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SLEEP APNEA SURGERY

Snoring occurs when the air you breathe is blocked in the passages at the back of the mouth and nose. For most people, the uvula (the small fleshy, conical flap hanging downward from the middle of the back of the mouth) and the palate (the roof of the mouth) are the cause of snoring. Also, snoring may be caused by poor muscle tone, large tonsils or adenoids, an elongated palate, an obstructed nasal airway or being overweight.

Your doctor will talk with you about your general health and your sleeping habits. You may also require a “sleep study” to determine the exact extent of your sleep and snoring habits. A sleep study will determine the exact extent of your sleep and snoring habits and may be done either in a hospital sleep laboratory or in your home.

The information learned from the sleep study will help the doctor decide what treatment will be best for you.

UVULOPALATOPHARYNGOPLASTY (UPPP) is a surgical procedure to treat obstructive sleep apnea (loud snoring interrupted by many episodes of totally obstructed breathing).

If you are scheduled for a procedure, the doctor will have talked to you about your general health and your sleeping habits.

The UPPP procedure is performed in the hospital or ambulatory (out-patient) surgery center and usually requires at least an extended period of observation after surgery or in some instances a one to three day hospital stay. Sometimes the doctor may decide to perform another breathing-related procedure at the same time as the UPPP. Whatever is required, the doctor will have discussed the possibilities with you.

PREPARING FOR SURGERY

ASPIRIN, IBUPROFEN PRODUCTS (Advil®, Nuprin®, Motrin®, other NSAIDS). You must not take any of these products for one week before and one week following your surgery. You should have received a list of additional medications to avoid before surgery. Please read this list carefully. Taking any of these medications may cause cancellation of your surgery. If you have any questions about your medications, contact your doctor.

SPECIAL MEDICATIONS. Bring medication taken regularly with you. If you use medications for high blood pressure, heart problems, asthma or diabetes, check with your surgeon about taking them the morning of your surgery.

WHAT TO BRING TO THE HOSPITAL or SURGERY CENTER. Wear loose, comfortable clothing. You will want to bring a few personal items such as a toothbrush, slippers and robe. Most patients find it easier to use the hospital gowns instead of their personal bed clothes. If you usually wear contact lenses, you will be more comfortable wearing your eye glasses after surgery.

LEAVE VALUABLES AT HOME.

ARRANGE YOUR TRANSPORTATION. You should arrange to have someone drive you home.

THE DAY OF SURGERY

ANESTHESIA. You will have a chance to discuss your anesthesia with a member of the anesthesia department before your procedure.

PAIN. Your throat will be quite sore following surgery. Medication will be prescribed to help reduce swelling and to prevent post-operative infections.

You will also have a prescription for pain or you may take acetaminophen (Tylenol®) in tablet or liquid form as directed on the label.

THE FIRST SEVERAL WEEKS

AFTER SURGERY

DIET. Even though swallowing may cause some throat pain, it is very important that the patient you continue to drink lots of liquids.

Drink at least 48 ounces of liquid per day. This means sucking on ice chips or sipping liquids every few minutes.

Popsicles®, iced tea or sherbet are also easy to swallow and provide necessary liquid. Dehydration of body tissues causes fever and delays the healing process.

Most patients prefer cool or lukewarm liquids. Avoid citrus juices, milk products and spicy foods such as salsa or tomato soup.

It is common to have some difficulty fully opening the mouth for the first two weeks after surgery. Avoid rough, crunchy food and hot liquids.

A soft foods may be eaten, including yogurt, custard, pudding, Jello®, apple sauce and scrambled eggs.

PAIN. Earache and sore throat are expected following surgery. Take the pain medication as prescribed or you may take Tylenol® as directed on the label. You may also use Chloraseptic® Throat Spray or Cepacol® throat lozenges every two hours as needed for pain.

BREATHING. A stuffy nose is not uncommon. Immediately call the doctor if you have a problem with breathing or swallowing.

THE FIRST MONTH

AFTER SURGERY

You should notice a reduction in snoring and obstructive sleep apnea within the first several week following the surgery.

THE SECOND AND THIRD MONTH AFTER SURGERY

Overall, each day will be a little better than the day before. Obstructive sleep apnea patients may have a post-operative sleep study performed two to three months following the surgery.

Remember, your recovery is a process, not an event.