

# DRS. GEHRIS, JORDAN, DAY & ASSOCIATES, LLC

Head and Neck Surgery . Ear, Nose and Throat Surgery . Facial Plastic & Reconstructive Surgery

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Otolaryngology – Head and Neck Surgery

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## Patient Information:

### Office Uvulo-Palatoplasty, Laser Assisted Uvulo-Palatoplasty, Radio-Frequency Ablation, Injection Snoreplasty

The use of the anesthetic materials may affect the quality of the voice for anywhere from one hour to several hours, but this returns to normal. Pain seems to be a feature of the operation, as it would be for tonsillectomy, and is severe in some persons and modest in other persons and varies somewhat with the amount of tissue removed. If the uvula is very long, for instance, the surgeon may wish to remove most of it to prevent it from swelling post-operatively, and there would be possible more pain in this case than if the procedure were more conservative. The office will discharge you with pain medication and also with an antibiotic, as there are some open surfaces left behind by the procedure.

The diet after the procedure should initially be liquids and soft foods. Warm tea seems to be quite soothing and the darker the tea, the more soothing it seems to be. The temperature of the tea is probably best at a lukewarm level, although iced tea certainly would be acceptable. Lemon in the tea should be avoided as citrus juice and fruit juices of most types create a burning sensation. Obviously, quite spicy, quite hot or steamy foods, and anything that is sharp or pointed needs to be avoided. The use of anesthetic lozenges, such as Chloraseptic lozenges, is very helpful. The mouth should be rinsed by gargling with warm salt water after meals and at bedtime, and any time that thick phlegm seems to be a problem, as it occasionally is. This salt water could be made up by using a quarter teaspoon of salt in a small glass of lukewarm water. The salt concentration should be rather weak and significant heavy salt concentrations are to be avoided.

Your spouse may notice that for the first week or so after the operation the snoring actually increases in severity due to accumulated phlegm in this area or to swelling of the tissue from the procedure. The ultimate goal of the operation is elimination of the snoring, which also signifies elimination of airway obstruction. As noted above, relief of the snoring does not always mean relief of sleep apnea and it may be necessary to schedule a follow-up sleep test at some point following the procedure. Those patients utilizing the CPAP device prior to the procedure should continue to use it post-operatively until the sleep apnea situation has been thoroughly evaluated.

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