

Procedure Information Sheet - Uvulopalatopharyngoplasty (UPPP) / Laser-Assisted Uvuloplasty (LAUP)

Introduction

1. Reduction/Resection of soft palate and uvula; plus resection of tonsils (UPPP).
2. Laser surgery on soft palate and uvula (LAUP).

Indication

1. Obstructive sleep apnea syndrome (OSAS).
2. Snoring.

Intended benefits and expected outcome

1. Reduce sleep apnea.
2. Reduce snoring.
3. There is a chance of incomplete relief of symptoms or recurrence after initial improvement.

※ Conditions that Would Not be Benefited by the procedure

Airway obstruction at levels other than oropharynx.

Procedure

1. The operation is done under local or general anaesthesia.
2. Part of the soft palate tissue is removed through the mouth with or without removal of the tonsils.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.

Possible risks and complications

- Common risks and complications ($\geq 1\%$): Pain, bleeding, throat discomfort and post-natal dripping sensation, infection, risk of laser.
- Uncommon risks with serious consequences ($<1\%$):
 1. Velopharyngeal insufficiencies causing regurgitation of food and water, and voice change.

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2. Pharyngeal stenosis causing breathing difficulty, snoring, sleep apnea and voice change.
3. Airway obstruction and respiratory distress.
4. Death due to serious surgical and anaesthetic complications.

Post-operative information

1. You will have sore throat and some swallowing difficulty after the operation which will last for a few days.
2. A small amount of blood stained saliva is common. However, if you experience persistent bleeding from the mouth or severe sore throat, you must attend the nearby emergency department.
3. Follow up on schedule as instructed by your doctor.

Alternative treatment

1. Nasal continuous positive airway pressure (CPAP) device.
2. Oral retaining device / dental appliances.
3. Other palatal procedure.

Consequences of No Treatment

1. Persistent or progression of snoring.
2. Risk of complications of obstructive sleep apnea.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____