



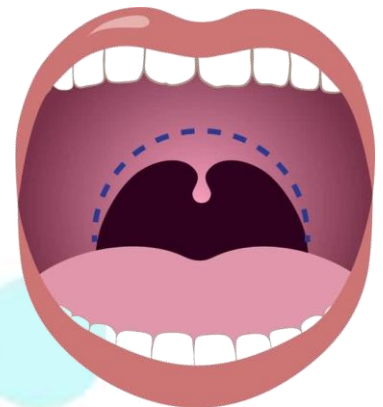
Operation Information

Uvulopalatopharyngoplasty (UPPP) / Laser-assisted Uvuloplasty (LAUP)

Introduction

Uvulopalatopharyngoplasty (UPPP) is a surgical procedure that removes excess tissue in the soft palate, uvula and tonsils to make the airway wider, in order to allow the air to pass through the throat more easily when breathing.

Laser-assisted Uvuloplasty (LAUP) is a surgical procedure that uses a laser to remove part of or the whole uvula and associated soft-palate tissues. Unlike UPPP, LAUP does not remove or alter tonsils.



Source:
<https://www.snorelab.com/surgery-for-snoring-and-sleep-apnea/>

Outcomes

UPPP and LAUP are used to manage snoring, obstructive sleep apnea (OSA) and upper airway resistance syndrome. The two operations can relieve sleep apnea and reduce snoring effectively.

Procedures

1. The operation can be performed under general anaesthesia (UPPP) or local anaesthesia (LAUP).
2. Part or all part of uvula and soft palate are removed through the mouth with or without removal of the tonsils.

Possible Risks and Complications

1. Common risks and complications
 - Pain
 - Bleeding
 - Throat discomfort and post-nasal dripping
 - Infection
 - Risk of laser
2. Uncommon risks with serious consequences
 - Incomplete relief of symptoms or recurrence
 - Velopharyngeal insufficiency causing regurgitation of food and water during eating and voice change
 - Pharyngeal stenosis causing breathing difficulty, snoring, sleep apnea and voice change
 - Airway obstruction and respiratory distress

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications from arising.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, herbs and dietary supplement.
3. Routine tests such as blood tests, ECG, and X-ray may be performed.
4. No food or drink six hours before the operation. (For general anaesthesia only)

Post-operative Instructions

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Sore throat and a small amount of blood-stained saliva are common. If you experience persistent bleeding from the mouth or severe sore throat, please inform the nursing staff immediately.
3. In general, diet is allowed gradually after recovery from anaesthesia. Swallowing may be difficult for a few days. Try cool liquid and soft food initially.

Advice on Discharge

1. You may experience sore throat and some swallowing difficulty which will last for a few days. Make sure you have adequate intake of fluids and avoid dehydration. Avoid hard and dried food since these can cause pain and predispose to bleeding.
2. Please comply with the medication regime as prescribed by your doctor.
3. Immediately consult your doctor or return to hospital for professional attention in the event of severe sore throat, persistent bleeding from the mouth, increased difficulty in swallowing, difficult breathing, shivering, high fever over 38°C or 100.4°F, or any other unusual symptom.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification