



Pediatric and Adult Ear, Nose, & Throat Specialists

Gregory N. Rohn, MD
Bradford A. Gamble, MD

6300 West Parker Road
Suite G24
Plano, TX 75093
972 378-0633

7515 Greenville Avenue
Suite 410
Dallas, TX 75231
214 239-1641

POST-OPERATIVE INSTRUCTIONS UVULOPALATOPHARYNGOPLASTY (“UPPP”)

Recovery: Recovery from anesthesia usually occurs over several hours. Following the surgery, the patient is transported to the recovery room where they are observed for approximately 1-2 hours. They are then transferred to the inpatient ward, where they are allowed to visit with their family and friends. Most often, the patient is observed in the hospital overnight following a UPPP. We usually request that the patient plan 7 – 10 days off of work or activities after this surgery.

Diet: The patient is typically given clear liquids after being transferred from the recovery room. The patient can then advance to a soft diet over the following day or two, depending upon whether nausea is present or not, and their degree of throat discomfort with swallowing. Once home, we allow patients to slowly resume a normal diet over a period of a week, but we ask that patients avoid sharp/bulky/scratchy foods for two weeks. It is extremely important that the patient hydrate very well during the first week after the surgery. Any liquid is fine, and we request that the patient drink enough to cause urination every 2-4 hours. Clear urine is an indication that the patient is drinking enough, dark urine generally indicates that the patient is becoming dehydrated.

Activity: We typically have the patient maintain head elevation while in bed during the first two weeks. This reduces swelling and pain. We suggest no heavy lifting or vigorous activity during the first two weeks. We would request that the patient not travel out of the DFW area during the first 2 weeks.

Instructions/expectations:

pain: The pain following UPPP is significant, and is typically located in the throat, jaw, tongue, and ears (the ear and jaw pain are referred, and not indicative of an ear or jaw problem). The pain can be managed with narcotic and over-the-counter pain medications. There is a range of narcotic pain medications (1-2 pills every 4-6 hours) that can be given for varying degrees of pain. The patient can transition from the narcotic to Tylenol as the pain subsides over the first week. If the patient DID NOT have a nasal operation with the UPPP, we request that the patient take OTC motrin (or ibuprofen/advil), 3 of the 200 mg pills, two times daily for the first week. If they did have nasal surgery with the throat operation, we would request that the patient AVOID Motrin, ibuprofen, Advil, Aleve, or aspirin. If the patient is having trouble managing pain after surgery, please call your surgeon's office for further instructions.

nausea: Nausea is occasionally present after a general anesthesia. If present in the hospital, the nursing staff can administer anti-nausea medications. If present after discharge, anti-nausea medications can be called in by your surgeon, or their office staff.

fever: Fever is very common after a UPPP, and the patient's temperature usually ranges from 99-101 degrees during the first week. If there is a sustained fever of over 101, please contact your surgeon.

swelling: Occasionally the patient notes some mild swelling of the tongue. This is normal, but if there is progressive visible swelling, please contact your surgeon. Very commonly, the patient comments that the throat feels swollen. This is a normal sensation after surgery, and is usually improved by keeping the head elevated.

voice: the patient's voice is usually normal after surgery. We do not place any restrictions on voicing after UPPP.

bad breath: Most patients after UPPP experience significant bad breath. This usually subsides after a week or two. You can brush your teeth after this procedure, just be gentle on the back molars.

velopharyngeal incompetence: Many patients experience velopharyngeal incompetence (VPI) during the first few weeks after a UPPP. This takes the form of liquids entering the nasal cavity with swallowing. This is due to the palate not closing normally against the back wall of the throat, but subsides as the palate heals. We ask patients to remedy this by drinking slowly.

oozing: Most patients will experience a small amount of oozing of blood from the throat off and on during the first week or two after surgery. If there is frank bleeding from the mouth, coughing up of clots of blood, or vomiting blood, please contact your surgeon.

sutures: The surgical site is closed with sutures that come out on their own over the first several weeks after surgery. Most of these are swallowed without any ill-consequences. These sutures do not need to be removed.

CPAP: If the patient is using CPAP prior to surgery, we would request that they bring their CPAP apparatus to the surgery center. Depending on the severity of their sleep apnea, the surgeon may or may not request that they use their CPAP the evening after the surgery, or during the first few weeks.

Medications:

Pain medication(s) as per your surgeon's instructions. Commonly used medications include acetaminophen or prescription acetaminophen/hydrocodone. Your surgeon will prescribe antibiotic.

Follow-up appointment: Typically 1-2 weeks after surgery. Call the office to confirm appointment.