



Lubbock
SINUS DOCTOR

Postoperative Instructions for UPPP/Soft Palate Resection

1. Recovery from this surgery is difficult. Expect a sore throat for 2-3 weeks. It may be severe. You will have bad days and okay days. Do not expect good days.
2. Ear pain is very common. It is referred pain from the throat. Sometimes, it is worse than the throat pain. It may be worse at night.
3. Use the pain medication prescribed. Pain medications may have side effects such as itching, nausea, altered ability to concentrate, vivid dreams, constipation, difficulty urinating, and personality changes. If you wish to try a different pain medication, contact the office during office hours. Most pain medications cannot be phoned or faxed to the pharmacy. Someone will need to pick up the new prescription from the office. You may also take 2-4 Advil every 8 hours for 14 days. This will help control pain and may decrease the need for the narcotic prescription pain medication. The narcotic pain medications contain Tylenol. The maximal number of pain pills per day is 12. This amount may be dosed as 1 every 2 hours or 2 every 4 hours. **DO NOT TAKE ANY ADDITIONAL TYLENOL.** If you are unable to swallow the pills whole, the pills may be crushed.
4. Over the counter laxatives may be taken for constipation. Over the counter Benedryl 25-50 mg may be taken for severe itching caused by pain medication.
5. Fevers up to 1 week after surgery are common. Use the Advil.
6. Any activity is okay. You will determine what level of activity is tolerated.
7. A liquid and soft food diet for 2 weeks is necessary. Yogurt, applesauce, milkshakes, popsicles, flat 7-up, non-citric juices, soft scrambled eggs, soft pasta, and high calorie drinks (Boost, Ensure), are some suggestions. Expect some weight loss after the surgery.
8. You must keep up your liquid intake. Do not get dehydrated or the pain will worsen. I recommend you constantly sip on whatever liquids are the most comfortable. Milk products are okay. Straws are okay.
9. Nausea and vomiting may be a problem after surgery. Medications for this will be prescribed. Pills may be used for nausea. However, repeated vomiting will not be helped by pills. In this situation, use the suppositories. If you continue have vomiting, little fluid intake, and get dehydrated, you will require IV fluids.
10. White material will develop in the surgical areas. This is the normal healing process. It will take at least 3 weeks for this to resolve. A white or grey film may develop on the tongue. It will resolve as liquid and food intake increases. Some patients have a numb tongue and a decreased sense of taste for several weeks after surgery. The jaw joints may be painful for several days after surgery.
11. The function of the uvula is to push mucous down the back of the throat. The uvula will be shortened significantly from the surgery. This may cause an increased sensation of posterior nasal mucous. There is not increased nasal mucous. It is just not cleared as well from the back of the throat. If this symptom is present, there is nothing that may be done to resolve the sensation. It may improve with time.
12. Bleeding after the surgery is possible. If bleeding occurs, it usually happens within 10 days after surgery. If it occurs, gargle ice water or suck on ice chips. When it does occur, it may be significant. It is frightening and will make you panic. Just relax. The bleeding will usually stop in 10-15 minutes. If it doesn't, please call me. Occasionally, patients do require another trip to the operating to control bleeding. You also have the option to go to the emergency room if bleeding occurs. The emergency room will contact me if needed.
13. The voice may sound different after the surgery. Since tissue was removed, it may change the resonance and pitch of the voice. This may be temporary or permanent.

14. Temporary reflux from the mouth into the nose may occur when swallowing. This is because the soft palate is shorter. As swelling decreases and the soft palate muscles relax, this problem should resolve.
15. If you are a musician and play wind instruments, you should not have this procedure.
16. The surgery does not always correct obstructive sleep apnea. Success rates long term range from 50-75%. Success is higher in appropriately selected patients. A sleep study may be needed to determine if the obstructive sleep apnea has resolved.

I, _____, confirm that I have read and understand the information provided before the date of surgery.

Signature

Date