

Surgical Procedure: UVULOPALATOPHARYNGOPLASTY (UPPP)

You and Dr. Ulrich are considering an operation called an “Uvulopalatopharyngoplasty” (or UPPP.) In this surgery, tissue at the back of the throat, palate and airway is removed. The tonsils may be removed if they are present. This surgery enlarges the airway to reduce airway collapse during sleep. Although complications from UPPP are uncommon, they do sometimes occur. It is possible that this procedure will not help you. It is even possible that you may be worse after the operation than you are now. Because of these facts, Dr. Ulrich can make no guarantee as to the result that might be obtained from UPPP.

Some of the possible complications of UPPP are:

Bleeding; infection of the throat or ears; temporary swelling in the throat, blocking the airway; pain or difficulty swallowing, with food “catching” in the throat or getting into the back of the nose; increased dryness or tightness in the throat; numbness of the tongue and change in taste sensation; increased gag reflex; voice or speech changes; wound separation; and allergic or other bad reaction to one or more of the substances used in the course of the operation.

Some of the complications of UPPP will decrease or disappear with time. Swelling and blockage of the airway may require that a tracheotomy be performed to aid breathing. (A tracheotomy is a cut in the front of the neck and windpipe through which a tube is inserted for breathing.) Some of the complications of UPPP can cause the need for further surgery or the need for blood transfusions; some of the complications can cause prolonged illness; very, very rarely some of the complications can even cause death. Furthermore there may be alternatives to this procedure available to you, such as other types of surgery, weight loss, positive airway pressure by mask, oxygen use, oral devices, and decreasing the use of alcohol, sleeping pills and smoking. However, these alternatives carry their own risk of complications and have a varying degree of success. Therefore, in those patients in whom UPPP is indicated, the procedure may provide the patient with the best chance of successful treatment.

What to expect after UPPP SURGERY (Uvulopalatopharyngoplasty)



Activity & Diet

You should rest at home for the first 48 hours and “take it easy” for the first week following surgery. Activity may be gradually increased as your strength improves. Avoid any strenuous activity, coughing or clearing the throat because this may cause bleeding. **Do not travel outside the area for 2 weeks following surgery.** While a good diet is important for healing, most patients after a UPPP are too uncomfortable to eat a complete diet. It is **very important** to drink fluids to prevent dehydration. Frequent, small meals of soft foods or liquids are usually tolerated best. **Make every effort to drink 4 ounces of liquid every waking hour until normal diet is resumed.** Inadequate fluid intake may result in readmission to the hospital. Chewing is good for the healing process and is encouraged. Avoid rough, coarse, highly seasoned or spicy foods. Remember to use caution and swallow slowly and carefully until you become accustomed to the altered anatomy of your throat.

Pain & Temperature

- * It is common to have throat and/or ear pain after surgery. Throat pain may feel worse the 3rd or 4th day after surgery. Ear pain is due to shared pain nerves with the throat and not due to any ear problems.
- * Avoid aspirin as this increases the possibility of bleeding. Use Tylenol (Acetaminophen) or the prescribed medication to help control the discomfort. The ear and throat pain will resolve usually in 7 to 10 days.
- * It is normal to run a fever between 99 and 101 degrees for the first few days following surgery. If the fever does not respond to Tylenol or is over 101.5, contact our office.
- * You may take up to two doses per day of Ibuprofen liquid 15ml every 6 hours as needed for pain.

Bleeding

Once you leave the hospital **there should be no bleeding.** If after the first day you notice some pink saliva or a spot of blood in the saliva you should not be concerned. If however, bleeding is an amount similar to that received from a cut and comes from either the mouth or nose, go directly to the emergency room.

Vomiting

Most patients will experience nausea and vomiting prior to discharge from the hospital. Rarely does this continue throughout the first night.

General Care

Increased snoring or nasal congestion is normal after surgery and is caused by swelling in the back of the nose. Bad breath is also common and is caused by the scabs that form in the region of the surgery. Snoring, congestion and bad breath should be gone by 10-14 days after surgery. Bad breath may be improved by the use of mild salt water solution as a gargle.

Follow-up Appointment

A follow-up appointment has been made for you. Refer to your surgery letter for date and time. If this appointment needs to be changed, please contact our office.

Questions or Problems

If questions or problems arise during normal business hours, please do not hesitate to call the office at (810) 695-3766. For post-surgical medical issues after normal business hours, call the office at (810) 695-3766 and follow the prompts to be connected with Dr. Ulrich. If unable to connect through the office, contact Genesys information at (810) 606-5000 to have Dr. Ulrich paged.



PROGRESSIVE DIET AFTER UPPP SURGERY

(Uvulopalatopharyngoplasty)

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This is the diet that Dr. Ulrich recommends as a guide postoperatively. **Do not** use the diet given by the hospital upon discharge the day of surgery. There will naturally be some variation in each patient's readiness to progress to the soft diet, so at this point, "Advance as tolerated." If the patient expresses that they are hungry, begin soft foods. Remember not to use a straw, which can cause suction in the back of the throat.

Day One: CLEAR LIQUIDS (avoid red liquids)

Juices: apple, orange drink nectars (avoid citrus juices, orange, tomato, lemonade, grapefruit, pineapple)
Jell-O
Kool-Aid
Pop, Popsicle's (broken into small pieces)
Clear broth (not hot!) – some may be too salty
Fruit ices, juice bars

Day Two: FULL LIQUIDS

Milk	Yogurt, frozen yogurt
Ice cream	Cream of wheat, cream of rice
Custards, puddings, Jell-O	Cream soups (not hot!) – strained at first
Eggnog, milkshakes	

Day Three-Ten: (T&A Soft Diet)

Starches:

Soft bread, rolls, (no seeds)
Rice, noodles, pancakes, (soft)
Cooked cereal
Dry cereal soaked in milk
Macaroni and cheese

Vegetables/Fruits:

Cooked, mashed white or sweet potatoes, squash, asparagus,
Carrots, mushrooms
Cooked fruit (without peelings or seeds)
Bananas, applesauce, ripe avocado

Proteins:

Cheese, lunchmeat slices
Eggs – poached, soft cooked, scrambled
Smooth peanut butter
Casseroles with soft ground meat or chicken (meatloaf, chicken noodle casserole, etc.)

Dairy:

Mild, ice cream, milk shakes, yogurt puddings, custards, eggnog

Miscellaneous:

Jelly, honey, marshmallows, Cool Whip

*AVOID: Nuts, seeds, and foods with peelings and hard edges (such as potato chips).

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