

UVULOPALATOPHARYNGOPLASTY (UP3)

UPPP is done under general anesthesia, and is done to surgically trim off excess, loose or floppy tissue along the lower soft margin of the palate. If the tonsils have not previously been removed, a tonsillectomy is considered as a standard part of the procedure. The uvula is partially or completely removed. The configuration or appearance of the palate after healing is usually quite different since there is no longer a uvula hanging down the center, but rather, there is a generally a smooth curved arc across the palate, and it appears significantly shorter. It is required that you stay overnight in the hospital. This surgery on average reduces the frequency of apneic episodes in half, so you may still end up needing CPAP after surgery, although typically at a lower and more comfortable pressure. A sleep study is done around 3 months after surgery to check this.

BEFORE SURGERY: No aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, and red wine for one week prior to surgery. Tylenol is permitted at anytime. If you take Coumadin or other blood thinners please discuss this with your surgeon. Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water. The hospital or surgical center will call you the day before with time and instructions for surgery. Make arrangements for a ride home after surgery.

PAIN: You will experience a moderate to severe pain level for the first few days after surgery. Pain is usually the worst on the third or fourth day after the surgery. Pain, especially from swallowing, may last from 10 days to 3 weeks after surgery. Ear pain is common after surgery because one of the nerves to the ear passes near the tonsil area. It does not mean you have an ear infection. Pain medication will be prescribed to you and should be taken as directed. We typically give liquid Lortab and you can alternate this with Ibuprofen. You may also be given topical numbing lollipops to use as well.

MEDICATION: You may also be given a prescription for steroids to help reduce the swelling in the throat and palate area. You may also be given a prescription for nausea medicine to use as needed.

BLEEDING: A small amount of blood-stained mucous or saliva is common in the first week. However, if bleeding occurs, gargling with ice-water will usually stop the bleeding. If the bleeding recurs numerous times or persists over 20 minutes, then please call our office or proceed to the nearest ER.

EATING: Be sure to drink plenty of liquids. Cool, clear liquids (water, Gatorade, clear juices) are best, and you should keep a glass or bottle with you all the time while you are awake. Jello and popsicles are good to eat after the surgery. Avoiding dehydration is important to speed recovery, reduce the pain, and reduce the risk of bleeding. Generally, you should start with soft foods and advance your diet as tolerated. Because of the new shape of your throat, you may notice some food or liquid will back up into your nose.

SWELLING: When lying in bed, keep your head and shoulders elevated above your hips, as this will help to reduce swelling and discomfort.

VOICE: You may notice a change in the sound of your voice. After a few days or weeks, when your muscles have learned to adapt, this should resolve.

ACTIVITY: After several days you can gradually return to limited activities in your home. You should plan on about two weeks out from school or work. No heavy lifting or strenuous activity for 2-3 weeks also.

WHEN TO CALL THE DOCTOR:

- **Excessive bleeding**
- **Dehydration**—If the patient has taken little or no fluids by mouth for 12 hours or has not urinated for 8 or more hours, they need to go the hospital for I.V. fluids.
- **Fever**—Temperatures greater than 101.5
- **Difficulty Breathing**

RISKS:

- Bleeding—please do not take aspirin or Motrin (Advil or Ibuprofen) for one week before or one week after surgery.
- Infection
- Nausea/Upset stomach
- Airway Blockage—difficulty breathing, you will be kept in the hospital overnight to watch for this
- Pain
- Dehydration
- Nasopharyngeal stenosis—scarring that may lead to nasal obstruction
- Velopharyngeal insufficiency—regurgitation of liquids/solids through your nose and a nasal sounding voice
- Change in taste or sensation in the tongue, which usually resolves in several weeks

- Inability to improve sleep apnea-- Even when patients are carefully screened for this surgery, there is a significant risk that you will still have some degree of obstructive sleep apnea after surgery. You may need CPAP or further procedures.
- Some patients note a dry feeling in the back of the mouth, and the swallow may feel “forced” or more difficult. This usually improves, but may be permanent.
- Reaction to anesthesia or medications given during the surgery

If you have medical questions or concerns, please call **972-731-7654**, and choose **option 3** to speak to (or leave message) for the nurse. To expedite care, please note the patient’s date of birth, spell the patients full name, and leave your name/relationship and best phone number.

PLEASE CALL OUR OFFICE TO SCHEDULE AN APPOINTMENT.

Please schedule your follow up appointment for three weeks from your surgery.