

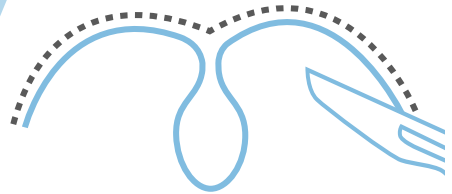
# Facial Surgery Center Information Packet

## Uvulopalatopharyngoplasty

CAMC General Hospital  
General Medical Pavilion  
415 Morris St., Suite 309  
Charleston, WV 25301

**(304) 388-3290**  
**1-800-348-6099**

David P. Wise, MD, DDS



*Facial Surgery*  
*Center*

AFFILIATED WITH  
 Charleston Area  
Medical Center



## What is uvulopalatopharyngoplasty?

Uvulopalatopharyngoplasty (u-vew-lo-pah-luh-to-fuh-ring-o-plah-stee), or UPPP, is surgery to remove the uvula, which is the small bit of flesh dangling down in the back of your throat. All or part of the soft palate (the soft part of the roof of your mouth in front of the uvula) is also removed. This surgery is called LASUPPP when a laser is used to do the surgery. Your tonsils may also be taken out if they have not already been removed. UPPP is done to help stop snoring or obstructive sleep apnea. This surgery may only give limited relief of your symptoms because there are many causes for obstructive sleep apnea.

After surgery, your throat may get so swollen it could close completely, although this happens very rarely. To prevent this, your caregiver may put a tracheostomy tube in your throat before starting surgery. This tube is usually used only when your obstruction is severe or you are extremely overweight. The tracheostomy tube is temporary and will be removed when the swelling and bleeding have stopped.

## Care agreement

You have the right to help plan your care. To help with this plan, you must learn about your health condition and how it may be treated. You can then discuss treatment options with your caregivers. Work with them to decide what care may be used to treat you. You always have the right to refuse treatment.

## Risks

There are risks with any surgery. You may bleed more than usual, get an infection, have trouble breathing or get blood clots. Your caregivers will watch you closely for these problems. If you do not have surgery, your snoring or sleep apnea could get worse. Call your caregiver if you are worried or have questions about your medicine or care.

## Getting ready

### Before surgery

- You will need to have a sleep study done if you are having this surgery for obstructive sleep apnea. You may also need an endoscopy to look at your mouth, throat and windpipe. This test may be done in your caregiver's office to find the obstruction that blocks your breathing.
- Do not take any aspirin or ibuprofen for seven days before your surgery. If your caregiver has told you to take aspirin daily, do not stop without asking first.
- Ask your caregiver before taking any over the counter medicine. Tell your caregiver if you take vitamins, herbs, food supplements or laxatives. Your caregivers can find out if these medicines interact with medicines you may need during surgery.
- You may need to have blood drawn for tests.
- Take antibiotic medication before surgery if given to you by your caregiver.

- Sleep testing may be needed if you are snoring or have symptoms of sleep apnea.

## The night before surgery

- Do not eat or drink anything (not even water) after midnight the night before your surgery (at least eight hours).

## The day of surgery

- Be at the hospital at the time you were told when your appointment was made. Bring any papers with you that your caregiver has given you.
- Ask your caregiver before taking any medicine the day of surgery. These medicines include insulin, diabetic pills or heart pills. Bring a list of your medicines or the pill bottles with you to the hospital.
- Do not wear contact lenses the day of surgery. You may wear glasses.
- If you are staying in the hospital after surgery, bring your personal belongings with you. Do not bring jewelry or extra money to the hospital.
- An anesthesiologist may talk to you before your surgery. The anesthesiologist is the caregiver who gives you medicine to make you sleepy during surgery.
- **Informed consent:** You have the right to understand your health problem in words you can understand. You should be told what tests, treatments or procedures might be done to treat your problem. Your doctor should also tell you about the risks and benefits of each treatment. You may be asked to sign a consent form that gives caregivers permission to do certain tests, treatments or procedures. If you are unable to give your consent, someone who has your permission can sign this form for you. A consent form is a legal document that tells exactly what will be done to you. Before giving your consent, make sure all of your questions have been answered so that you understand what may happen.

## During surgery

- A caregiver will clean your neck and chest with soap and water. This soap may make your skin yellow, but it will be cleaned off later. Sheets are put over you to keep the surgery area clean.
- An endotracheal (ET) tube may be put into your throat through your nose or mouth to help you breathe during surgery. Caregivers use cautery or laser to remove your uvula and all, or part, of your soft palate.

## After surgery

- You may need to rest in bed but caregivers will help you get out of bed, probably the day of surgery. If you are not allowed out of bed, you can still exercise your legs in bed. Do this by lifting one leg off the bed and drawing big circles with your toes. Then do it with the other leg. Another good exercise is to lie on your side and pretend to pedal a bike. This makes your legs stronger and stops blood clots from forming. Stop if you become tired.
- Your caregiver will tell you when you can get out of bed. If you feel weak or dizzy, sit or lie down right away. Then call the nurse by pressing your call button.
- **Blood gases** (also called ABCs) is when blood is taken from an artery in your wrist or groin. The groin is the area where your abdomen (belly) meets your upper leg. Your blood is tested for the amount of oxygen, acids and carbon dioxide in your blood. ABCs may be done if you have trouble breathing or other problems caused by your illness.
- **Chest tubes** are put into your chest during surgery. This is done only rarely during this kind of surgery. Chest tubes remove air, blood or fluid from around your lungs. This lets your lungs fill back up with air when you breathe. The chest tubes are attached to a container with bubbling water. After the chest tube is removed, your lungs should be normal.
- **Deep breathing** exercise should be done once an hour to keep you from getting a lung infection.
  - Deep breathing opens the tubes going to your lungs. Take a deep breath and hold the breath as long as you can. Then let out your breath. Take 10 deep breaths in a row every hour while you are awake. Follow your caregiver's instructions about doing these exercises if you have a breathing tube in place.
  - You may be asked to use an incentive spirometer. This helps you take deeper breaths. Put the plastic piece into your mouth and take a very deep breath. Hold your breath as long as you can. Then let out your breath. Take 10 deep breaths in a row every hour while you are awake.
- **Diet:** You may be able to eat when bowel sounds are heard. Your caregiver will listen to your stomach for bowel sounds using a stethoscope. You may be given ice chips at first, and then liquids such as water, broth, juice or soft drinks. If you do not have problems after drinking liquids, caregivers may then give you soft foods. Some examples of soft foods are ice cream, applesauce or custard. Once you can eat soft food easily, you may begin eating your usual diet.
- **Drains** are thin rubber tubes put into your skin to drain fluid from around your incision (cut). The drain(s) is taken out when the incision stops draining.
- **Medicines**
  - **Antibiotics** may be given to help you fight an infection caused by a germ called bacteria. Antibiotics may be given in your IV, by a shot or by mouth.
  - **Antinausea** medicine may be given to calm your stomach and control vomiting. Pain medicine may upset your stomach and make you feel like

throwing up. Because of this, pain medication and anti-nausea medicines are often given at the same time.

- **Pain medicine** may be given to lessen pain. This medicine may be given in your IV, by a shot or by mouth. Tell caregivers if your pain does not go away or comes back.

■ **Pressure stockings** are tight elastic stockings that keep blood from staying in the legs and causing clots. The stockings are also called “Teds.”

■ **Pneumatic boots** are plastic boots or leggings that are put on your feet or legs over pressure stockings or ace wraps. The boots or leggings are connected to an air pump machine. The pump tightens and loosens different parts of the pneumatic boots, which helps push the blood back up to the heart to keep clots from forming.

■ **Ventilator oxygen**

- You may need extra oxygen when waking up and for a day or two after surgery. This can be given through the tracheostomy tube if you have one or through the ET tube. A breathing machine (ventilator) may be used to give you the oxygen. You will be given paper and pencil to communicate with your caregivers because you will not be able to speak while this tube is in place.
- Once the tracheostomy or ET tube is taken out, you may still need oxygen. The oxygen may be given through a plastic mask over your mouth and nose, or it may be given through nasal prongs (short, thin tubes in your nose).

■ **Wrist restraints** are strips of cloth or leather used to tie your wrists to the sides of your bed. Restraints are used to keep you from pulling out the ET tube. The restraints are taken off when the tracheostomy or ET tube is removed



