

Operative Instructions

Uvulopalatopharyngoplasty and Tonsillectomy

Preoperative care:

No aspirin or Pepto-Bismol for one week before. Please notify your doctor if there is any family history of bleeding or clotting problems, a history of bleeding or clotting problems with the patient or the patient is taking any blood thinners.

The Surgery:

The surgery itself is performed under general anesthesia (asleep) and takes 30-60 minutes. All work is done inside the mouth, there are no incisions on the face or neck. Patients are observed overnight after the surgery to ensure that their breathing is normal.

Postoperative Care:

- It takes most people 7-10 days to recover from surgery.
- Drinking- The most important part of recovery is to drink plenty of fluids. Pain in the throat will make it difficult to swallow, but keeping hydrated is very important. Occasionally, when drinking, you may have a small amount of the liquid come out the nose. This should resolve as your throat becomes used to the shorter palate, and may take several weeks.
- Eating- All food that is eaten must be somewhat soft, nothing with a crust or an edge. Foods to avoid would be things like toast, steak, raw vegetables, chips, pretzels, pizza, dry cereal, and dry crackers. Foods that are acceptable are things like soup, noodles, applesauce, mashed potatoes, and any liquids. For the first few days after surgery, food may be very painful to swallow. As long as drinking is good, don't worry so much about eating. Make certain that you are taking your pain medication as directed.
- Breathing- Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.
- Scabs- A membrane or scab will form where the tonsils were removed. The scabs are thick and white and cause bad breath. This is normal, and is not an infection.
- Stitches- Several dissolvable stitches are placed in the soft palate in the throat. These can be seen and felt when swallowing. These sutures will eventually pull out on their own and will most likely be swallowed, this is normal.
- Bleeding- Immediately after the surgery, you may see some blood tinged saliva or nasal drainage, but it should be minimal. Once you are home there should be no bleeding. Although bleeding is unusual after the surgery, if any bleeding occurs, rinse out your mouth with ice cold water and re-check. If there are no signs of bleeding, keep activity to a minimum and check again periodically. If the bleeding continues, call our office immediately. If you

reach the answering service, have the on-call physician paged. If you do not receive a return call within 10-15 minutes, or if you are afraid to wait, you can go to the nearest emergency room.

- Pain- Most people experience a fair amount of throat pain after surgery. Some also complain of an earache. The same nerve that goes to the throat goes to the ears and stimulation of this nerve may feel like an earache. The severity of pain may fluctuate during recovery from mild to very severe; and may last up to 14 days. Dr. Dickey will prescribe a liquid pain medicine for you which should be given on a regular basis. For the first few days it is important to take the medicine on a regular schedule to not only treat the existing pain, but also to keep the pain from developing, and to allow you to swallow easily so that you can stay hydrated. Once the severity of the pain decreases enough, switch to plain liquid Tylenol and/or liquid Ibuprofen. DO NOT take both plain Tylenol and the prescription medicine at the same time, both medicines contain Tylenol and giving both can overdose the Tylenol portion.

- Brushing the teeth is acceptable (watch the back of the throat), but patients should not gargle or use mouthwash.