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OPERATION OF UPPP (UVULOPHARYNGOPALATOPLASTY) A guide for Mr Watson's patients

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of UPPP, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all of the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

UPPP*

Removal of the uvula and some of the surrounding tissue in the back of the throat to reduce snoring or apnoea

* Please see website handouts for Snoring, Septoplasty and Turbinectomy and Tonsillectomy

Indications for Operation

The operation of UPPP is for the treatment of snoring and obstructive sleep apnoea.

The operation changes the shape of the pharynx removing soft tissue from the pharynx which is obstructing the airway and hence preventing good airflow during breathing.

Snoring occurs at three levels. Firstly the nose, secondly the throat and thirdly the body shape and size. This pamphlet describes treatment to the second level of obstruction and this is the pharynx. Snoring occurs when the side walls of the pharynx is sucked inwards and the uvula (dangly midline end of the palate), vibrates as air passes over the surface producing the snoring sound. The uvula normally functions as a door that closes when we swallow, preventing food and drink passing out of the nose. The uvula itself however, can be quite enlarged in some people and like a swinging door banging in the breeze, makes a noise. Snoring occurs when sleeping, as is during this time that there is a reduction in muscle tone, allowing redundant tissue to be sucked closer together and vibrate.

In a condition called Obstructive Sleep Apnoea, no airflow occurs and patients stop breathing, sometimes over 30 second durations. Patients with sleep apnoea have reduced oxygen in their blood

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and this causes many medical conditions, such as high blood pressure, increased risk of heart attack and stroke. Patients with sleep apnoea have poor sleep and often feel unrefreshed in the morning, with daytime tiredness. If sleep apnoea is present, then sometimes a sleep study is done.

The UPPP operation is extremely successful in excess of 90% in reducing snoring to an acceptable level. The results of curing sleep apnoea are reduced to approximately 60-70%.

The Surgery

The surgery is performed under a general anaesthetic (patient asleep) as a day case or with an overnight stay in hospital. Mr Watson generally removes the tonsils using a diathermy technique. This cauterises the tissue, and therefore prevents active bleeding. If the tonsils have previously been removed, then there may be some excision of the uvula and soft tissue of the palate. Once removed, the tissues of the palate are stitched with an absorbable stitch material in order to create a square shape of the palate. This squaring and shortening of the palate prevents vibration and hence the creation of sound. Patients after the procedure return to the ward, but those patients with obstructive sleep apnoea may be nursed in a high dependency unit.

Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to the anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as diabetes.

The procedure is extremely painful so pain relief is provided. For at least two weeks therefore you will require time off work.

Ear pain is also common as this is referred pain and not an infection of the ears.

Velopharyngeal insufficiency is a complication. This is a condition where fluid can pass out the nose on drinking. This is usually short-lived but in some cases can be permanent. This sometimes requires a Speech Therapist to help you with reconditioning of the swallowing reflex.

Hyper nasal speech can occur in such cases there is the sound of air escaping through the nose when talking. This is usually short lived. For patients that speak French, German, Greek and Spanish, difficulty following this operation may occur with pronunciation in such languages.

Stenosis which is excessive tightening at the back of the nose, resulting in obstruction to air-flow, is a very rare complication.

As the procedure is done through the mouth, there is always potential for tooth damage or potential trauma to the mouth or lips.

Before Operation

Since the operation is done under a general anaesthetic (patient asleep), it is important not to eat or drink anything for at least six hours prior to the scheduled operation (including chewing gum).

General Post Operation Information:

Activity

- Rest at home (no work or travel) for at least 2 weeks.
- Avoid any strenuous activity, including contact sports until 4 weeks after the operation.

Pain Relief

- You will go home with a pain regime. This will involve more than one type of pain reliever, as one alone is not sufficient. For an adult this generally will be regular Panadol 4-6 hourly. This will likely be required for most of the 2 week recovery period. This is generally supplemented with Endone. This is a narcotic medication taken six hourly according to your weight. In addition a medication such as Celebrex will be provided. This is usually taken twice a day. In some cases a short course of oral steroid (Prednisolone) helps with pain relief. Topical anaesthetics such as Lignocaine can be obtained or sucking lozenges with a local anaesthetic also helps. Salt water gargles are good. Most importantly the more you eat and drink helps to reduce the pain.
- Take the pain relief medication. It is advisable to take this medication half to one hour before meals to assist with your eating. (Ear pain also occurs).
- Do not take aspirin or medications containing aspirin. If you are unsure about a medication contact your doctor or pharmacist for advice.
- All medications have side effects so consult your doctor should you have problems.
- If you were previously taking aspirin or anticoagulant therapy, please ask Mr Watson about continuing this therapy.
- If you have been prescribed antibiotics it is very important that you complete the entire course.
- Dispense of any remaining medication on completion of your recovery.

Diet and Fluids

- It is important to drink plenty of fluids. This will keep your throat moist to help reduce pain. Eat foods with a slight abrasive quality (e.g. vegetables, cereal etc). Soft foods such as ice cream/jelly are fine as supplement but not main diet. Coca-cola for two weeks helps as it provides nutrition and helps to clean the tonsil bases.

Hygiene

- It is important to keep your mouth and throat moist, as this will reduce the risk of infection and relieve pain.
- Chewing gum is advisable as it increases saliva production and keeps your throat moist.
- The operated area in your throat may appear raw and coated with a white membrane for up to 2 weeks after the operation – this is normal and will gradually disappear as the area heals.
- Warm salty water (2 teaspoons of salt to 1 litre cooled boiled water) can be gargled to keep your mouth and throat clean.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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