



YOUR POST-OPERATIVE APPOINTMENT IS SCHEDULED FOR

(it is essential to keep your post-op appointment, if this date and time does not work, please call our office to reschedule. (617) 524-3864

**Post Operative Instructions
UPPP (Uvulopalatopharyngoplasty)**

ACTIVITY

- You have received General Anesthesia. You may feel tired and drowsy for a few hours. You should not drink alcoholic beverages, drive a car, operate any machinery, or make legal decisions for 24 hours.
- Avoid excessive activity during the first postoperative week. You may return to work/school in two weeks, when the risk of bleeding is significantly reduced.
- No lifting of objects over 10 lbs for two weeks.

FLUIDS AND DIET

- The more you drink, the sooner the pain will subside. Water, apple juice, grape juice, and Gatorade are excellent sources of liquid.
- Continue a liquid diet for the first two days following surgery.
- Soft foods such as ice cream, yogurt, pudding, apple sauce and jello may be started on the third day following surgery. Continue to eat soft foods for the first two weeks. Avoid hot or spicy foods, or foods that are hard and crunchy. Often, chewing gum speeds comfortable eating by reducing the spasm after surgery and can be started anytime after surgery.

FEVER

- A slight fever (temperature around 101 degrees Fahrenheit) is common for a few days after surgery.
- Take acetaminophen (Tylenol) for a fever higher than 101 degrees Fahrenheit.
- If the fever persists (more than two days) or if a higher fever develops, call your doctor. Fever may indicate that you have not taken in sufficient fluids or may have an infection.

PAIN AND THROAT CARE

- Either tylenol or prescription pain medication should be given every 4 - 6 hours for the first 48 hours, then may be given as needed. Avoid medication containing aspirin, ibuprofen, or other anti-inflammatory medication for 2 weeks.
- Ear pain, referred from the throat, is common after this surgery. This does not necessarily indicate an infection.
- An ice collar can also be helpful for post operative sore throat. Make this by placing ice cubes and water in a large Zip-Loc bag and wrapping it in a towel. Gently lay the ice pack on the front of the neck.
- A yellowish membrane may form on the back of the throat. This is not an infection, but part of the normal healing process. Bad breath is also common while the throat is healing.
- You will have stiches in the back of the throat which will partially dissolve and fall out several days after surgery. Do not be alarmed when this occurs. If you notice a stich in your mouth, spit it out and resume swallowing food/liquids as normal.

BLEEDING

- Post-operative bleeding is unusual, but it can occur anytime up to 2 weeks after surgery. Most bleeding is minor and you may only see a little coating of blood on the tongue. Rest in bed, sitting upright, and place an ice collar on the neck. Watch for spitting, coughing, or vomiting of blood.
- If you suspect bleeding following surgery (anything more than one teaspoon), call immediately.

WHEN TO CALL YOUR DOCTOR

- Bleeding from the mouth or nose.
- Signs of dehydration (dry mouth, decreased urination, headache, dizziness).

Should you have any questions or problems following your procedure which have not been covered in this information sheet, please feel free to call my office between 9 AM and 5PM and we will be happy to answer your questions.

Some important information about narcotic medications:

NARCOTICS (OPIOIDS)

Frequently after surgery you may be prescribed a narcotic pain medication, also known as opioid medications. Tylenol #3 (Tylenol [or acetaminophen] with codeine), Vicodin (Tylenol with hydrocodone), and Percocet (or its liquid form, Roxicet which are Tylenol and oxycodone) are commonly given for procedures where pain may not be easily controlled with Tylenol alone. As these above listed pain medications include acetaminophen (Tylenol) as well, it is notable that you should not be taking additional Tylenol on top of these medications. (Acetaminophen not to exceed 3000 mg daily for adults or 10 mg/kg per 4 hours in children, 15 mg/kg per 6 hours in children).

Common side effects of narcotics include:

- Sedation- because these medications can make you drowsy, do not operate heavy machinery nor drive while taking them. Also, do not make important decisions after anesthesia nor while on these medications.
- Nausea- try to take a little bit of food (even a tablespoon or two of applesauce; something simple) before the narcotic, to prevent nausea. Also, use the least amount that is effective to avoid additional adverse side effects. If taking the narcotic you are still very nauseous or vomiting, call the office to obtain anti-nausea medication or to be switched to a different pain medication.
- Constipation- for some people, narcotics can cause significant constipation. Taking an over the counter stool softener, such as Colace or Dulcolax can be helpful in preventing this, or consider adjusting your diet (e.g. adding prunes/juice/fiber) while taking them to avoid/alleviate this problem. Call the office if this is a problem despite these suggestions.
- Itchiness- unless you have a rash (which would indicate potential allergic reaction) this is seen in association with a histamine release noted by some patients when taking narcotics. An antihistamine such as Claritin (loratadine), Zyrtec (ceterizine) or Benadryl can generally alleviate this.

When taken as prescribed, narcotic pain medications can manage pain safely and effectively. But taking medication that is not prescribed for you, taking more pills than have been prescribed, taking too many prescription narcotics at once, or taking them in ways other than prescribed can have short-term and long-term harmful effects on the brain and body, including serious medical complications, addiction, brain damage, overdose and death.

Disposal of Unused Prescription Drugs:

- Bring unused medications to secure medication drop-off boxes around the state. To find a drop box in your area, visit www.mass.gov/DrugDropbox
- Do not flush medication down the drain unless the label or accompanying patient information specifically instructs you to do so
 - If you throw medication in the garbage, remove the medicine from its container, crush the pills and mix them with coffee grounds or kitty litter. Place the mixture in an unmarked container, like an empty can or sealable bag, and throw the container in the trash.