



WILKINSON SNOWDEN OTOLARYNGOLOGY CONSULTANTS, P.A.

South office (904) 268-5366
Beaches office (904) 339-0350

Instruction Sheet
UVULOPALATOPHARYNGOPLASTY (UP3)

Your surgeon has recommended uvulopalatopharyngoplasty (UP3) and tonsillectomy as treatment for Obstructive Sleep Apnea (OSA). UP3 is the most commonly performed procedure among the various surgical options for OSA. This operation consists of removing a portion of the soft palate and uvula, and is typically done in conjunction with tonsillectomy. It is performed under general anesthesia, and often also combined with nasal surgery in order to open the nasal airway.

Other treatments for OSA include the use of CPAP (continuous positive airway pressure), dental appliances, orthognathic procedures, and tongue base procedures. Your surgeon will be happy to discuss these further with you if needed. General measures such as weight loss, exercise, and sleeping off your back may help the severity of sleep apnea, but usually will not cure it.

Your surgeon will generally keep you overnight in the hospital after surgery for medical observation. We do recommend that you plan to take off at least one full week post-operatively from work or other activities.

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, do not take any aspirin or aspirin products for 1 week prior to surgery or after surgery. Tylenol is generally okay.

IMPORTANT: If your physician has placed you on a daily dosage of aspirin or other blood thinner such as Coumadin or Plavix, *please check with your prescribing doctor regarding appropriate instructions for preoperative and postoperative use.* Typically, aspirin will be stopped 3 days before surgery and restarted 3 days after surgery.

- Have nothing to eat or drink after midnight the day before surgery.
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital preop nurse during the presurgical evaluation.
- Please make arrangements for transportation to the hospital on the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- You will experience a significant sore throat immediately after surgery. Typically the pain will improve slowly over the first 7 to 10 days; occasionally, there will be a sudden, usually brief, relapse of pain towards the end of the first week. Throat discomfort will last to some extent for several weeks. Many patients will complain of ear pain; however, this is "referred pain" from the throat and is not indicative of any ear problems. Generally within one week to ten days after surgery, most patients are beginning to feel significantly better.



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- You may also notice white patches in the throat or bad breath. These are entirely normal and are indicative of the healing process.
- Nausea and vomiting are rather common and can occur for up to 24 hours after the surgery. If this persists, please call our office.
- Some patients will cough up small amounts of dried blood, particularly within the first 24 hours. However, if there are any episodes of heavy bleeding, apply an ice pack to the neck, chew on ice cubes, and call our office. If the office is closed the answering service will direct your call to your surgeon or the on-call physician for further assistance. If bleeding is severe, go to Baptist Medical Center's emergency room.
- Reflux of food and particularly fluids into the nose can occur after surgery. Eat and drink slowly. If it lasts for more than a few weeks, please call the office or bring this to your surgeon's attention during your follow up visit.
- Patients sometimes will experience low-grade fevers after surgery that may persist for one to two days. Temperatures can reach as high as 102 to 104 degrees, but usually will resolve with Tylenol and fluids. If you have a high fever (greater than 101 degrees) that lasts longer than 24 hours without any improvement, you will need to notify the office.
- At any time during the postop period, please call the office if you have any questions or concerns about excessive bleeding, breathing difficulty, pain, persistent fever, nausea, swelling or other concerns that seem out of the ordinary from what you have discussed with your surgeon or read in this handout.

Activity:

- Bed rest and very light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may increase your chances of postoperative bleeding. If you have questions about certain activities, please ask us.
- Try to keep your head elevated during sleep for at least 3 days after surgery. Sleeping on 2 or more pillows is effective. A recliner chair is also an excellent option.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 1 full week after surgery.
- It is okay to shower or bathe postoperatively. Avoid particularly hot or steamy showers for several days after surgery.



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Diet:

- It cannot be emphasized enough that adequate hydration is crucial. This means plenty of fluids at all times, especially Gator Ade, decaffeinated soft drinks or tea, cool soups, Popsicles, ice cream, and Jell-O. Soft foods may be taken later as tolerated; however, it is not essential to begin taking solid foods right away. Stay away from citrus fruits, acidic juices and hot/spicy foods for about 2 weeks.

Medication:

- Pain medication such as Tylenol with Codeine or hydrocodone will be provided for relief of pain and this should be taken as necessary. You may also use over-the-counter sprays or lozenges indicated for relief of sore throat. You may take Tylenol or Extra Strength Tylenol as directed if the pain is no longer bad enough to require the prescription medication; however, do not combine this with the prescription pain reliever, which already contains Tylenol.
- Tylenol may also be taken for mild fever. If postoperative fever (>101 degrees) persists for more than 24 hours, notify the office.
- Antibiotics also will be given during the postoperative period. Take all medications as prescribed for you by the physician. If you are nauseous, you can begin the antibiotics the day after surgery. Call the office for any adverse reactions to your medications (vomiting, diarrhea, rash, difficulty breathing or swallowing).
- Unless aspirin has been prescribed as a daily medication, do not take aspirin or ibuprofen-like products (NSAIDS) as they may cause bleeding. These products include: Ecotrin, Bayer, Bufferin, Excedrin, Alka Seltzer, Goody's powders, Motrin, Nuprin, Advil, Alleve, and Naprosyn.

Wound Care:

- No special care is required for the throat after surgery. If you wish, you may rinse or gargle lightly after several days with baking soda in water.

Follow-up:

- Typically, your surgeon will see you again in the office approximately 2-4 weeks after surgery to reexamine your throat. If it has not already been scheduled, please call us as soon as possible after surgery to make this appointment. Further visits are not typically necessary, but may be indicated in certain circumstances.
- In order for you to receive the maximum benefit from the surgery, please keep your postoperative appointments. If a conflict in your schedule arises, please call the office as soon as possible and reschedule your appointment.
- We typically recommend repeating your sleep study 2 to 3 months after surgery. You will need to make an appointment with your Pulmonologist to do this.



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POSSIBLE RISKS AND COMPLICATIONS OF UVULOPALATOPHARYNGOPLASTY:

Complications specifically related to UP3 are rare but possible. With any surgery for sleep apnea, there is always a chance that the *degree of sleep apnea may not improve*. Although very rare, there is even a small risk of worsening sleep apnea. This would mean you would need to continue CPAP usage or pursue further surgical therapy.

Although reflux of food into the nose generally improves within several weeks, it is possible that this may persist permanently to some extent. A sense of tightness, fullness, altered swallow or voice, or something stuck in the throat is also possible after surgery.

As with any surgical procedure, there is also a risk of bleeding, infection, scarring, and poor healing. Other unforeseen complications, such as a problem related to your other medical conditions, can also arise.

If you have any questions, please consult your surgeon.