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SNORING 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 is best for you.

Most often one of two surgical procedures are used to relieve snoring. Your doctor will discuss the reasons for choosing method over another.

COBLATION ASSISTED UVULOPALATO-PLASTY (CAUP) is an in-office laser procedure to reduce snoring.

The CAUP procedure for snoring may require several short sessions and is performed as an outpatient with a COBLATION radiofrequency and local anesthesia. There is no hospital stay. You may return to work the next day.

Following each laser session, you will have a sore throat for which you may take acetaminophen (Tylenol®) as directed on the label.

The CAUP procedure is effective in 85 to 90 percent of patients, although almost everyone experiences some improvement within the first two weeks following the first laser session. Some patients require additional treatments.

No one with significant obstructive sleep apnea is a candidate for CAUP.

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. If you use medications for high blood pressure, heart problems, asthma or diabetes, take them the morning of your surgery.

You should not eat or drink for four (4) hours prior to your procedure.

You should notify your physician if you have had heart surgery, have mitral valve prolapse or have had a joint replacement. An antibiotic may be given to you to take before your procedure.

You should arrange for someone to accompany you to your first session.

THE DAY OF SURGERY

ANESTHESIA. You will receive local anesthesia for comfort. Your throat and nose will be sprayed with an anesthetic medication. The uvula will be injected with an anesthetic.

PAIN. Your throat will be quite sore following surgery.

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 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. Citrus juices and milk products should be avoided since they often cause discomfort from the acid or excess mucus.

It is common to have some difficulty fully opening the mouth for the first two weeks after surgery. Avoid rough, crunchy food, hot liquids, and spicy foods such as salsa and tomato soup.

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. To relieve the sore throat and earache, wrap a cold towel or ice pack around the neck.

THE FIRST MONTH

AFTER SURGERY

You may notice a reduction in snoring within the first weeks following the surgery. Do not be alarmed if some snoring continues. Remember, a few treatments may be necessary.

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