Uvulopalatopharyngoplasty (UPPP)  

Patient Information

Introduction

Uvulopalatopharyngoplasty is a procedure performed for patients with obstructive sleep apnea syndrome (OSAS). Performed under general anesthesia, the procedure involves removal of the tonsils, when still present, as well as the uvula and portions of the soft palate. After removal of these structures the remaining soft palate and tonsillar pillars are sutured into position to allow for widening of the airway. The goal of surgery is to open the airway to either eliminate the need for CPAP or to reduce the CPAP pressure necessary for relief of OSAS, thus potentially increasing patient tolerance of the CPAP apparatus.

How do I prepare for UPPP?

• A history and physical exam will be performed. If chronic medical conditions exist, a letter of medical clearance will be requested from your primary medical physician.
• Blood work, chest X-ray, EKG, and other tests may be required depending on your health.
• Do not eat or drink anything after midnight the night before surgery. If you are taking medication, please ask during your pre-operative visit if these pills may be taken the morning of surgery.
• Do not take aspirin or salicylate containing medications for at least 10 – 14 days prior to surgery. These medications increase the risk of bleeding.
• Do not take non-steroidal anti-inflammatory (NSAIDS) medications (i.e. Ibuprofen, Advil, Motrin, Aleve, Naprosyn, etc.) for at least 7 days prior to your surgery. These medications increase the risk of bleeding. It is okay to take Tylenol (acetaminophen) as needed for headache or pain.
• If you are taking blood thinners (Aspirin, Plavix, Coumadin, Lovenox, etc.), on the recommendations of a physician, ask if they will need to be stopped in advance of your surgery. The timing of this should be discussed with us and the prescribing medical physician.
• Do not take any supplements or herbal remedies that may increase your risk of bleeding (Garlic, Vitamin E, Ginkgo, Ginger, Sal Palmetto, etc.) for at least 7 days prior to your surgery.
• Limit alcoholic beverages 7 days prior to your surgery. Alcohol is dehydrating and increases your risk of bleeding.
• Avoid cigarette smoking. If you smoke, please do your best to quit or at least significantly limit your cigarette usage 2 to 3 weeks prior to your surgery. Tobacco smoke is known to increase the risk of anesthesia and may adversely affect post-operative healing.

What are the possible risks and complications of UPPP?

Bleeding.

Bleeding is the most serious complication and occurs in 1% - 5% of cases. This may be managed in the office, or in some instances requires re-admission to the hospital for observation or a return to the operating room for control of bleeding. Bleeding tends to occur 5 – 10 days after the operation when the scab falls off.

Infection.

Any surgical endeavor carries the risk of infection due to manipulation of the native tissues. The mouth is normally colonized with bacteria. If an infection develops after surgery it will be treated with appropriate antibiotics.

Pain.

Any surgical endeavor carries the risk of pain. Pain occurs to a significant degree in most patients undergoing UPPP. The duration and severity of pain varies among patients. Pain tends to get worse before it gets better. Patients may also complain of an earache due to irritation of the nerve that serves both the tonsils and ear. Pain medication will be prescribed post-operatively.

Change in Voice.

There may be a change in voice which is often described as squeaky or high-pitched. This is usually temporary and tends to go away within 6 weeks.

Velopharyngeal Insufficiency (VPI).

Reflux of food out of the nose during swallowing has been described. If VPI does occur it is most often temporary, but in extremely rare instances permanent VPI has been reported.

Need for Continuation of CPAP.

Despite performing UPPP, some patients may still require long-term CPAP after the operation for management of their obstructive sleep apnea.

Anesthesia Risks.

UPPP is performed under general anesthesia and carries its associated risks. Adverse reactions to general anesthesia should be discussed with the anesthesiologist.
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