



Sleep Apnea Surgery Instructions **Post-op for Palate Reduction, Uvulopalatopharyngoplasty, Uvulectomy**

Your surgeon has recommended surgery to address your sleep apnea condition. Below are important instructions regarding your surgery. Although your surgeon will discuss these with you, it is essential that you read these and ask questions as necessary to understand them.

When a patient undergoes surgery for obstructive sleep apnea, it frequently includes:

- a tonsillectomy (removal of the tonsils)
- a palate reduction (removal of a portion of the small palate)
- a uvulectomy (removal of the uvula)
- a uvulopalatopharyngoplasty (aka UP3- removal of tissue in the throat)
-

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, stop taking any aspirin, aspirin products, or blood thinners of any kind **10 days prior** to surgery. Tylenol is generally okay.
- **IMPORTANT:** If your physician has placed you on a daily dosage of aspirin or other blood thinners (Coumadin or Plavix, etc), **please check with your prescribing doctor regarding appropriate instructions for preoperative and postoperative use. Notify our office in advance if you are on blood thinners.**
- Do not eat or drink anything after midnight **THE DAY BEFORE SURGERY.**
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital pre-op staff during the pre-surgical evaluation.
- Please make arrangements for transportation to the hospital on the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- Pain, swelling of the tongue, and difficulty swallowing is normal after surgery and for the first several days.
- Most patients will need to be hospitalized overnight after the surgery. Longer hospitalization is sometimes necessary.
- Nausea and vomiting can occur for up to 24 hours after the surgery. If this persists, please call our office.
- Patients sometimes will experience low-grade fevers after surgery that may persist for one to two days. Temperatures can reach as high as 102°F to 104°F, but usually will resolve with Tylenol and fluids. If you have a high fever (greater than 101°F) that lasts longer than 24 hours without any improvement, you will need to notify the office.
- At any time during the post-op period, please call the office if you have any questions or concerns about excessive bleeding, breathing difficulty, pain, persistent fever, nausea, swelling, or other concerns that seem out of the ordinary from what you have discussed with your surgeon.



DALLAS
ENT
GROUP

Adult and Pediatric Otolaryngology
7777 Forest Ln, Suite B432
Dallas, TX 75230
Phone 972-566-8300
Fax 972-566-8004

Activity:

- Bed rest and very light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may increase your chances of postoperative bleeding. If you have questions about certain activities, please ask us.
- Try to keep your head elevated during sleep for at least 3 days after surgery. Sleeping on 2 or more pillows is effective. A recliner chair is also an excellent option.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 1 full week after surgery.

Diet:

- Start with a liquid diet and slowly work your way up to soft foods over the first 2 to 3 weeks after surgery.
- 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 slowly and carefully to prevent the regurgitation.

Medications:

- If taking blood thinners, you may begin taking them again **48 hours after** surgery, unless the surgeon tells you differently.
- You will be treated with pain medications after discharged from the hospital, and this should relieve any discomfort that you may experience. As your discomfort lessens, you may switch to regular Tylenol (acetaminophen). Do not combine Tylenol with your prescription pain medicine, as this already contains Tylenol.
- Unless aspirin has been prescribed as a daily medication, do not take aspirin or ibuprofen-like products (NSAIDS) as they may cause bleeding. These products include: Ecotrin, Bayer, Bufferin, Excedrin, Alka Seltzer, Goody's powders, Motrin, Nuprin, Advil, Aleve, and Naprosyn.
- Tylenol (acetaminophen) may also be taken for mild fever. If postoperative fever (<101 °F) persists for more than 24 hours, notify the office.
- Antibiotics may be given during the postoperative period, particularly while you have a drain in the neck wound. Take all medications as prescribed for you by the physician. If you are nauseous, you can begin the antibiotics the day after surgery. Call the office for any adverse reactions to your medications (vomiting, diarrhea, rash, difficulty breathing or swallowing).

Thomas Y.L. Hung, MD
Facial Plastic & Reconstructive Surgery
Board Certified

Andy T.A. Chung, MD, FACS
Head & Neck Surgical Oncology
Board Certified

Lindsey De Leon, AuD, FAAA
Audiology
AAA Fellow



DALLAS
ENT
GROUP

Adult and Pediatric Otolaryngology
7777 Forest Ln, Suite B432
Dallas, TX 75230
Phone 972-566-8300
Fax 972-566-8004

Follow-up:

- Typically, your surgeon will see you again in the office approximately 3-4 weeks after surgery to ensure that you are recovering from your surgery.
- In order for you to receive the maximum benefit from surgery, please keep your postoperative appointments. If a conflict in your schedule arises, please call the office as soon as possible and reschedule your appointment.

Call our office immediately if:

- Bleeding occurs
- A fever of $\geq 102^{\circ}\text{F}$ occurs

If there are any problems during the postoperative course contact our office immediately.

Thomas Y.L. Hung, MD
Facial Plastic & Reconstructive Surgery
Board Certified

Andy T.A. Chung, MD, FACS
Head & Neck Surgical Oncology
Board Certified

Lindsey De Leon, AuD, FAAA
Audiology
AAA Fellow