

POSTOPERATIVE INSTRUCTIONS FOLLOWING SLEEP APNEA SURGERY INCLUDING PALATE REDUCTION AND TONGUE AND HYOID SUSPENSION

The patient undergoing surgery for obstructive sleep apnea may undergo a tonsillectomy with associated conservative shortening of the palate and removal of the uvula. Associated with this procedure is always a tongue and hyoid suspension performed through an incision in the upper midline of the neck described at another site in the Dallas ENT group web pages.

The patients undergoing palatal and tonsil surgery experience considerable pain and difficulty in swallowing soft or solid foods for several days. Most patients remain hospitalized in the Telemetry unit for IV fluids, antibiotics, and IV pain control for 48-72 hours. For the first 2 days, the patient experiences the sensation of swelling of the tongue and a significant difficulty in swallowing. This then resolves.

The tongue and hyoid suspension is performed through a 2-1/2 to 3-inch incision transversely in the upper neck. The drain is attached to a reservoir. The reservoir occasionally accumulates either blood or amber serous fluid. This was removed by opening the valve on the reservoir, emptying the drainage, and then compressing the reservoir flap followed by a closure of the valve.

The drain is removed during the first postoperative visit.

During the first 2-3 weeks, the patient will need to remain on a soft diet, gradually increasing from clear liquids to full and finally soft. Antibiotics will be prescribed at the time of discharge, usually clindamycin and a liquid pain medication called hydrocodone. In addition to the clindamycin and hydrocodone, a liquid steroid is given to limit swelling as well as improving appetite and a feeling of well-being.

Occasionally, the patient will experience abdominal cramping and diarrhea with the clindamycin antibiotic. The clindamycin should be discontinued immediately and the physician notified.

Pain control is extremely important during the first 7-10 days. Hydrocodone is a narcotic that can be used in an adult at a dose of 15-20 mL every 4 hours. The patient will be given a small tablet (OxyContin) 20 mg twice a day. Only 14 tablets will be prescribed. The OxyContin should be taken every morning with food and then again in the evening around 9 PM. Occasionally, the patients who are sensitive to the hydrocodone or OxyContin experience some itching and possibly "hives". The medications will be discontinued and the physician notified.

Postoperative bleeding can occur at 7-10 days. The surgeon on-call for the Dallas ENT Group should be immediately notified. In addition, if the patient experiences a temperature over 101 or swelling of the neck, the physician should notified.

Occasionally, the patient will experience a small amount of regurgitation of liquids through the nose. This resolves within the first 7-10 days.

If there are any problems during the postoperative course, a surgeon with the Dallas ENT Group should be contacted at 972-566-8300.