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UPPP INFORMATION SHEET

(Uvulopalatopharyngoplasty)

About Surgery

Patients cannot use aspirin, Motrin, Advil, Aleve, Naprosyn, fish oil, garlic, Vitamin E, ginko, coumadin, or any blood thinner at least 2 weeks prior to surgery and none post-surgery until at least 3 weeks post-surgery.

Most patients are admitted the same day as surgery. Often, adult patients will stay overnight in the hospital to monitor their apnea. Surgery is performed under General Anesthesia and then patients remain in the hospital until they are swallowing liquids adequately. This usually is within 1 day of surgery. They are to remain on cool liquids and advance their diet slowly as tolerated. Pain usually gets worse several days after surgery and is most severe between the 3rd and 10th post-operative day.

The surgery restructures the back of the throat. It often will feel tight in the throat for weeks after surgery.

Occasionally, additional nasal surgery is also performed at the same time. Patients who undergo this surgery should generally sleep with the head elevated and avoid bending, straining, lifting any weight >10 lbs., or physical exertion for about 1-2 weeks post surgery.

Complications

Most common is bleeding. There are two times that this can occur. Just after surgery, or a few hours later there may be some bleeding. Bleeding severe enough to require going back to the operating room occurs about 1% of the time. Another chance for bleeding occurs about one week post-surgery as the coating over the surgical area falls off. Delayed bleeding occurs about 2% of the time.

Nausea and vomiting can occur for the first 12 hours after surgery and is most often related to the anesthesia.

Weight loss - due to decreased caloric intake, therefore, we encourage fluid intake to keep the patient well hydrated.

Infection - true infection of the surgical area is uncommon

Nasal regurgitation- post surgery when eating and drinking, some patients will have liquid or food come back into their nose. This is most often a temporary problem which resolves without treatment, but infrequently can persist.

Post-Surgery Expectations

- **Pain in the ears** - this is referred pain from a nerve that travels through the ear to the throat. This most often does not represent an infection.
- **Whitish plaques in throat** - this represents the healing surgical area, it may also turn grayish.
- **Bad breath** - related to the whitish plaques.
- **Sore throat** - will last as severe for about 10 days, than slowly improve over the next week.
- **Voice Change**
- **Tightness or pain when yawning or opening mouth-** this is related to healing and normal scarring of the tonsil removal site. After 2 weeks from surgery patients can help this problem by swallowing frequently and/or chew gum (if capable without choking).
- **Tongue Numbness**
- **Pain levels** – these will vary post-surgery but pain tends to increase from surgery to the 3rd or 4th day, then pain is the worst until the 10th day, and gets better over the next few days.

Post-Operative Diet

1. Easiest are cool liquids. Especially clear liquids like non-citrus juices or flat soda.(e.g.- ginger ale)
2. Milk products are OK, but should be held off for first few days if possible.
3. Soft foods - eggs, warm cereal, puddings, etc. can be tried as tolerated.
4. Can slowly advance diet. Avoid eating hard or sharp edged foods like chips, pretzels, hard rolls, or crunchy cereals.
5. The patient should schedule a follow-up appointment for two weeks after the date of surgery.
6. **No** aspirin, Motrin, Nuprin, Advil, ibuprofen, non-steroidal anti-inflammatory medicines, fish oil, vitamin E,garlic, ginseng, ginger, or ginko for 4 weeks post surgery. Only Tylenol or your post surgical pain prescription medicines are safe.