Information for patients, families and carers

Discharge Information: post Uvulo-palato-pharyngoplasty (UPPP)

1300 952 808 (03) 9429 3627 MELBENTGROUP.COM.AU LEVEL 1 449 SWAN STREET, RICHMOND VIC

ABN 88 181 798 030

Dear Patient/Carer

Please read this document carefully as it contains important information that complements the instructions given by your MEG Specialist during your recent surgical admission.

Uvulopalatopharyngoplasty (UPPP) involves the surgical division and re-positioning of the soft palate, shortening of the uvula, as well as the removal of the tonsils if they haven't been removed previously. It is primarily performed for the treatment of sleep apnoea and/or snoring. It is usually performed in combination with other upper airway procedures such as nasal surgery (Septoplasty/turbinoplasty), or tongue volume reduction (coblation tongue channeling). It usually involves a 1-2 night stay in hospital.

Medications

Pain Management:

- Undergoing a UPPP is a painful procedure. It is normal for the pain to fluctuate.
- Typically, the pain will be mild initially, reaching a peak between days 3 to 7 but it will take about **3** weeks to settle completely
- It is normal to experience referred pain to the ears, (earache)
- You will need to take medication regularly to help the pain for at least 2 weeks, and then as needed for **up to three weeks:**
    - i) **Regular Paracetomol** up to four times a day for the first 10-14 days after the surgery
        - **DO NOT take paracetamol more than four times in 24 hours.**
    - ii) **Regular Anti-inflammatories** (***e.g. Celecoxib, Ibuprofen***) up to 3 times a day **for 10-14 days with food**
- You ***MEG Surgeon*** may also provide stronger pain relief such as **Oxycodone (*e.g. Endone®*),** and/or **Tapentadol (*e.g.Palexia®*) – See below**
- Your ***MEG Surgeon*** may also prescribe and anti-inflammatory medication such as Prednisolone or Dexamethasone to be given from day 3 to 7 to reduce pain and swelling.
- A simple saline solution (salt water) mouthwash can also be helpful to help with pain.
- If none of the above measures are unable to control the pain, please present to your local emergency department and/or GP whereby the options for extra pain relief include:
    - ***i)*** One off dose of ***dexamethasone - 0.1mg/kg***
    - ii) ***Oxycodone*** every six hours as required (**only as directed by your doctor**)
    - iii) ***Tramadol*** every six hours as required (**only as directed by your doctor**)

Antibiotics:

- It is normal for the back of the throat to have a yellow-greenish covering after the procedure. This is not an infection but the reaction of the normal healing tissue to saliva. You do not need to take antibiotics for this
- You may note you have a bad breath after the operation. This is a normal part of the healing process. Unfortunately, antibiotics or mouth rinses do not affect the recovery of this.
- There is some evidence that antibiotics may speed the resolution of pain by up to one day.
- If your ***MEG Specialist*** prescribes Oral Antibiotics – use as directed.

Tranexamic Acid (TXA):

- This is a medication that is used to help blood clots to form and stabilise in wounds, such as the tonsillar or adenoid area, or nose.

- It can reduce the risk of bleeding/re-bleeding and so it may be used as a preventative medication in the first two weeks after surgery, or if you/your child has a bleed in the first two weeks after surgery.
- Your ***MEG surgeon*** may prescribe this for you to take in the first 2 weeks after UPPP as an oral tablet – use as directed.
    - ***E.g. TXA 500mg orally twice daily***

Resumption of "Blood Thinning" Medications:

- Prescribed Blood Thinning Agents (most commonly in adults)
    - ***e.g. Aspirin, Warfarin, Clopidogrel, Rivaroxaban***
    - Your ***MEG Specialist,*** in discussion with your ***GP/Physician*** will instruct you on when to recommence these medications.
- Over the counter blood thinning agents (most commonly in adults)
    - ***e.g. Krill Oil, Fish Oil, Ginseng, Gingko, Garlic, etc.***
    - You can restart these medications **2** weeks after your surgery.

Wound Care

Wound bed Appearance:

- the area where the tonsils were removed and where the palate/uvula was divided/shortened will have a creamy white coating for the first 2 weeks after your/your child's operation.
- This is a **normal** part of healing and will return to healthy pink tissue after a few weeks.
- **Sutures** are also often present and visible. These are the dissolving type so don't be alarmed if they come out after a few days to at most a couple weeks.

Bad Breath:

- This is common and will be temporary
- Continue to brush your teeth regularly and use a non-alcohol based mouth rinse if desired.

Bleeding:

- Secondary bleeding (> 24 hours after the surgery) can occur anytime in the two weeks following the operation but is more common on days 5 to 7.
- It occurs in about 1-3% of patients undergoing UPPP
- For this reason, it is important that you remain within 30-40 mins access to a hospital for 2 weeks.
- If there is more than a tablespoon of blood following the UPPP, or persistent bleeding, you should:
    - Present immediately to the closest emergency department
    - Call 000 and ask for an ambulance

Diet

- It is very important to maintain fluid intake after the surgery, especially in the first few days
    - Have/Give your child plenty of fluids, including sugary drinks like cordial.
    - This is particularly important if they are not eating much.
- Initial diet my be limited to soft foods for the first few days.

- This may include breads, cooked vegetables, pasta and minced meat.

- A **Full, normal, diet** is also actively encouraged
  - This includes food that must be chewed and swallowed – not just "ice cream and jelly"
  - Chewing allows muscles in the throat, jaw and neck to be used and not 'seize up' – decreasing pain and the risk of bleeding.
  - You may want to avoid hot and spicy food initially which will be painful.

Return to Normal Activities:

- You will usually require 2-3 weeks from work for recovery and will need to avoid sport or vigorous activity for this time as well.

ADULT	
Week1-2 post-op	• **First 24 hours:** Adults should avoid operating heavy machinery and signing important / legal documents. • Have relative rest and avoid lifting heavy objects. • Avoid bending over. • If you need to pick up objects from the floor, do so by bending your knees and keeping your head up if possible. • Avoid taking flights if possible
Week 2-4 post-op	• You may now restart slowly all previous levels of physical exercise (including sports)

Attend your nearest Emergency Department or Local GP Clinic if You/Your child:

- Has any fresh bleeding from the nose or mouth, or in their vomit, or is swallowing a lot (this is often a sign of blood in the back of the throat)
- Has severe pain or fever that is uncontrolled by the prescribed pain medications
- Is drinking only very small amounts or is unable to drink at all.
- Has a temperature of 38°C or more.
- Has vomited more than 4x in the first 24 hours after the surgery

On your Postoperative Appointment:

- An appointment will be arranged for 4-6 weeks after the operation with your ***MEG Specialist***
- This visit may be in-person or via telehealth.

MEG
MELBOURNE ENT GROUP

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