

Arizona Head, Neck & Facial Surgery / Arizona Sinus Center

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Post-operative Instructions Following Uvulopalatopharyngoplasty

General:

Uvulopalatopharyngoplasty is a surgical procedure performed on the throat to address snoring and/or obstructive sleep apnea. 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 (flavored sports drinks, apple juice, grape juice, fruit punch, water, blended iced drinks, popsicles) are preferred. It is recommended that you mix MiraLax® powder (an over-the-counter laxative) with liquids (once daily as directed) to prevent constipation in the first week after surgery. Foods such as soup, noodles, scrambled eggs, oatmeal, yogurt, smoothies, applesauce, mashed potatoes and ice cream are usually well tolerated. Anything that has a hard edge (toast, chips, French bread) or that is difficult to chew (steak) should be avoided for two weeks.

Pain control:

You are likely to experience a severe sore throat for several days 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 (Lortab® elixir or Tylenol® with codeine elixir) taken by mouth are often effective in "taking the edge off" and allowing patients to rest or sleep comfortably. These 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 non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin,

ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®) because these drugs are mild blood thinners and will increase your chances of having post-operative bleeding.

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 gray 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 moisturize 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 2-3 weeks following your surgery (sooner if nasal surgery was also performed). 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 call our office immediately if you experience:

- *Bleeding from the mouth
- *Difficulty breathing
- *Inability to drink
- *Two or more episodes of vomiting (or any vomiting of blood)
- *Fever greater than 101 degrees Fahrenheit

Office: (602) 258-9859 (Dr. Rehl or an on-call Dr. are available at all times)

If the Dr. does not return your call in 15 minutes, please proceed to your nearest emergency room. Call 911 for severe bleeding or difficulty breathing.

Dr. Rehl's email for non-urgent questions:

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