UVULOPALATOPHARYNGOPLASTY (UPPP)

Purpose: Obstructive sleep apnea (OSA) is a condition where the upper airway collapses during sleep. This is often associated with a loud snoring. OSA prevents the patient from getting enough oxygen during sleep. Because of the poor quality of sleep, the patient suffers from excessive daytime sleepiness. There are several potentially serious consequences from obstructive sleep apnea including: high blood pressure, stroke, heart attack, heart arrhythmias, and increased risk of car or work accidents from falling asleep. Because of the above effects of sleep apnea, it is very important to diagnose and treat it. If patients are obese the best treatment is substantial weight reduction. Most patients will be given a trial of Continuous Positive Airway Pressure (CPAP). This is a device worn over the nose during sleep. The mask is connected to a small machine which generates air pressure to keep the airway from closing off. CPAP is very effective for treating sleep apnea but not all patients can tolerate it. Some patients opt to have surgery to try to improve their situation. Sometimes CPAP cannot control OSA, and a UPPP is performed in conjunction with other procedures to relieve any obstruction.

Procedure: The surgery is done in the hospital under general anesthesia. The surgery is all done through the mouth and does not require outside skin incisions. The tonsils are also removed if they are still there. The uvula and part of the soft palate are removed. Stitches are placed to pull the remaining tissue back together. At the conclusion of the procedure, nasal trumpets (breathing tubes) may be placed to help the patient breathe while sleeping during the first night after the surgery. The anesthesia can make the sleep apnea worse for the first night after the surgery. For this reason patients are kept overnight to monitor their oxygen level. The next day patients are discharged if they are drinking and ready.

Recovery: Patients should expect a severe sore throat after the surgery. The sore throat will last for about 10 days before it starts to get better. It is difficult to swallow at first, and patients need to modify their diet. Cool liquids, popsicles, water ice and sorbet seem to work best for the first few days. It is best to avoid citrus juices (orange, grapefruit, etc.) and spicy foods. It is also a good idea to avoid milk and ice cream as they produce a lot of phlegm. We ask that you limit use of a straw, as the sucking action may promote bleeding. Whenever the patient feels up to resuming their normal diet it is all right to do so. Remember -the more you drink the faster you will recovery. Ear pain is common after UPPP. The same nerves which go to the back of the throat also provide the ear with sensation. The area where the surgery was done usually has a gray or tan appearance. This does not mean the site is infected. Bad breath is also very common due to the bacteria which grow in the surgical sites. Patients are typically sent home with a prescription for a liquid narcotic for pain. This should be used on an as needed basis and can be discontinued when the pain subsides. Milder pain can be treated with Tylenol. Antibiotics are often prescribed to prevent infection and lessen pain. The antibiotics should be taken until they are gone. Steroids are sometimes used to decrease swelling and lessen pain. These also should be taken until finished. Most patients will miss 10 to 14 days from work or school to recover from the surgery. It takes about 6 to 8 weeks for the tissues to heal fully to assess the result of the surgery. You will be scheduled for a repeat sleep study approximately three months after the surgery to access its impact on your sleep apnea.

Risks and Complications

39. Sleep apnea is a complex disorder that involves many factors. It is possible that the surgery will not eliminate your sleep apnea. Some patients get a dramatic improvement and do not have to wear CPAP devices afterward. Other patients get a reduction in their sleep apnea but may still have sleep apnea severe enough to still need to use a CPAP machine. Some patients may opt to have additional surgery to pull the tongue forward or change the shape of the jaw to improve the sleep apnea to the point where they don't need a CPAP machine.

40. Bleeding can occur after a UPPP. Minor bleeding is common, especially when the scab comes off of the surgical site around the seventh day. More significant bleeding can occur in the immediate post-op period or around the 7-10th day. This bleeding can be serious enough to require control in the operating room.

41. The soft palate closes the nose off from the mouth during swallowing and for the creation of certain speech sounds. If too much of the soft palate is removed there will be problems with leakage of liquids into the nose while swallowing. There may also be problems with escape of air during speech. It is common for patients to have some of these problems temporarily after the surgery. It is unusual to have these problems permanently.

42. The uvula has the function of sweeping the back wall of the throat to clear mucus coming down from the nose. The uvula will be absent after the procedure. This can lead to a persistent sense of being unable to clear the throat. This can occur to varying degrees in up to half of patients who have this procedure.

43. Certain languages (not English) use a rolled "R" sound for some words. You will not be able to make these sounds after removal of the uvula.

44. Whenever surgery is performed in the mouth it is possible for teeth to be knocked loose.

45. The tongue is retracted during the procedure. This sometimes causes numbness in the tongue. The numbness is almost always temporary. In rare instances the numbness can be permanent.
We ask that you sign below to indicate that you have read, understand and accept the risks and complications of this operation. Alternative types of treatment have been discussed with me and I want to go ahead with the surgery.