



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

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

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

Indications

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 and recurrence after initial improvement.

Conditions that Would Not Be Benefited by the Procedure

1. Airway obstruction at levels other than the velopharynx during sleep.

The Procedure

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

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Common Risks and Complications ($\geq 1\%$ risk)

1. Pain
2. Infection
3. Bleeding
4. Throat discomfort and post-natal dripping sensation
5. Risk of lase

Uncommon Risks with Serious Consequences (<1% risk)

1. Velopharyngeal insufficiency causing regurgitation of food and water, and voice change.
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 antiesthetic complications.



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Before the Procedure

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.
3. Fast for 6-8 hours before the operation.
4. Change to operation attires and remove loose objects (e.g. dentures, jewelry, contact lens etc.).

After the Procedure

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 normal. However, if you experience persistent bleeding from the mouth, 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. Other palatal procedure
3. Oral / dental appliances for obstructive sleep apnea syndrome

Consequences of No Treatment

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

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date