

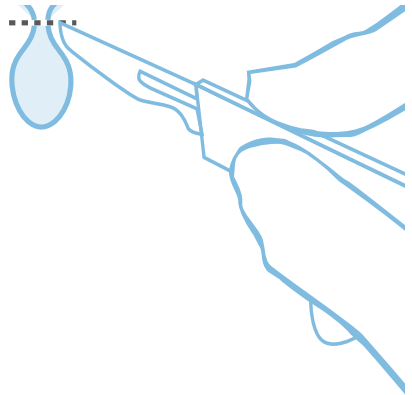
# Facial Surgery Center Information Packet

## Uvuloplasty

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## What is uvuloplasty?

Uvuloplasty (u-vew-lo-plah-stee) is surgery to take out the uvula (u-vew-luh), which is the small bit of flesh dangling down in the back of the throat. This surgery is called LASUP for short when a laser is used to do the surgery. Your tonsils may also be taken out if they have not already been removed. Uvuloplasty is done to help stop snoring or obstructive sleep apnea (OSA). This surgery may only give limited relief of your symptoms because there are many causes of obstructive sleep apnea.

After surgery your throat may get so swollen that it could close completely, although this happens very rarely. To prevent this, your caregiver may put a tracheostomy tube in your throat before surgery. This tube is usually used only when your obstruction is severe or you are extremely overweight. The tracheostomy tube is temporary and will be removed when swelling and bleeding stops.

## Care agreement

You have the right to help plan your care. To help with this plan, you must learn about your health condition and how it may be treated. You can then discuss treatment options with your caregivers. Work with them to decide what care may be used to treat you. You always have the right to refuse treatment.

## Risks

There are risks with any surgery. You may bleed more than usual, get an infection, have trouble breathing or get blood clots. Your caregivers will watch you closely for these problems. If you do not have surgery, your snoring or sleep apnea could get worse. Call your caregiver if you are worried or have questions about your medicine or care.

## Getting ready

### Before surgery

- You will need to have a sleep study done if you are having this surgery for obstructive sleep apnea. You may also need an endoscopy to look at your mouth, throat and windpipe. The endoscopy test may be done in your caregiver's office to find the obstruction that blocks your breathing.
- Do not take any aspirin or ibuprofen three days before surgery. If your caregiver has told you to take aspirin daily, do not stop without asking first.
- Ask your caregiver before taking any over-the-counter medicine. Tell your caregiver if you take vitamins, herbs, food supplements or laxatives. Your caregivers can find out if these medicines interact with medicines you may need during surgery.
- You may need to have blood drawn for tests and a chest X-ray, which is a picture of your lungs and heart. It shows how your lungs and heart are doing before surgery.
- Take antibiotic medicine before surgery if given to you by your caregiver.

- Sleep tests may be needed if you are snoring or have symptoms of sleep apnea. Sleep apnea causes you to sleep restlessly and have periods where you stop breathing during sleep.

## The night before surgery

- Do not eat or drink anything, not even water, for eight hours prior to your scheduled surgery time.
- Speak with your physician in reference to any medications you take. Your physician will let you know if you need to take these or not before surgery.

## The day of surgery

- Arrive at the hospital at your scheduled time. Bring any papers with you that your caregiver has given you to sign.
- Ask your caregiver before taking any medicine the day of surgery. These medicines include insulin, diabetic pills and heart pills. Bring a list of your medicines or the pill bottles with you to the hospital.
- Do not wear contact lenses the day of surgery. You may wear glasses.
- If you are staying in the hospital after surgery, bring your personal belongings with you. These include your bathrobe, toothbrush, denture cup, hairbrush and slippers. Do not wear jewelry or bring money to the hospital.
- An anesthesiologist may talk to you before surgery. The anesthesiologist is the caregiver who gives you medicine to make you sleepy during surgery.
- An IV catheter tube will be placed in your vein for giving medicine or liquids. This tube will be capped or connected to tubing and IV fluids.
- **Informed consent:** You have the right to understand your health problem in words you can understand. You should be told what tests, treatments or procedures might be done to treat your problem. Your doctor should also tell you about the risks and benefits of each treatment. You may be asked to sign a consent form that gives caregivers permission to do certain tests, treatments or procedures. If you are unable to give consent, someone who has your permission can sign this form for you. Before giving your consent, make sure all of your questions have been answered so that you understand what may happen.

## Treatment: What will happen

You will be asked to change into a hospital gown. You may be given medicine in your IV to help you relax or make you drowsy. You will be taken on a gurney to the operating room. You will be given general anesthesia to keep you completely asleep.

Caregivers will use cautery or laser to remove your uvula. Extra oxygen may be needed when waking up and for a day or two after surgery. It may be given to you through a tracheostomy tube, or your caregiver may decide to leave in the endotracheal (ET) tube.

## After surgery

You will be taken to a recovery room. You will stay there until you wake up or you will be placed in the intensive care unit (ICU). Do not get out of bed until your caregiver says it is OK.

## Waiting room

There is a room where your family can wait until you are ready for visitors after surgery. Your doctor or nurse can then find them to let them know how the surgery went. If your family leaves the hospital, ask them to leave a phone number where they can be reached. When it is time for you to go home after surgery, someone will need to drive you home. Do not drive home alone. An adult should stay with you for at least 24 hours after surgery.

## Call if:

- You cannot make it to your surgery appointment on time.
- You get sick (a cold or flu) or have a temperature over 101 degrees Fahrenheit.
- You have questions or concerns about your surgery.
- The problems for which you are having surgery get worse.





