



**POST-OPERATIVE INSTRUCTIONS FOLLOWING UVULOPALATOPHARYNGOPLASTY
(UPPP)**

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General:

Uvulopalatopharyngoplasty is a surgical procedure performed on the throat to address snoring and/or obstructive sleep apnoea. The procedure is designed to trim the uvula and the soft palate and reposition the side walls of the throat (tonsillar pillars). If the patient has not had previous tonsillectomy, the tonsils are also removed during the procedure. The surgery can be performed on an outpatient basis but most patients are kept overnight in the hospital for observation (this ensures the patient is carefully monitored for airway obstruction due to post-operative throat swelling or depressed breathing from anesthesia and pain medication. Recovery from Uvulopalatopharyngoplasty can be very difficult due to the severe sore throat experienced during the first several days following surgery. Anticipation of this recovery period allows for patients and family members to create a comfortable healing environment.

Diet:

You are at risk for dehydration during the recovery period due to the sore throat. Dehydration can cause increased pain, increased likelihood of bleeding, delay in healing and constipation. You may have liquids by mouth once you have awakened from anesthesia. Only liquids or soft foods should be taken for the first 14 days following surgery. Any liquids or soft foods are acceptable but patients occasionally report discomfort with hot, acidic or spicy foods. Clear liquids (flavoured sports drinks, apple juice, water, blended iced drinks, icy poles) are preferred. Foods such as soup, noodles, scrambled eggs, porridge, yoghurt, smoothies, applesauce, mashed potatoes and ice cream are usually well tolerated. Anything that has a hard edge (dry biscuits, toast, chips) or that is difficult to chew should be avoided for two weeks.

Pain control:

You are likely to experience a severe sore throat for several days to week following uvulopalatopharyngoplasty. Pain may also be referred to the ears. Don't be alarmed if you experience earaches during the first 1-2 weeks after surgery. Mild to moderate sore throat or intermittent twinges of pain from yawning, coughing or sneezing may last for an additional 2-3 weeks following resolution of the severe pain. Liquid pain relievers taken by mouth are often effective in "taking the edge off" and allowing patients to rest or sleep comfortably. Narcotic pain medication can cause constipation. If you have not been prescribed a medication for constipation then you should take an over-the-counter laxative or stool softener while you are on the prescribed pain medication. You should avoid aspirin because it is a blood thinner

and will increase your chance of having post-operative bleeding.

If you anticipate you will run out of pain medication in a few days, please call the office to ask for another script as scripts for narcotics (oxycodone) cannot be faxed to the chemist. By law, an original script is required for narcotic prescriptions. Another option is obtaining a prescription from your GP.

Activity:

No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 2 weeks or limited to light duty until the 2 week mark. Walking and other light activities are encouraged after the first 24 hours.

Oral care following the surgery:

The back of the throat is usually red, white and swollen during the first few days after uvulopalatopharyngoplasty. You may notice stitches along the palate and on the side of the throat. These are dissolvable sutures and usually disintegrate within a few weeks. If the stitches are a significant concern, your surgeon can trim or cut them out at your follow-up visit. As the throat heals, any raw surfaces are replaced by a white or grey membrane until complete healing occurs at 2-3 weeks. Brushing the teeth during this time is encouraged although brushing the back of the tongue should be avoided (this will trigger a painful gag reflex or cause bleeding). Halitosis (bad breath) is normal in the first two weeks following surgery. This is due to the healing process in the back of the nose and throat. Staying well hydrated by frequently sipping water can minimize the halitosis and sore throat. A humidifier next to your bed at night will help moisturise and soothe the raw tissues. Hot steam showers can provide some symptomatic relief.

Follow-up appointment:

Your follow up appointment in the office will be approximately 2-3 weeks following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please have a family member or friend contact our office when you arrive home from the surgery center.

Please go to the emergency department at the Austin Hospital immediately if you experience:

- *Bleeding from the mouth**
- *Difficulty breathing**
- *Inability to drink**