

Pre-Operative and Post-Operative Teaching for UPPP Surgery PREPARATION:

If you use a CPAP device, please wear it every night for the two weeks before surgery. Bring the device with you to the hospital. Please try to exercise and if you are overweight, please keep your weight stable or reduce it before your surgery.

MEDICATION:

Please learn the name and dosage of your medication(s) and take them right up to and including the day of admission for your surgery. There are two exceptions: Aspirin- Please discontinue the use of aspirin or aspirin-like drugs two weeks before admission. This includes Advil, Motrin, Aleve, etc. You may take Tylenol. Herbal Medications and Vitamins- Please discontinue for two weeks before admission.

COLDS:

If you develop a cold or upper respiratory infection when you are scheduled for admission, please inform Dr. Furst. The surgery will be postponed until you have recovered. Please continue taking your medication(s).

SMOKING:

If you smoke, please stop smoking at least one month before your surgery.

PREADMISSION:

You will need to call presurgical services two weeks prior to your surgery for clearance. To set up the interview please call 703-970-6565. You should have completed your pre op clearance and lab tests with your Primary Care Physician at least two weeks before your scheduled surgery.

EVENING PREPARATION:

Please do not eat a large meal the night before surgery. It is extremely important that you take no food or liquids by mouth, beginning at midnight the day prior to your surgery. Exception: if you are on medication and you need to take them the morning of your surgery, you may take them with a tiny sip of water.

HOSPITALIZATION:

You will be under close supervision for a period of time in the recovery room before you are transferred to your room. Member of the family may visit once you have returned to your room. You are expected to be up and walking the evening of the day of the surgery, with the help of the nurses. Usually you are able to take liquid and solid nourishment the day of the operation. You will stay overnight for observation and released the following day.

PHYSICAL ACTIVITIES:

After this surgery strenuous physical activity following surgery is discouraged. No stooping, lifting, bending, pushing. Anything that can increase the pressure in your head is to be avoided.

DIET:

The more you drink, the sooner the pain will subside. Water, apple juice, grape juice, and Gatorade are excellent sources of liquid. Soft foods such as ice cream, sherbet, yogurt, pudding, apple sauce and jello, should also be encouraged. Other soft, easily chewed foods are also excellent. Avoid hot or spicy foods, or foods that are hard and crunchy. Often, chewing gum speeds comfortable eating by reducing the spasm after surgery and can be started anytime after surgery.

PAIN:

For the first several days (occasionally up to 10 days) following

surgery, pain in the throat is to be expected. This can usually be controlled with Liquid Tylenol (acetaminophen) or Percocet (prescription will be given at time of surgery). Avoid medication containing aspirin, ibuprofen, or other anti-inflammatory medication, for two weeks. Pain is often worse at night and may prompt the need for additional pain medication. Ear pain, especially with swallowing is also a common occurrence; it is not an ear infection but due to referred pain from the surgery. Treat it with Tylenol or Percocet. Occasionally a stiff neck may occur. Please call if it becomes excessively painful.

Ice Collar:

An ice collar can also be helpful for post operative sore throat. Make this by placing ice cubes and water in a large Zip-Loc bag and wrapping it in a towel. Gently lay the ice pack on the front of the neck.

FEVER:

A low-grade fever (less than 101 degrees) following surgery may occur and should be treated with Tylenol (acetaminophen). Follow the directions on the bottle. If the fever

persists (more than two days) or if a higher fever develops, call. Fever may indicate that you have not taken in sufficient fluids or may have an infection.

BLEEDING:

Post-operative bleeding is unusual, but it can occur up to two weeks after surgery. Most bleeding is minor and you may only see a little coating of blood on the tongue. Sit upright, and place an ice collar on your neck. Watch for spitting, coughing, or vomiting of blood. If you suspect bleeding following surgery, call immediately.

POST-OPERATIVE VISITS:

Ordinarily, you will be discharged from the hospital the day after your surgery. You will be given detailed information about your medications, diet, and activity after the operation. Please note that your first post-operative office visit with Dr. Furst needs to be scheduled for approximately two weeks after your surgery. If you need to re-schedule this appointment, please call.

SUTURES & PACKING:The sutures in your throat will dissolve, they do not have to be removed. If you have

nasal surgery, the nasal packing will be removed the third day after your surgery. **EXERTION, RETURN TO WORK AND DRIVING:**

A life of leisure, with morning and afternoon rest periods, is recommended for the first one to two weeks with gradual resumption of normal activity. Depending on your occupation, you can return to work within two weeks. Driving can be resumed after two weeks.

**Call the office if you have any questions or concerns that were not addressed in this hand out.
703-941-9552**