



POST OPERATIVE INSTRUCTIONS
UVULOPALATOPHARYNGOPLASTY (UPPP)
BASE OF TONGUE REDUCTION / LINGUAL TONSILLECTOMY

This sheet explains post-operative care for patients who recently underwent or will be undergoing this procedure. If you have any questions or concerns, either before or following the surgery, please call 540-347-0505.

If only UPPP is performed, the post-operative patient will be discharged from the Outpatient Department of the hospital after he/she is fully awake and the danger of bleeding is slight. The patient may be drowsy and nauseated. You may wish to bring a container in the car, in case car motion causes the patient to become sick on the way home. Upon arrival at home, please allow the patient to rest as much as possible.

If a base of tongue reduction or lingual tonsillectomy is performed, you WILL be admitted into the ICU after surgery overnight for airway observation. If all goes well overnight, you will be discharged home the following morning.

WHAT TO EXPECT

1. **Discomforts After Surgery** -- Complaints of sore throat, ear pain, stiff neck, headache, bad breath, and not being able to taste or smell things very well, may occur. These symptoms are due to tenderness at the operative site. Secondarily the swelling puts pressure on nerves in the area, making the pain radiate to other areas of the head and neck, especially to the ears. The pain medication prescribed should ease these symptoms. Gum chewing is also recommended to help alleviate the throat and ear pain, as well as the bad breath. Do not use *Aspergum*, as this contains aspirin which may promote bleeding. Brushing the teeth, gargling with water, and breath mints should help ease the problem of bad breath. All these symptoms should subside over the next few days. They may return mildly at 5-7 days when the scabs slough off due to the sensitivity of the new tissue. The bad breath may last 7-10 days and is related to the healing process.

For base of tongue reduction or lingual tonsillectomy specifically, swelling under the tongue as well as swelling of the entire tongue itself is not uncommon. This swelling will slowly improve over next several weeks. Keeping your head elevated more than 30 degrees while sleeping will help. During this period of time, your voice may sound "muffled," but as long as it does not suddenly get worse with difficulty breathing, it'll get better. **IF YOUR BREATHING BECOMES MORE DIFFICULT WITH AN INCREASED MUFFLED QUALITY TO YOUR VOICE, CALL US ASAP** as this may suggest a hematoma is forming in the back of the tongue which may lead to airway loss.

2. **Diet** – It is extremely important to drink adequate amounts of fluid during the recovery period. Liquids include pudding, jello, Popsicles, ice cream, & yogurt as well as juice, water, milk, broth, etc. Giving pain medication 15-30 minutes prior to offering fluids may help. To avoid dehydration, it is vital to drink plenty of liquids. Dehydration is noted by decreasing or absent urine output. If urine output begins to decrease, fluids must be pushed in order to prevent dehydration. In the absence of urine output, it may be necessary for the patient to return to the hospital for intravenous therapy. Solid foods may be introduced when the patient feels ready to eat. Begin with soft foods such as oatmeal, macaroni & cheese, apple sauce, soups, pureed or mashed fruits and vegetables. Foods to be avoided for the first week or so include: hot, spicy and acidic foods or fluids (tomato juice, orange juice, grapefruit juice), as well as sharp foods (popcorn, crackers, potato chips, pretzels), as they may cause discomfort and promote bleeding.

3. **Activity** – Rest is very important for the first week. Naps and relaxing activities are encouraged. For adults: be prepared with magazines, a video, a good book, or craft activity. Activity can be gradually

increased with the feeling of wellness. Work can generally be resumed after the first week. Be careful not to overdo. By 2-3 weeks, generally everyone feels better and has returned to his/her normal daily routine. However, everyone heals and feels better at a different rate, so do not be surprised if your experience is different than that of others you talk with who have previously had this procedure done.

4. **Fever** – A temperature of 101.5 for up to one week is not unusual following surgery. It should come down in response to the Tylenol in the pain medication. Notify our nurse if it persists or rises.

5. **Bleeding** – Blood streaked sputum is normal. The danger of serious initial bleeding is minimal after the patient leaves the hospital. In about 2% of cases, there is bleeding after 5-7 days. If this does happen, do not become alarmed as this bleeding is usually slight and resolves quickly in response to rest and ice water gargle. Any time there is bleeding, the blood should not be swallowed, but rather spit out gently. If bleeding occurs and does not stop, promptly call the office. The staff or answering service will contact the surgeon or the physician on call. Blowing of the nose should not cause bleeding. Coughing excessively may start bleeding, so be observant if a cough develops.

6. **Medications** – At the pre-operative visit, prescriptions will be given. These are to be filled at your convenience for use after the surgery. These include an antibiotic to prevent infection, a pain medication for discomfort, and one to ease nausea. We ask that you take these as directed.

7. **Return Appointment** – A post-operative appointment will be scheduled for about two weeks after the surgery. This gives the surgeon the opportunity to assess the surgical site and assure you that the healing process is proceeding normally.

CALL OUR OFFICE IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING:

1. **Severe neck stiffness** – cannot touch chin to chest and is accompanied by fever, extreme fatigue and marked headache
2. **Fever** – over 101.5 degrees
3. **Bleeding** – which does not resolve after steps listed above are taken
4. **Signs of dehydration** – no intake by mouth, lethargy, no urine output. We generally recommend going to ER where they will be able to put an IV in and give IV fluids to rehydrate the body.
5. **Sudden difficulty breathing and sounding “muffled” when talking**

NORMAL FINDINGS

1. It is NORMAL to have thick white coating over where the tonsils/palate/uvula tissue used to be for 1-2 weeks. This is the scab. Scabs turn white when wet.
2. It is NORMAL to experience pain in the ears as well as to have bad breath until the surgical area heals.

After UPPP, this appearance below is NORMAL!!!

