

Uvulopalatoplasty (with or without tonsillectomy)

What is a Uvulopalatoplasty?

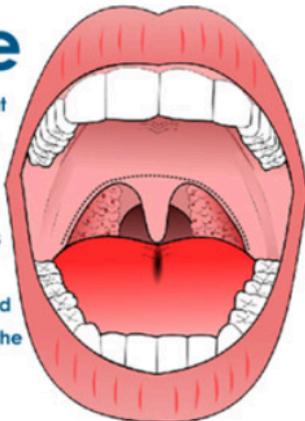
A Uvulopalatoplasty (often referred to as UPP) is a procedure designed to reduce snoring by removing the tissue in the throat that vibrates and creates unpleasant noise during sleep.

UPP is occasionally combined with tonsillectomy if these are enlarged and are encroaching on the airway. When tonsillectomy is included, the procedure is often termed Uvulopalatopharyngoplasty (UPPP).

UPP with or without tonsillectomy can be done at the same time as other ENT surgery such as nasal surgery to improve breathing whilst also reducing the tendency for snoring.

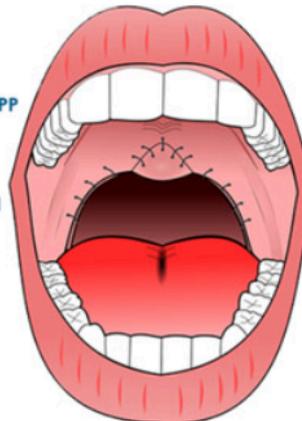
Before

Appearance of throat prior to UPPP surgery. Note the anatomy which is common to sleep apnea patients to include the large tonsils, long uvula and narrow arch behind the tonsils.



After

Appearance after UPPP surgery. The tissue in the front part of the throat is trimmed and the uvula is folded and sutured.



UPP is mainly performed for simple snoring and can assist with very mild cases of obstructive sleep apnoea (OSA). If more severe OSA is suspected, a sleep study is usually arranged before considering any surgery. Patients with moderate or severe OSA may require other interventions such as a CPAP mask.

UPP surgery

Surgery is performed under a general anaesthetic (fully asleep). It is performed with the mouth open and can take from 20 to 40 minutes, depending on whether tonsillectomy is needed. During the procedure, the long redundant uvula is reduced in size and any loose tissue along the sides of the throat are tightened using a variety of small incisions and carefully placed dissolvable stitches. Local anaesthetic is usually placed in the throat before the surgery ends to reduce post operative pain.

UPP surgery without tonsillectomy can often be done as a day procedure. If tonsillectomy or nasal surgery is performed at the same time, the patient will often be observed overnight in hospital.

Preparation for surgery

Surgery will only be recommended if it has a high chance of success. Before surgery, there will be a comprehensive examination of your anatomy and occasionally a sleep study will be required. A respiratory/sleep physician may also be involved in your care.

Once surgery is arranged, you should not take aspirin containing medication for 1 week prior and at least 2 weeks after surgery. If your usual doctor has recommended you take blood thinning medication regularly, you should discuss this with your surgeon prior to the operation. Other medications such as those to control diabetes (eg. Jardiance) can interfere with your anaesthetic. It is vital that your full medical history including use of over-the-counter and herbal medications are discussed well before surgery.

Post-operative course (See post operative handout for more information)

Many patients having UPP alone will be able to go home the same day. Those undergoing tonsillectomy or other combined procedures may need to stay overnight.

Patients will need someone to take them home.

It is recommended you allow at least 7-10 days away from work and/or studies. Depending on the nature of the surgery, some patients may require a longer period off work.

Sport or vigorous exercise should not be undertaken for 2-3 weeks.

Throat surgery does tend to be quite painful and can peak a few days after the surgery. Some patients report pain lasting up to 3 weeks but this is uncommon.

Your surgeon and anaesthetist will prescribe a variety of pain relief options as well as anti-inflammatories and occasionally antibiotics.

Outcomes/ Residual Symptoms

The majority of patients (70-80%) obtain a noticeable improvement in snoring after surgery.

This improvement can take several months as tissues in the throat will generally remain swollen for quite some time after surgery.

It is important to recognise that snoring can be multifactorial, and surgery alone may not solve all snoring. Occasionally additional procedures (eg nasal) or lifestyle measures such as weight loss and alcohol reduction are also necessary.

Complications

- Severe or serious complications from UPP surgery are uncommon.
- Damage to teeth or the tongue is possible during surgery though this is very rare.
- Approximately 1 in 100 patients will suffer some troublesome bleeding after the procedure and will require a visit to a hospital. This may be higher if tonsillectomy is performed at the same time.
- Some degree of swelling in the throat may persist for several months, leading to an abnormal sensation while swallowing.
- A sensation of mucus getting stuck in the throat can occur after surgery. This is rarely permanent.
- Speech changes due to a change in the shape of the back of the throat can occur after surgery. These are rarely troublesome but need to be considered in a professional voice user (singer).
- Reflux of liquids (particularly fizzy drinks) from the throat into the back of the nose can occur after surgery and is almost always temporary. It occurs as a result of the soft palate not working perfectly after the procedure. Modern surgery is designed to reduce this risk as much as possible.
- Severe pain limiting one's ability to eat or drink can occur and is often minimised with a change of medications. Patients are advised to contact their surgeon if pain medications don't seem to be working adequately.

Costs

Our staff will provide an estimate of the costs of surgery prior to your operation. The costs will vary according to the extent of surgery required. Although we do attempt to make our estimates as accurate as possible, it is not always possible to predict the extent of surgery required before the operation. Therefore, final costs related to surgery, anaesthetic and hospital fees may vary slightly from the original quotation.

The out of pocket costs incurred may vary between individual patients as:

- different health funds will provide different rebates for the same procedure.
- health funds may vary the amount of rebate depending on the fee charged by the surgeon.
- different health funds and policies will have different levels of excess payable.

The level of rebate paid by health funds relates to the contract between the patient and their particular health fund and we are unable to intervene regarding this.

We encourage you to check with your health fund prior to surgery to ensure they will provide coverage for your surgery and determine what excess may be payable to the hospital.

Whilst every care has been taken to make this information sheet as accurate as possible, individual experiences and outcomes may differ. It is important to discuss any concerns with your surgeon prior to considering surgery. This information sheet was written for patients of Ear, Nose and Throat Victoria only. They are not to be copied or distributed in any way without written permission from ENT Victoria. Sept 2021.

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When you wake up you will have an oxygen mask on and you should be feeling quite comfortable. You will be able to eat and drink after a few hours and you will be may be discharged the same day or stay overnight (depending on the nature of the planned procedure). A post operative review will have been arranged for you approximately 3 weeks after surgery.

Pain relief: Palate and throat surgery tends to be quite painful. Pain often begins on the first or second post operative day and can peak at around day 7 after surgery. This is variable. Some people report severe pain for up to 2 weeks. You will be prescribed a number of different analgesics, anti-inflammatories and occasionally antibiotics. You may need to contact your surgeon to obtain more medications during the recovery period if you are running low.

Diet: It is best to eat soft foods such as pasta and soup for the first 24-48hours. After that eating and drinking as normal is encouraged. If pain is severe, it is most important that fluids are maintained to avoid dehydration. Most patients will lose some weight during the post-operative period. In the first few days, fizzy drinks may come up through the back of the nose. This is common and almost always temporary.

Bad breath: Some smelly odour/bad breath is quite common in the first 1-2 weeks post-surgery which will settle with time.

Bleeding: Some mild blood mixed in saliva is not uncommon - although it is rare for bleeding be very heavy. If this is occurring let your surgeon know.

Persistent snoring: In the recovery phase (first 1-2 weeks) there may be worsening snoring due to the swelling from the surgery. This should slowly improve over a few weeks but may only become noticeably quieter after a few months.

Return to normal activity: Most patients can return to work after 10-14 days. Some may work from home sooner. Strenuous activity such as gym or running is generally best avoided until your post operative review.

When to contact your surgeon:

In the setting of high fever (>38.5 degrees)

Continuous bleeding from the nose or throat

When you are in need of strong analgesia but are running low on medications