

Lisa B. David, MD Brytton B. Eldredge, MD
109 Rue Fontaine
Lafayette, LA 70508
(337) 266-9820 (337) 266-9822 (fax)

Post-Operative Instructions for Uvulopalatopharyngoplasty

This procedure requires about two weeks for recovery depending on age. The secrets to a quick recovery are: adequate hydration, good pain control and communication with the office for any problems or questions.

What to Expect:

1. **Sore Throat** – This usually starts to get bad after the second day and may persist for 7-10 days. It is usually worse in the mornings because of dryness from not drinking in the night. A humidifier sometimes helps with this. Remember good pain control is imperative so take your pain medication every 4 hours if needed. (Alternate the Tylenol with Codeine or Lortab with the Hydrocodone Cream as both are narcotics and can not be taken at the same time. The Tetracaine Lollipop is a topical anesthetic which will numb the area and is not a narcotic and therefore can be taken with any of the other medications)
2. **Fever** – This usually occurs at night during the first few post operative days. It is important to encourage fluids as this helps with fever. It is acceptable to use Tylenol or Motrin to reduce the fever. (Be aware that Tylenol must be alternated with the Lortab or Tylenol with Codeine to not give too much Acetaminophen)
3. **Nasal Speech** – This can occur after the first few days after surgery as the palate learns to close the space previously occupied by the tonsils and/or adenoids.
4. **Ear Ache** – This occurs more commonly in adults around post operative days 3-5. This occurs as referred pain or “sympathy” pain from the throat because the nerves to the tonsil also give sensation to the ear. (If this is severe, call because I can prescribe a drop to numb the ear canal and ear drum.)
5. **Bad Breath** – This usually occurs after the first day or two and persists for about a week because of the scab where the tonsil was removed. It is okay to gently brush the teeth, but the smell will not resolve until the scabs have fallen off. If you look into the back of the throat, you will notice the scabs are a white, gray, yellow color and may even look like pus, but this is the normal appearance for a scab in the oral cavity.
6. **Constipation** – The combination of pain medication and reduced diet and activity can lead to post-operative constipation. We recommend an over the counter Miralax and/or glycerin suppository(children) or Dulcolax suppository (adults). If this does not help, please call.

Diet:

Start with a clear liquid diet (Water; Juices-apple and grape, not orange, grapefruit, or lemonade; Sports Drinks – 10-K, Gatorade, Powerade; 7-UP or Sprite; Popsicles, or Jell-O) to prevent nausea and/or vomiting. All drinks and foods should be lukewarm or cool, not hot. Everyone advances differently, but I recommend advancing to puddings, ice cream, milkshakes, smoothies, and then to soft foods like grits, oatmeal, yogurt, mashed potatoes, scrambled eggs, applesauce, well cooked rice and gravy, and pastas/noodles. **No scratchy foods for 2 full weeks.** (i.e. – chips, popcorn, pretzels, crackers, cookies.)

Activity:

No heavy activity or exercising is recommended for 2 weeks following surgery. Please do not drive if taking narcotics.

Bleeding:

A little blood tinged sputum is normal after surgery, anything more, please call.