

UPPP (UvuloPalatoPharyngoPlasty) Surgery

As part of the management for your snoring, Dr Kalish has recommended UPPP as a surgical option.

The operation is performed through the mouth and involves removal of your tonsils, if you have not had them removed previously, and trimming the edge of the soft palate, including the "dangly bit" or uvula. This shortens and stiffens the palate and reduces its vibration when you sleep. This should make you snore less.

The success of this operation is patient specific, with the length of the palate, the amount of collapse of the oropharynx (back of the throat) during sleep and the body habitus (weight and shape) of the patient, all contributing to the overall success.

Please feel free to discuss this with Dr Kalish so that you have a realistic expectation of what can be achieved with this surgery.

What does it involve:

Admission to Hospital

You will be asked to come into hospital on the morning of your operation. The approximate time and place to present can be obtained from the hospital the day before surgery. You will be given an approximate time to fast from (please do not eat or drink anything). Please ask us for information if there are any medications that you need to take on the day of the operation. Please DO NOT take any herbal medications, anti-inflammatory medications including aspirin, vitamins including Vitamin E in the week before the operation as these may increase the risk of bleeding. If you are on any blood thinning medications eg warfarin, plavix, iscover, aspirin etc please tell us.

Your Operation

You will have a general anaesthetic for the operation. The risks of the anaesthetic can be discussed with the anaesthetist. Some of the most serious complications of this procedure relate to the anaesthetic and the severity of sleep apnea. If you have moderate to severe sleep apnea, Dr Kalish would have discussed these risks with you in detail during the consultation.

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During the operation we will use a metal gag to keep the mouth open and very rarely this can cause minor trauma to your lips or teeth. Some patients have had temporary jaw pain after the procedure from the mouth gag.

We use an electric knife (diathermy) to remove the tonsils and trim the palate and then repair the palate with absorbable sutures (these do not need to be removed after the operation).

We hope that your operation will be a success, but sometimes problems can occur.

You will have a very sore throat after the operation and you may have some earache, but these improve each day. The pain usually lasts about one to two weeks. Although it is sore, it is very important that you eat normally afterwards as this helps your throat to heal.

You will be given painkillers to make your throat more comfortable and make it easier for you to eat. You will be given some painkillers to take home, but you should ensure that you have a supply of soluble Paracetamol at home.

There is sometimes a little bleeding from the mouth afterwards. This can occur anytime after the procedure but often happens about 7-10 days later. This is usually due to infection or dehydration and is less likely if you eat normally after the operation and drink lots of fluids (fluids include water, sports drinks, fruit juices, yoghurts, custards, soups, milkshakes etc). It is most important that you drink lots of fluids. If you cough up a fresh blood (about a tablespoon or more) anytime after the operation you should present immediately to the nearest hospital. Only very occasionally is it necessary to have a second operation to stop the bleeding.

Because the palate has been shortened, there is risk that when you swallow liquids after the operation some liquid will go into the nose. This does not happen to everyone and if it does happen, it usually stops within a few weeks. Very rarely this can persist (it is called Velo Pharyngeal Insufficiency or VPI) and may require speech therapy or very rarely a second operation.

There may be a slight change in the quality of your voice afterwards.

Other very rare complications reported after this surgery include swallowing difficulties and severe scarring of the nasopharynx (back of nose)

You need to carefully consider the risks of this procedure with the potential benefits. The commonest complication is simply failure to improve the snoring to the satisfaction of the patient. Dr Kalish is happy to discuss this with you.

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Going Home

You can expect to stay in hospital for between 1-3 nights after your operation. This will depend on how you feel and whether the pain is settling and you are eating normally. You should make arrangements for someone to collect you as you should not drive or travel unaccompanied for 48 hours after a general anaesthetic.

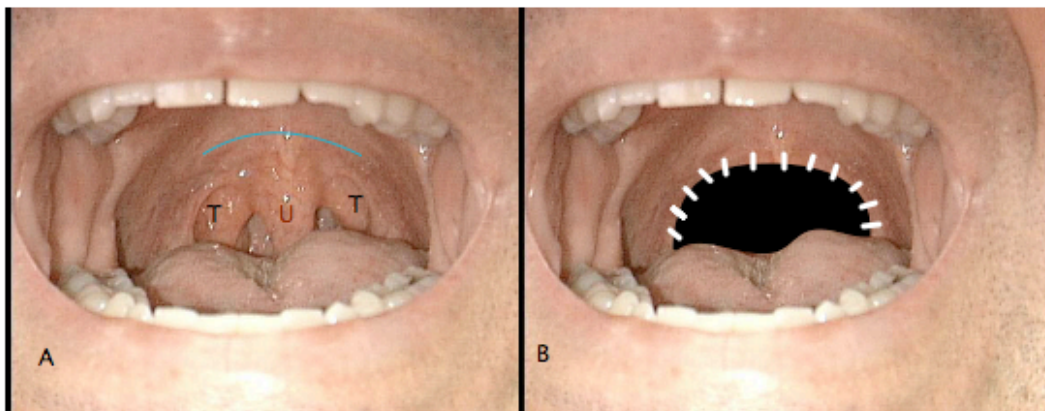
You will be given both painkillers and antibiotics to take when you leave the hospital, please take these as instructed by Dr Kalish.

If you are uncertain about anything feel free to contact us.

You will need to rest at home after your operation and should arrange to take two weeks off work.

After two weeks the throat should have healed and you can return to a normal life.

We will see you in the Edgecliff rooms about four weeks after the operation but please contact us if you have any questions or would like to be seen sooner.



(A) Photograph of the oral cavity showing the uvula (U) , tonsils and tonsillar fossa (T) and the soft and hard palate junction (/)

(B) ■ area removed in a UPPP ■ approximate position of the sutures

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