

Postop instructions: following sleep apnea surgery including palate reduction and tongue and hyoid suspension

The patient is undergoing surgery for obstructive sleep apnea, frequently undergo a tonsillectomy with associated conservative shortening of the palate and removal of the uvula. In addition to the palate and tonsil surgery, a tongue and hyoid suspension is performed through an incision in the midline of the upper neck.

Patient is undergoing palatal and tonsil surgery and experienced considerable pain and difficulty in swallowing soft or solid for the first several days. Most patients remained hospitalized in the Telemetry unit for IV fluids, antibiotics, and IV pain control. Discharged usually occurs at 72 hours. For the first 2-3 days, the patient experiences the sensation of swelling of the tongue and significant difficulty with swallowing.

The tongue and hyoid suspension is performed through a 2-1/2-inch incision transversally in the upper neck. Associated with the tongue and hyoid suspension at the level of the incision is a drain tube. The drain tube is sutured to the skin and remains in place until the patient returns for their first postoperative checkup, usually 6 days following the surgery. The patient may experience mild swelling in the upper neck just below the chin. The drain is attached to a reservoir. The reservoir occasionally accumulates either blood or amber serous fluid. This is removed by opening the valve on the reservoir, emptying the contents and then compressing the reservoir flat followed by closure of the valve.

During the first 2-3 weeks, the patient will need to remain on a soft diet, gradually increasing from clear liquids to full liquids, and finally soft diet.

Antibiotics will be prescribed at the time of discharge including hydrocodone liquid, an antibiotic usually clindamycin, and a liquid steroid.

Occasionally, 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 at a dose of 15-20 mL every 4 hours. The patient will also be given a small tablet (OxyContin) 20 mg twice a day. Only 14 tablets will be prescribed. The OxyContin should be taken early morning and in the evening, around 9 PM.

Occasionally, patients are sensitive to the hydrocodone or OxyContin, experiencing itching and possibly "hives." The medications should 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, the patient experiences a temperature over 101 the physician should be notified as well.

The patient will return at 6 days postop for removal of the drain and then again at the 3 weeks following the procedure.

Occasionally, patient will experience a small amount of regurgitation of liquids through the nose, this resolves within 7-10 days. If this does occur when swallowing liquids, you should swallow very slow and carefully to prevent the regurgitation.

If there are any problems during the postoperative course, the surgeon with the Dallas ENT group should be contacted.

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