



Head and Neck Associates of Orange County, Inc.

An Incorporated Medical Group

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

UVULOPALATO-PHARYNGOPLASTY (UPPP) SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended an Uvulopalatopharyngoplasty (UPPP) with or without tonsillectomy 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 into the airway. During sleep, these structures can fall into the airway causing snoring and obstructive sleep apnea. Uvulopalatopharyngoplasty with or without tonsillectomy are surgical procedures designed to circumvent this sleep related collapse of these structures.

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, or your child's, 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. 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.

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1. Failure to resolve the snoring. Most surgeons feel that about 85% of patients who undergo a UPPP 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. Sleep apnea surgery is probably only 50% effective in resolving obstructive sleep apnea.
3. The continued need postoperatively for adjuvant treatments of sleep apnea, such as continuous positive airway pressure (CPAP), weight loss, and exercise.
4. Failure to cure associated sleep apnea related medical problems, such as, but not limited to hypertension, heart disease, or stroke.
5. Bleeding. In very rare situations, a need for blood products or a blood transfusion. You have the right, should you choose, to have autologous or designated donor directed blood prepared in advance in case an emergency transfusion is necessary. You are encouraged to consult with your doctor if you are interested in this option.
6. Nasal regurgitation, a change in voice, or velopharyngeal insufficiency when liquids may flow into the nasal cavity during swallowing (rare).
7. Failure to resolve coexisting sinus, tonsil, or nasal problems.
8. Need for revision, or further and more aggressive surgery.
9. Prolonged pain or discomfort impaired healing, and the need for hospitalization.

BEFORE SURGERY

In most situations, the surgery is performed at either the hospital or the Surgery Center. An anesthesiologist will monitor you throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If they are unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance. Arrange for someone to take you home from the surgical facility and to spend the first night after surgery with you.

You should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within 7 days of the date of surgery. Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist. Tylenol is an acceptable pain reliever. Your doctor may give you several prescriptions at the preoperative visit. It is best to have these filled prior to the date of surgery.

You must not eat or drink anything 6 hour prior to their time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication.

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If you are on preoperative CPAP, it is important that you continue using CPAP nightly. This will help to normalize your sleep patterns, and thus make your surgery safer. You should bring your CPAP machine to the surgical facility.

If you are sick or have a fever the day before surgery, call the office. If you awaken ill the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including the preoperative orders and history sheets. You should wear comfortable loose fitting clothes, (pajamas are OK). Leave all jewelry and valuables at home.

Do not take any medication unless instructed by your doctor or the anesthesiologist. In the pre-operative holding room, a nurse may start an intravenous infusion line (IV) and you may be given a medication to help you relax.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a mixture of gas and an intravenous medication for the general anesthetic. In most situations, an IV will have been started either in the preoperative holding room or after the patient has been given a mask anesthetic. During the procedure, oxygen saturation (pulse oximetry), cardiac rhythm (EKG), temperature, and blood pressure will continuously be monitored. The surgical team is well trained and prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room.

After the anesthetic takes effect, the doctor will perform the UPPP and if necessary remove the tonsils all through the mouth. There will be no external incisions. The base of the tonsils and/or adenoids will be cauterized with an electrical cauterizing unit. The whole procedure usually takes less than 60 minutes. The Doctor will come to the waiting room to talk with any family members or friends, once you are safely in the recovery room.

AFTER SURGERY

After surgery, you will be taken to the recovery room where a nurse will monitor you. You are required to stay overnight to have your breathing monitored during one sleep cycle.

It is best that you rest with the head elevated on 2-3 pillows. By keeping the head elevated above the heart, you can minimize edema and swelling. Applying an ice pack to the neck may help decrease swelling. You may get out of bed with assistance to use the bathroom. Visitors should be kept to at a minimum since they may unknowingly bring infection.

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Avoid straining, if you are constipated, take a stool softener or a gentle laxative.

It is best for you to eat a light, soft, and cool diet as tolerated once you have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though one may be hungry immediately after surgery, it is best to feed slowly to prevent postoperative nausea and vomiting. Occasionally, one may vomit one or two times immediately after surgery, however, if it persists, your doctor may prescribe medications to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing. Weight loss is very common following a UPPP and/or tonsillectomy. You need not worry about nutritional requirements during the recovery so long as you are drinking an adequate amount of fluid.

You will be prescribed antibiotics after surgery, and should finish all the medications that have been ordered. Some form of a narcotic will also be prescribed (usually Lortab elixir), and is to be taken as needed. If you require narcotics you are cautioned not to drive. If you have nausea or vomiting postoperatively, you may be prescribed an anti-emesis medication such as Phenergan. If you have any questions or you feel that you are developing a reaction to any of these medications, you should consult your doctor. You should not take or give any other medications, either prescribed or over-the-counter, unless you have discussed it with your doctor.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

An appointment for a checkup should be made 14 to 21 days after the procedure. Call the office to schedule this appointment.

The most important thing one can do after a tonsillectomy to prevent bleeding and dehydration is to drink plenty of fluids. At times it may be very difficult to swallow. If you, or your child, drinks, they will have less pain overall. If it takes one hour to drink a glass of water then do it. Try to drink thin, non-acidic drinks or frozen pop-sicles. Soft foods like gelatin, ice cream, custards, puddings, and mashed foods are helpful to maintain adequate nutrition. Hot, spicy, rough, and scratchy foods such as fresh fruits, toast, crackers, and potato chips should be avoided since they may scratch the throat and cause bleeding. Milk products are permitted. If dehydration occurs and attempts at home cannot correct the problem, then admission to the hospital for intravenous fluids will be necessary.

You may notice persistent or even louder snoring for several weeks. A temporary change in voice is not uncommon following surgery, and will usually return to normal after several months. It is not uncommon to have temporary nasal regurgitation of food or fluid into the nose during swallowing. As the edema subsides in the palate, this problem will usually resolve.

Pain is common after a UPPP with or without tonsillectomy. It is often hard to predict who will recover quickly or who will have prolonged pain. Immediately after surgery, many patients report only minimal pain.

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The next day the pain may increase and remain significant for several days. Often times at one week following surgery, patients will appear to relapse when their pain becomes significant again. They usually report pain in the ears especially when they swallow. The scabs are often falling off at this time. If bleeding is going to occur, this is the most common time. This pain is usually the last type of pain experienced. Overall, most patients will have recovered fully by two to three weeks after surgery, however for four to six weeks they will occasional have throat tenderness with hot or spicy foods.

You may notice white patches in the back of the throat where the tonsils were removed. These are temporary scabs which are soaked in saliva, and occur during the healing process. They are not a sign of infection, and will fall off within the first two to three weeks following surgery. No attempt should be made to remove them. They will give the patient bad breath which will go away when everything is healed. It will take four to six weeks for the throat to return to the normal pink color. It is not unusual to have nasal stuffiness following surgery. The nasal stuffiness may last for up to several months as swelling decreases. Saline nose drops (Ocean Spray) can be used to help dissolve any clots and decrease edema. You may notice persistent or even louder snoring for several weeks. A temporary change in voice is common following surgery, and will usually return to normal after several months. They, of course, will sound less "nasal" following surgery.

Bleeding occurs in 1-3% of patients after a UPPP with or without tonsillectomy. Although it can occur at any time, it usually occurs 7-11 days postoperatively. Dehydration and excessive activity increases the chances of postoperative bleeding. If bleeding occurs, try to be calm and relaxed. Rinse the mouth out with ice cold water and rest with the head elevated. If the bleeding continues, call your doctor. Treatment of bleeding can be simple, or it may require a trip back to the operating room under general anesthesia. In very rare situations, a blood transfusion may become necessary.

Most patients require at least 7-10 days off from work or school. After 3 weeks exercise and swimming can usually be resumed, but no diving for 6 weeks. You should plan to stay in town for at least 2-3 weeks to allow for postoperative care and in case you have bleeding.

You should continue the use of CPAP until your doctor has told you that you can safely discontinue. Many studies have demonstrated that the use of postoperative CPAP will help to decrease swelling, and prevent postoperative complications. A postoperative sleep study will be necessary to determine if and when you can safely stop CPAP.

NOTIFY YOUR DOCTOR IF YOU OR YOUR CHILD HAS

1. A sudden increase in the amount of bleeding from the mouth or nose that lasts more than a few minutes.
2. A fever greater than 101.5 degrees F which persistent despite increasing the amount of fluid you or they drink and Tylenol. A child with a fever should try to drink approximately one-half cup of fluid each waking hour, and an adult should drink one cup per hour.
3. Persistent sharp pain or headache which is not relieved by pain medications prescribed.

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4. Increased swelling or redness of the nose, neck, or eyes.
5. Dehydration.

SURGICAL FINANCIAL POLICY

Head and Neck Associates of Orange County will submit claims to your insurance company for any surgical procedures performed by our physicians. Prior to your scheduled surgery date our staff will verify eligibility and benefits. We will also obtain pre-certification and/ or authorization when required by your insurance company. Please be aware however, that this is not a guaranty of payment. Any expenses deemed not covered by your insurance company for any reason, will be your financial responsibility. All monies owed by the patient, i.e., remaining deductible or coinsurance amounts and any procedures or fees deemed not medically necessary, are due prior to the date of surgery. All financial arrangements must be made prior to the date of surgery. Please be aware that this office will bill only for the physicians' services. Any other services related to your surgery, i.e., facility, anesthesiology, radiology, laboratory or pathology will be billed by the facility providing these services, and not included in our billings.

Our office accepts the following forms of payment; Visa or MasterCard, cash and personal checks. A twenty dollar service charge will be assessed to your account for any check returned by your bank.

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.

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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.

I also agree to not discontinue my CPAP until I have been told by my doctor it is safe to do so.

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.

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Printed Name of Patient

Date of Birth

(Signature of patient or guardian)

(Date)

Witnessed by _____

(Date)

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Updated 09/13 rmiller