unsure, bleeding time can be done to see if we anticipate any problems.

SLEEP STUDY

A sleep study is typically needed before the surgery. A sleep study is sometimes necessary after the study to evaluate whether the apneic spells have improved.

SURGERY

The night before surgery you will need to have nothing to eat or drink after midnight and no smoking before surgery. This is important because as you go to sleep for the procedure; you lose the reflexes that protect your airway and any substance in the stomach could be aspirated into the lungs.

The day of surgery you will present to the hospital and will either wait in the Same Day Surgery or in a room. After the surgery you might go to an observation area or the ICU for observation. You will most likely be discharged from the ICU of the hospital the following morning. If there is difficulty taking fluids or with pain control, you may need to spend a few more hours or days in the hospital until this can be managed without the help of a nurse.

DEHYDRATION

When you go home it is very important to drink and maintain plenty of fluids. If you get dehydrated you will become nauseated and this will also exacerbate your pain. Beginning with semi-solid foods like Jello is often easiest. You may find that liquids may come out through your nose initially. This usually subsides after a couple of weeks, with many people it subsides after a couple of days. You will have a very sore throat. When you look at the back of your throat you will notice a gray to green coating in the surgical site. You will also notice initially that your voice will sound hypernasal (air escaping into the nose when talking) and sometimes fluid may come up into the back of your nose when swallowing. These usually subsides after a couple of weeks as well.

If you do get behind on drinking fluids and become dehydrated, the mucous membranes will be very dry and sticky. You may not have urinated for over 8 hours and may be experiencing severe nausea. Either an anti-nausea medication or IV fluids will be needed to reverse this process. You will need to call the doctor to discuss this with him/her.

MEDICATION

Liquid pain medicine is recommended, usually hydrocodone with tylenol will take care of the pain. Sometimes something stronger such as oxycodone is required. If the other measures aren't working, call the doctor for admission to a home health service. This service can also provide pain shot injections or IV fluids if it has become too difficult to drink.

TEMPERATURE

It is typical to run a low grade fever after this procedure, usually about 100 degrees orally. If the temperature does go over 101, the doctor needs to be called.

POSTOP INFECTION AND BLEEDING

The mouth is considered the "dirtiest" organ in the body. After surgery there is usually a low grade infection, but if the body has a hard time maintaining, it may become more severe and cause more intense pain, redness, or swelling in this area. This is often accompanied with a high fever. Very mild infections sometimes will show up on about the 4th or 5th day after surgery when it is noted that the patient was feeling fairly well and then the pain became much more severe. You need to call the doctor for evaluation or an antibiotic. Bleeding sometimes can occur even after a week after surgery. If this occurs, call your doctor.

EAR PAIN

Any surgery in the back of the throat will give a referred ear pain. There is usually not an ear infection, but the body may interpret the pain as coming from the ear when it is actually coming from the throat. If you have any concerns, call the office. The nurse can answer most of your questions or get you in touch with the doctor. Most people do very well after this surgery, although the first 7 days are often fairly rough.