Palatal surgery for snoring

This information applies to the following procedures:

- Uvulectomy
- Coblation Palatoplasty
- Uvulopalatopharyngoplasty (UPPP)

What is palatal surgery and why do I need this operation?
This operation is performed to reduce snoring and alleviate sleep apnoea (when a person intermittently stops breathing in their sleep).

The tendency to snore increases with age and results from partial airway obstruction. This is when the air is unable to pass the lips or nose.

There are contributory factors to snoring:

- **Smoking** - you should consider giving up smoking.
- **Alcohol** - if you drink alcohol consider the amount you drink and the effect it has on your snoring.
- **Obesity** - if you are overweight for your height you should set about losing some weight.

The operation involves removing a small segment from the soft palate or uvula (clacker) and possibly the tonsils.

The operation is performed through your mouth, which means there will be no cuts through your skin. However, the corners of your mouth may become cracked and sore. We advise you to bring some Vaseline to use.

What are the benefits of having palatal surgery?
This operation involves the trimming away of tissues causing airway obstruction at the back of the palate, therefore improving the airflow and reducing snoring.
What are the risks, consequences and alternatives associated with having palatal surgery?

Most operations are straightforward; however as with any surgical procedure there is a small chance of side-effects or complications such as:

- The procedure is painful and you will be given advice on taking regular pain relief (a combination of painkillers will be prescribed).
- Infection following surgery may occur, however your throat will look white/yellow after the operation where your tonsils used to be and this is normal.
- There is a small risk of bleeding following surgery, if this happens further treatment or surgery will be required.
- Due to the scar formed at the site were the tonsils and uvula have been removed there is sensation of something at the back of the throat. With time this becomes unnoticeable.
- There may be regurgitation of fluids into the back of the nose; this is temporary due to the trimming of the palate.
- The results of surgery are not reliable; there may be a chance that your snoring may reoccur after initial improvement.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

Alternatives

Your consultant has recommended this procedure as being the best option. However, the possible alternatives to this procedure are mandibular advancement split or septoplasty. If you would like more information about any of these, please speak to your consultant or one of the nurses caring for you.

Getting ready for the operation

You will be asked to attend the pre-operative assessment clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation eg. heart trace (ECG), x-ray, blood test.

If you have been prescribed any medication, please continue to take it whilst waiting for your operation, unless advised otherwise by the surgeon.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

It would be helpful if you could bring your medicines with you, the nurse will need to know the name and strength. This includes any non-prescription medicines and any complimentary and herbal medicines.

You will be asked to have a bath/shower before coming into hospital (if possible).

You will be asked not to have anything to eat, chew or smoke for at least 6 hours before your operation. You should have nothing to drink for 3 hours before surgery. You will be advised of the actual times.
**On admission**
When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given an operation gown and a wristband to wear.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

You will then be given the opportunity to walk to theatre with a nurse. Alternately you can be taken to theatre in a chair.

**What sort of anaesthetic will I have?**
Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

A small needle will be inserted into the back of your hand.

**What should I expect after operation?**
There is a possibility of swallowing some blood during the operation; this may cause you to be sick during your recovery period.

When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You will have a drip running into a vein in your arm/hand until you are eating and drinking again.

You will be offered a drink of water about 2 hours after your return to the ward. You may experience the embarrassing complication of fluid passing down your nose when having a drink. Do not worry as this generally resolves within a few days, but we do advise you to take smaller sips.

It will be painful for you to swallow and painkillers will be given to ease this.

Initially you may develop bad breath, but this soon resolves. It is important that you rinse your mouth out after every meal and drink lots of fluids.

You may develop earache, which is not unusual and soon resolves. This is called ‘referred pain' and is caused by nerves in the throat being irritated.

**Going home**
Usually, you will be able to go home the following day. Staff will be able to answer any questions you may have before you are discharged.
DISCHARGE INFORMATION AND AT HOME ADVICE

Pain relief
It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer’s instructions and do not exceed the stated dose.

Eating and drinking
You may eat and drink your usual diet; there are no restrictions on either the consistency or quantity of food or fluids you may have.

Time off work and returning to normal activities
We advise you take a minimum of 2 weeks off work depending on your employment.

During this time you should avoid smoky areas, eg. pubs and/or crowded places where you are likely to come into contact with people that have coughs, colds and infections.

If you smoke we strongly advise that you stop as this irritates the lining of the throat.

Driving
Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Outpatient appointment
A follow up appointment will be sent to your home address.

Useful contacts

For further information on snoring and sleep apnoea
www.entuk.org/patient_info/

Smoking: for free advice and support to stop smoking, there are two Stop Smoking Services available across Derbyshire:

NHS Derby City Stop Smoking Service (Fresh Start)
Freephone: 08007076870
www.freshstart.nhs.uk

Derbyshire County Stop Smoking Service
Freephone: 08000852299
www.derbyshirestopsmokingservice.nhs.uk

We hope your recovery will be speedy and uneventful.

If you have any queries, or require further information please telephone the ENT Clinic on 01332 787472, Monday to Friday, 9.00am - 5.00pm.

After 5.00pm and at weekends, please contact the
ENT Outpatient Department on 01332 787914.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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