



Head and Neck Associates of Orange County, Inc.

An Incorporated Medical Group

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

PALATE COBLATION SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended a palate coblation surgery for you. The following information is provided to help you prepare for your surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

During normal breathing, air passes through the throat on its way to the lungs. The air travels past the soft palate, uvula, tonsils, and tongue. When a person is awake, the muscles in the back of the throat tighten to hold these structures in place preventing them from collapsing and/or vibrating in the airway. During sleep, the uvula and soft palate frequently vibrate causing the distinctive sounds of snoring.

Palate Coblation is a unique method for reducing habitual snoring by submucosal thermal ablation of the uvula and soft palate. Unlike other approaches (such as the laser), Palate Coblation uses very low levels of radiofrequency energy to create finely controlled coagulative lesions beneath the mucosa. These lesions are eventually reabsorbed, reducing tissue volume and the symptoms of snoring. Palate Coblation is performed under local anesthesia in an outpatient setting and takes approximately 30 minutes. Acceptable results after one treatment are found in 75% of patients, while the remaining will require a second Palate Coblation 8 weeks later.

The following instructions are designed to help you recover from surgery as easily as possible. Taking care of you can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

RISKS AND COMPLICATIONS

Your surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Due to the fact that individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes, no guarantee can be made as to the results or potential complications. Furthermore, surgical outcomes may be dependent on preexisting or concurrent medical conditions.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

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Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standard of community care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative to surgery.

1. Failure to resolve the snoring. Most surgeons feel that about 85% of patients who undergo a palate coblation will have a significant or complete resolution in their snoring; and an additional number of patients will notice reduced levels of snoring such that their sleep partners will report that its level is no longer offensive.
2. Failure to cure sleep apnea or other pathological sleep disorders. Pathological sleep disorders, like sleep apnea, are medical problems which may have associated serious complications.
3. Failure to cure associated sleep apnea related medical problems, such as, but not limited to hypertension, heart disease, or stroke.
4. Bleeding.
5. Nasal regurgitation, a change in voice, or velopharyngeal insufficiency when liquids may flow into the nasal cavity during swallowing (rare).
6. Need for revision, or further and more aggressive surgery.
7. Prolonged pain or discomfort impaired healing, and the need for hospitalization.
8. Thermal or electrical injury to the mucus membranes of the soft palate, uvula, or mouth. This may result in tissue loss by burn.

THE DAY OF SURGERY

You may eat a light meal prior to your procedure. Smokers should make every effort to stop smoking, or at least reduce the number of cigarettes. This will help to reduce postoperative coughing, swelling, and bleeding.

It is important that you know precisely what time you are to come to the office, and that you allow sufficient preparation time. You should wear comfortable loose fitting clothes which will allow for a conductive pad to be placed on the lower back area.

DURING SURGERY

Prior to the actual procedure, you will be given an oral spray to start anesthetizing the throat area. Once the throat is partially anesthetized, you will be given three small injections in the palatal region. Most patients find that the process of anesthetizing the throat to be of only minor discomfort. You will usually be given pre-medications (Medrol).

During the procedure, you will be asked to sit upright and will be fully awake throughout the entire process. Your surgeon will explain the process and demonstrate the equipment. The Coblation device, which is connected to a radiofrequency generator, is placed into the mouth. A small electrode located at the end of the device is inserted into the soft palate. Radiofrequency energy is applied through the electrode. Sections of the electrode are insulated to protect the delicate surface of the oral tissues.

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Through controlled delivery of radiofrequency energy, the tissue is heated in a limited area around the electrode. Most patients find the procedure to be surprisingly comfortable. One to three insertions will be done in most cases.

AFTER SURGERY

Snoring can be expected to be worse immediately after the procedure secondary to swelling of the tissues. Time is required to heal the initial lesion, and allow for scar formation with subsequent stiffing of the palate and uvula. Improvement may be seen after one or two weeks, and continues to occur for up to several months. Do not be disappointed if your snoring has not improved for 6 to 8 weeks following Palate Coblation. It is very common to see the greatest improvement in snoring after the 6th week.

You will be able to go home once you feel comfortable. Most patients can safely drive themselves home from the office. It is best to sleep with your head elevated on 2-3 pillows for several nights following the procedure. A sense of fullness in the back of the throat is commonly reported for several days. By keeping your head elevated above your heart, you can minimize edema and swelling. Applying an ice pack to the neck may help relieve swelling. In some situations, your doctor may prescribe steroids after surgery to help reduce swelling.

You may experience a sore throat for several days for which you may take Tylenol or ibuprofen (Advil). A throat lozenge, such as Cepastat, can be soothing to the throat.

You may eat a soft cool diet once you feel comfortable. Letting ice chips melt in your mouth will help reduce edema and discomfort.

NOTIFY YOUR DOCTOR IF YOU OR YOUR CHILD HAS

1. Extreme difficulty swallowing.
2. Difficulty breathing.
3. Sudden bleeding from the surgical site.

FINANCIAL POLICY REGARDING YOUR SOMNOPLASTY

Snoring surgery is not covered by your medical insurance, as is the case for cosmetic procedures. All patients require an initial evaluation to determine if they would benefit from a palate coblation, or possibly another type of procedure. This examination is done to screen for coexisting medical problems and to determine if you are suffering from a pathological sleep disorder. The fee for this examination and any additional tests, such as a sleep study, are usually billed to your insurance.

The standard surgical fee for the Coblation of the palate will be charged at \$1280.00 plus \$240.00 for the coblation wand for a total cash rate of \$1520.00. Which includes the facility charge, surgical fee, and any relevant post-operative care. Many patients will require more than one Coblation treatment. You will be billed an additional \$250 fee for any subsequent procedures.

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It is our financial policy regarding snoring type surgery that payment is expected in full prior to your surgery.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 470-1403. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

IF YOU WOULD LIKE TO LEARN MORE

The physicians of Head and Neck Associates recommend **www.medicinenet.com** as an internet source of information. MedicineNet® is a network of U.S. Board Certified Physicians and Allied Health Professionals. Find easy-to-understand medical information to make smart health decisions with your doctor. Stay informed on all aspects of health and medicine. Get the latest health and medical news delivered to your e-mail box!

Please visit our web site at **www.hnaoc.com**

DISCLOSURE OF OWNERSHIP INTEREST IN MISSION SURGERY CENTER

If you are having your surgery at Mission Surgery Center, we must inform you that the surgeon has an ownership interest in the facility. This disclosure is to acknowledge such ownership interest, and to assure you that you are not compelled to have the surgery performed at the Mission Surgery Center. You are free to select any surgical facility of your choice for this procedure.

ATTESTATION

I have received, read, and understood the information provided to me regarding my upcoming surgery. I have been given the opportunity to discuss freely with my doctor any concerns, alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient, which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

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I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information, financial policy, surgery center disclosure and surgery pre & post-operative care information. I am comfortable with all aspects of the upcoming surgery and ask that we proceed with surgery.

Printed Name of Patient

Date of Birth

(Signature of patient or guardian)

(Date)

Witnessed by _____

(Date)

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