

## Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

### Uvulopalatopharyngoplasty (UPPP)

#### Definition

Uvulo = related to the uvula, the central tag-like structure hanging down from the edge of the soft palate

Palato- = indicates relation to or connection with the palate

Pharyngo = the pharynx

-plasty = a surgical procedure for the repair, restoration, or replacement of a part of the body

This procedure involves removing excess tissue in the back of the roof of the mouth. This area is called the soft palate and the uvula.

#### Purpose of Procedure

There are two reasons why this procedure is done: to improve the quality of sleep by reducing obstruction and to reduce snoring.

#### Preparation

As with any procedure using anesthesia, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti inflammatory medicines, etc..."). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

#### Procedure

This procedure involves placing an instrument between the upper teeth and the tongue to hold the tongue out of the way and to hold the mouth open. If the tonsils are present, they are removed. The tonsil is separated from the muscle and the muscle covering to which it is attached. Bleeding is controlled usually with electric cautery. Cautery involves using a small electric current to block the blood vessel and stop any bleeding. Occasionally, tying with suture material is necessary. After the tonsils are removed, a predetermined amount of excess tissue from the soft palate is also removed. The open areas are then closed using dissolvable suture material.

#### Post Procedure

Following the procedure, fluid intake is very important. Maintaining regular doses of pain medication will make swallowing the fluids easier. An adequate fluid intake will be indicated by light colored urine. A suppository may be prescribed to control nausea or vomiting. An ice pack should be used around the neck to help with discomfort and swelling. Straws are not allowed as they can increase the risk of bleeding. A soft food diet may be resumed as the patient desires. The back of the throat at the surgical site will usually appear white. This is normal and is a "scab" that is forming where the tonsils and/or uvula had been. No food with sharp edges should be eaten until the throat resumes a normal color. Missing a week of school or work is not unusual. Two weeks are necessary before resuming normal

levels of activity. About a week after the procedure, ear pain may be experienced as part of the healing process and is not a concern unless reduced hearing is also noted. Postoperative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. If this operation is done to treat sleep apnea, an overnight stay may be required to monitor the oxygen level in your bloodstream.

**Expectations of Outcome**

This procedure should improve help to improve the quality of sleep and reduce snoring, but may not be the only procedure that is necessary.

**Possible Complications of the Procedure**

This procedure is safe, however, there are uncommon risks associated with it. While we have discussed these and possibly others in your consultation, here is a list so that you may ask questions if you are still concerned. It is important that you are aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding within 7 to 10 days. This may be minor. Gargling with a mixture of ice cubes in a cup of water with a teaspoon of salt can be used first to stop the bleeding. You should notify your physician's office if this occurs. If the bleeding does not stop, you will need to return to the hospital for evaluation and treatment.
- Temporarily you may notice a feeling of fluid in the back of your nose while drinking. This should only be temporary. Notify your physician if this continues.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure to be used, and I/we have sufficient information to give this informed consent.

I/We certify this form has been fully explained to me/us, and I/we understand its contents.

I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

	Date		Date
Physician		Witness	
Patient/Guardian		Date	

The information contained in this Medical Informed Consent form ("Consent Form") is intended solely to inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. While Oakstone endeavors to ensure the reliability of information contained in its Consent Forms, such information is subject to change as new health information becomes available. Oakstone cannot and does not guaranty the accuracy or completeness of the information contained in this Consent Form, and assumes no liability for its content or for any errors or omissions. Laws vary from state to state regarding the information that must be given to a patient for informed consent. Please be sure to check the laws regarding legal informed consent as they apply within your state. Please call your doctor or other healthcare provider if you have any questions.