



****PLEASE BRING THIS PACKET WITH YOU ON THE DAY OF SURGERY****

Pre and Post Operation Instructions for UVULOPALATOPHARYNGOPLASTY (UPPP)

UVULOPALATOPHARYNGOPLASTY or UPPP is done under general anesthesia, and is done to surgically trim off excess and floppy tissue along the lower soft margin of the palate. If the tonsils have not previously been removed, then they are also taken out in surgery. The uvula is partially or completely removed. This surgery usually does not cure obstructive sleep apnea, but on average reduces the frequency of apneic episodes in half, so you may still need CPAP after surgery, although typically at a lower and more comfortable pressure.

BEFORE SURGERY:

- Minimize aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Tylenol is permitted at any time.
- 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.
- Please make arrangements for a ride home after surgery, as you will not be able to drive.

AFTER SURGERY:

- You will have a very good amount of discomfort after surgery, please prepare for this.
- The throat will be numbed with injections at the end of the surgery, and this will give some relief usually until the next day.
- Pain usually peaks around day three when the swelling is at its worst. The pain is also usually intense when the scabs fall off about 6-7 days after surgery. These scabs will look like white pus, and have a foul odor, no need to worry this is completely normal. You will probably feel the scabs tug off and go down the throat as you are swallowing or eating a week out from surgery.
- There is a 2-3% chance of bleeding from the mouth when the scabs come off. About half the time the bleeding will stop on its own. Gargling with ice water helps slow down the bleeding.
- **If you have bleeding for more than 20 minutes contact our office immediately at 801-328-2522 and if you cannot get ahold of Dr. Gale please visit your nearest Emergency Room.**

Pain Management After Surgery

- The pain medicines will help but not alleviate all discomfort, please take these as prescribed.
- You will be given a few medications to help with the discomfort after surgery.
 - **Hycet** - Liquid pain medication, you can take this every 4 hours as needed after your procedure.
 - **Sucralfate**- This you will gargle and swallow 4 times a day after your procedure
 - **Clindamycin**- This you will take 3 times a day after your procedure
- All of these medications will be liquid and should be easy to swallow, however most people can swallow pills if needed after surgery.
- Tetracaine lollipops to numb the throat and mouth are helpful for most people, but not everybody likes them. They are only available by prescription at compounding pharmacies such as Jolley's and University pharmacies in the Salt Lake valley, and Alpine Apothecary in Park City. We can order these in for you upon request.
- Motrin, Advil, and ibuprofen decrease swelling and are very helpful for most people, but it decreases your ability to make a clot. If you are taking Motrin, Advil, or ibuprofen and you are one of the 2-3% of people who bleed a week out from surgery, you are probably more likely to need cautery in the ER.
- Make sure you stay hydrated after this procedure; you may not feel like eating or drinking post procedure but it is important to stay hydrated. If you become dehydrated it will make your pain more intense. If you can only sip on water, continue to just sip all day long. Cold Clear fluids such as

Gatorade, apple juice, and water are easiest to swallow, and you can use a straw with any liquids if you would like.

- We recommend you stick to a soft diet after surgery, examples of soft foods include Mac and Cheese, mashed potatoes, apple sauce and smoothies. Jell-o and popsicles may also be soothing.
- Make sure you are urinating every 6 hours or so, if the urine is dark or has a strong odor you are becoming dehydrated. If you are unable to drink **please contact us immediately, you may need to re visit the hospital for IV fluids.**
- Narcotics can upset the stomach and cause nausea. Taking the painkillers with a little food is helpful, or at least with a thicker fluid such as milk will give some relief from nausea. Some patients complain that milk-based liquids give an annoying sensation of phlegm in the back of the throat, but that is better than having nausea. If nausea continues, call our office for nausea medication.
- Consider a stool softener after surgery as pain medications may cause constipation.
- Earache after UPPP is very common, as the nerve to the throat also goes to the ears. Many patients may run a low-grade fever after UPPP up to 101.5 degrees. The pain medicine contains Tylenol and will help keep fever down.
- A stiff neck is sometimes seen after UPPP.
- The tongue is usually numb for a week or two after surgery, and foods can taste metallic. This is from the pressure placed on the tongue to lift it out of the way during surgery, and will go away as the taste buds return to normal.
- Strenuous exercise should be avoided for two weeks. Adults may not be able to return to work/normal activity for 10-14 days.
- Some people have more sound coming out of their nose after UPPP and the **voice** may sound nasal. There may also be some liquids going up into the back of the nose. This will typically resolve over the course of several days. Rarely this can persist and may even need corrective surgery.

RISKS:

- **Bleeding**- 6-7 days out from surgery the scabs fall off, and there is a 2-3% chance of bleeding, which can be potentially life-threatening. Blood-tinged spit or a brief bleed is usually okay. Gargling with ice water may help. Patients with continuous dripping of blood from the mouth for more than 20 minutes, recurrent bleeding from the mouth, or vomiting blood must be seen by the doctor. During office hours, patients should come to one of our offices or go to the closest emergency room. After hours go straight to the emergency room. Please call us immediately if you are coming in so we can coordinate your care.
- **Dehydration**-If the patient has taken little or no fluids by mouth for 12 hours or seems particularly irritable or has not urinated for 8-10 hours, they are getting dehydrated. If they still refuse fluids, they must go to the E.R. for I.V. fluids.
- **Airway Problems**-Patients with obstructive sleep apnea can have airway problems after surgery, including breath holding, blockage of airway, and fluid collecting in the lungs. These patients are watched closely after surgery for this, and may have to spend extra time in the hospital.
- **Nasopharyngeal stenosis**—scarring that may lead to nasal obstruction
- **Velopharyngeal insufficiency**—regurgitation of liquids/solids through your nose and a nasal sounding voice
- 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.
- There can be damage to lips and teeth at the time of surgery.
- **Fever**-Infection in the back of the throat is possible, including abscess formation. Please contact us if there is a temperature greater than 101.5 or any temperature accompanied by cough or difficulty breathing.
- 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. This surgery generally doesn't cure sleep apnea, and on average cuts the number of apneas in half. You may need CPAP or further procedures.

INSURANCE COVERAGE:

As a courtesy to our patients, we will check with your insurance company to find out if this procedure is a covered benefit for you. However, you are responsible to verify these benefits and you also are responsible for any co pays, co-insurance and deductibles related to your surgery. If you do call your insurance to check your

eligibility, they may ask you for the procedure codes also known as CPT codes, these can be provided to you at your request.

We will be in contact by telephone after checking these benefits with your insurance to schedule this procedure. Please allow us 48-72 hours to do this. If you haven't heard from us in this time please do not hesitate to reach out to us.

Please note that some procedures, including uvulopalatopharyngoplasty, sometimes require additional time to gain approval from your insurance company. **Almost ALL insurance companies require us to submit additional information detailing why you need this procedure before they will consider it a covered benefit. Depending on your insurance it may take us several weeks to obtain a guarantee of coverage before we can schedule.**

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We will be in contact by telephone after checking these benefits with your insurance to schedule this procedure. Please allow us 2-4 weeks to hear back from your insurance company. If you haven't heard from us in this time please do not hesitate to reach out to us.

Please note that some procedures, including Rhinoplasty, sometimes require additional time to gain approval from your insurance company. **Depending on your insurance it may take us several weeks to obtain a guarantee of coverage before we can schedule.**

BILLING:

Please be aware that all surgical procedures consist of 3 separate bills from - the hospital, surgeon, and anesthesiologist. These are all billed through insurance. If you would like an estimate regarding your out of pocket cost after insurance coverage, we are happy to help you obtain these.

A representative from our office will contact you prior to surgery to let you know your out of pocket cost after insurance coverage for the procedure. They will be collecting this amount from you prior to surgery. If you have any questions for our billing department please contact our billing department manager Tiana at 801-533-0589 Extension 1571

Please Call our office anytime with Questions or concerns, we are always happy to help!

Derrick Gale MD

Assistant:

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