

## **WHAT HAPPENS BEFORE SURGERY?**

Certain diagnostic tests may be organised prior to your surgery, if indicated.

Generally speaking, patients are admitted to the hospital on the day of surgery.

You will need to FAST (have nothing to eat or drink) at either 6am or 12 midnight.

## **HOW LONG WILL I BE IN HOSPITAL?**

Usually patients having a UPPP will be required to stay in hospital overnight and be discharged home the following day.

## **WHAT SORT OF ANAESTHETIC WILL I HAVE?**

You will be given a general anaesthetic to put you to sleep.

If you have sleep apnoea you may be required to spend the night in the Intensive Care Unit where your oxygen and breathing is monitored.

If you smoke it is essential you give up or reduce your intake.

The Anaesthetist will visit you prior to your operation and any questions you have will be answered prior to the operation.

## **WHAT HAPPENS TO ME AFTER SURGERY?**

- You will feel drowsy after the operation and may require some oxygen applied until fully awake.
- You may experience nausea and vomiting . The nursing staff will give you medication to control this.
- You may eat and drink once you are fully awake and alert which is usually about four hours following your return to the ward. You will be given ice initially to suck.

- In the mean time you will have an intravenous drip in your arm which will ensure you do not become dehydrated.
- You will be encouraged to deep breathe and perform gentle leg exercises to avoid complications such as chest infection and clots in the legs.
- You may feel some soreness as the anaesthetic wears off and may need pain relieving medication. If you have any discomfort be sure to ask the nursing and medical staff for some pain relieving medication.
- The bed head will be semi – upright and will remain this way overnight to help your breathing.
- Please notify the nursing staff if you feel that you are swallowing blood.

## **WHAT WILL HAPPEN WHEN I GO HOME?**

- The hospital requests that upon discharge you are escorted home by a family member or friend. It is not advisable for you to drive yourself, or to take public transport home.
- It is recommended that you have someone care for you up to 2 days whilst at home or until you are feeling better.
- It is common that your throat will be sore for the first 7 days but can last up to 14 days. Expect the sore throat to be worst around 2 to 3 days after your operation.
  - Ear pain or earache is due to referred pain from the throat and does not necessarily mean you have an ear infection. However, if this is severe or prolonged, it should be reviewed by a doctor.

- You may notice white crusty patches on the tonsillar bed as your throat heals, these are not a sign of infection. The white patches can be expected to come off and may cause a little bleeding. The white patches can also be accompanied by offensive breath. Gargling a mouth wash such as Difflam will improve your breath and have an analgesic effect.
- Eat as normal a diet as possible post-operatively. In general choose things that are easy to swallow and avoid hot or spicy foods. Extra fluid intake is encouraged and will result in a quicker recovery. Occasionally fluids may come out of the nose if you swallow too quickly, in the early stages. This usually settles down in a week or so.
- Chewing gum is advised as it increases saliva production and keeps your throat moist.

### **Activity Limitations**

- On discharge it is important to rest in bed for 2-3 days and stay indoors for the next 3-4 days doing gentle activity. Normal activities may be resumed after 10-14 days.
- Avoid hot showers & saunas for several days as this can increase the risk of bleeding.
- Antibiotics are usually unnecessary but if prescribed you will need to complete the full course.

### **Pain relief:**

Take panadol / panadeine as directed after discharge for pain control.

**DO NOT TAKE ASPIRIN / DISPRIN as these may cause bleeding.**

You may be prescribed a course of Prednisolone to reduce swelling for about 5 days.

**Return to work:**

Usually one to two weeks is required off work. If you require a medical certificate, please ensure to obtain it prior to your discharge. Children will need a full 2 weeks of school.

**Follow - up:**

A follow -up appointment for review by the doctor will be made for you upon discharge from the ward. This will be 2- 3 weeks later at the Outpatients ENT Clinic.

**WHEN TO CONTACT YOUR LOCAL DOCTOR OR THE DEPARTMENT OF E.N.T.**

Contact or go and see your local doctor if you have:

- Persistent nausea and /or vomiting
- If pain is unrelieved by prescribed pain medication
- If you are unable to take adequate oral fluids
- If you have signs of fever which persist

It usually takes the tonsil bed up to 21 days to heal, and during this time there is a slight risk of bleeding. A small spot of bleeding should not cause concern, but if there is persistent bleeding you must treat this as potentially serious and seek prompt medical attention.

**In the case of an emergency you may contact the Emergency Department on Ph: 2160 0000.**

Please do not hesitate to contact the nursing staff in the Ward (24 hours a day ) if you have any questions or concerns. Ph: 2160 0000.

**PLEASE USE THE SPACE BELOW TO WRITE DOWN ANY QUESTIONS YOU WOULD LIKE TO ASK WHEN YOU ARE ADMITTED.**

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**WHAT TO BRING INTO HOSPITAL**

- Make sure to remember to bring in all your x-rays and any medications you may normally take each day.
- Please ensure that all jewellery and make-up or nail polish if applicable is removed prior to your admission
- Please bring a change of clothes, pyjamas, slippers, dressing gown and all personal toiletries you will require whilst in hospital
- Please let nursing staff know if you have any special needs which may affect your care. eg. religious or cultural customs, non-English speaking.

**VISITING HOURS**

Visitors are welcome between **8 am and 8pm**. It is requested that all other times are respected as rest periods for the patient.

Approved by Dr. Yeo Sek Wee

**PRINCE COURT MEDICAL CENTRE**  
 39 JALAN KIA PENG  
 KUALA LUMPUR 50450

Ph: +603 2160 0000

**PRINCE COURT MEDICAL CENTRE**

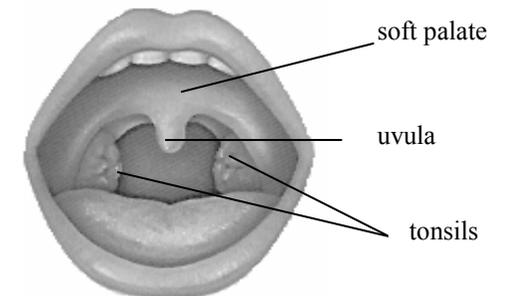
**A GUIDE FOR PATIENTS  
 HAVING A UPPP  
 ( UVULOPALATOPHARYNGOPLASTY )**

This pamphlet is a guide and is no substitute for a full and open discussion of the risks and benefits of the proposed procedure, these should be discussed with your doctor. The specific details of your care may vary from the matters discussed in this guide.

**WHAT IS A UPPP?**

A UPPP is the surgical removal of the uvula and part of the soft palate as well as the tonsils if they have not already been removed.

This operation is commonly used for the treatment of chronic snoring and/ or sleep apnoea.



We advise that you do not smoke at least one week prior to surgery to help prevent complications developing from your anaesthetic and surgery.

**PLEASE BRING THIS PAMPHLET WITH YOU ON YOUR ADMISSION TO THE HOSPITAL**