



The Head+Neck Center
John U. Coniglio, MD, LLC
1065 Senator Keating Blvd.
Suite 240
Rochester, NY 14618
Office Hours: 8-4 Monday-Friday
t 585.256.3550
f 585.256.3554
www.RochesterHNC.com

SINUS
ENDOCRINE
HEAD AND NECK CANCER
VOICE DISORDERS
SALIVARY GLANDS
TONSILS AND ADENOIDS
EARS
PEDIATRICS
SNORING / SLEEP APNEA

Uvulopalatopharyngoplasty

Uvulopalatopharyngoplasty (UPPP) is an operation to improve certain sleep disorder symptoms such as obstructive sleep apnea and snoring. Snoring and sleep apnea (cessation of breathing) are most commonly caused by excessive tissue on the posterior roof of the mouth (soft palate) and throat (uvula); however there may be several causes occurring simultaneously. In most cases, soft palate tissue vibrates when you breathe, thus causing you to snore and/or obstruct your airway. UPPP is performed to reduce the amount of soft palate tissue. The procedure may only give partial relief depending on the contributing factors and the relative importance of palate and uvula size. It is not uncommon for UPPP to be the first stage of a combination approach to treating snoring and sleep apnea. The success rate in treating apnea cases has been reported to be greater than 50%, and the expectation for snoring improvement may be greater than 80%.

KNOWN RISKS AND COMPLICATIONS

Procedure

The business day before the procedure, you will be asked to call the hospital to find out your arrival time. You will be asked to avoid anything to eat or drink for eight hours prior to surgery. You may brush your teeth. You will be given instructions regarding which, if any, of your daily medications to take with a sip of water before coming to the surgery center. You will meet with your anesthesiologist and surgeon prior to surgery for any last minute questions you may have. Your surgery will take about an hour.

Following surgery you will stay for approximately one day. Most patients experience a sore throat and/or ear pain for up to two weeks following surgery. You will be given prescriptions to efficiently manage the discomfort. Your diet will be advanced from clear liquids to a soft diet and then to a full diet as tolerated. You are encouraged to drink plenty of liquids to avoid dehydration. The patient usually remains out of work for 10-14 days. Due to swelling, effectiveness of the procedure is not determined until approximately six weeks following surgery.

Risks

As with any surgery, along with the benefits of surgery, certain risks must be discussed in order to obtain an informed consent. The most common complications include bleeding, infection and temporary airway obstruction due to postoperative swelling. Occasionally patients with severe obstruction or added risk due to obesity may require a temporary tracheotomy. Some patients also have complaints due to an inability of shortened palate to make contact with the back of the throat. This may cause some nasal regurgitation and a hypo-nasal or hollow-sounding voice. The opposite effect due to narrowing of the space behind the nose (nasopharynx) is even less likely.

- Bleeding** Postoperative bleeding occurs in about 4-5% of cases. Bleeding, which most often occurs in the immediate postoperative period, can occur at any time during the first two weeks after surgery. Treatment of persistent bleeding is usually an outpatient procedure (though it may require control in the operating room under general anesthesia). In rare cases a blood transfusion may be recommended. Call our office if this occurs.
- Dehydration** Because swallowing is uncomfortable after surgery, there may be poor oral intake of fluids. IV fluid replacement will be given to you in the hospital until you are maintaining adequate hydration and nutrition.
- Infection** Infection is an uncommon risk for this procedure. On the day of surgery, you will receive preventative antibiotics during your procedure. At the time of hospital discharge your doctor will provide you with a prescription for an antibiotic so you can start them upon your arrival home.

PREOPERATIVE INSTRUCTIONS

- Food and Drink** Nothing to eat or drink after midnight the evening before the procedure. This includes all food, liquids, water, candy, mints or gum. Your procedure will be cancelled if you do not follow these instructions. You may brush your teeth.
- Medications** Take medications as directed with just a sip of water the morning of surgery.
- What to Avoid** Please avoid any aspirin, aspirin-containing products, ibuprofen (Advil®, Aleve®, etc.) or Vitamin E for one week prior to your surgery. If you are on any medication that affects bleeding (such as Coumadin or Warfarin) please notify the office immediately.
- Do Not Bring** Do not bring valuables (cash, credit cards, watches, jewelry, etc.) to the hospital.
- Remove** Remove all make-up and nail polish before coming to the hospital.
- Confirm Arrival** Please call the hospital before noon on the day prior to your procedure to confirm your arrival time.

POSTOPERATIVE INSTRUCTIONS

- Activity** No work, strenuous activity or swimming for two weeks. Avoid bending, lifting or straining. Some patients will notice an increase in their soreness if they talk excessively.
- Diet** Soft foods and lots of liquids for the first week or two. It is important to drink at least one to two quarts of fluid per day. Begin with clear liquids and advance to regular diet as tolerated. Guidelines: clear liquids (water, Kool-Aid, popsicles, sherbet, apple or grape juice, Jell-O, etc.), advancing to a soft then regular diet as tolerated. Avoid carbonated drinks, citrus or pulpy juices as they may irritate and cause pain. You should have urinary output at least twice per day that is normal in amount and color.
- Mouth Care** For the first seven days following the procedure please mix one tablespoon of hydrogen peroxide in one cup of water. Gargle with the solution in the morning and the evening. This will dissolve the grayish-white material that will form over the site of the procedure. This will also keep the area clean and allow it to heal faster. You may brush your teeth and use diluted mouthwash as needed. Nonalcoholic mouth wash will be most soothing. A prescription for Chlorhexidine (Peridex) will be given.
- Medications** Pain in the throat and ears may last for 10-14 days. You will be given a prescription for pain medication. You may find an ice pack to your neck soothing for the first one to two days. Chloraseptic®, Sucrets® lozenges or chewing gum and sucking on hard candy will also help to decrease the discomfort. If you feel you are experiencing excessive pain, please contact our office at (585) 256-3550. To prevent infection you will also be given

a prescription for an antibiotic to use for the first few days following hospital discharge. It is important that you complete the antibiotic as prescribed. Depending upon the amount of swelling present at the time of hospital discharge, you may be given a prescription for steroids to decrease swelling.

Please Call for

- Persistent bleeding
- Inability to eat or drink
- Fever above 101°F
- Nausea and/or vomiting
- Pain not relieved by previous instructions
- To make a two week postoperative appointment

Questions?

If you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.

Emergencies

If you have an emergency after hours or on the weekend please call our professional answering service at (585) 258-4840.