

Tonsillectomy and Uvulopalatopharyngoplasty (UPPP) ± Inferior Turbinoplasty

Procedure-Specific Information & Consent

This document explains the planned procedure for adult patients.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Recommended procedure(s)

- ☐ Tonsillectomy (removal of the tonsils)
- ☐ Uvulopalatopharyngoplasty – UPPP (reshaping of the soft palate and throat tissues)
- ☐ ± Inferior Turbinoplasty (reduction of nasal turbinates)

The possible procedures are discussed and agreed beforehand. Findings during surgery guide which agreed components are needed.

2. Why this procedure is recommended

For diagnosed OSA, the goal is to reduce airway collapse during sleep. For primary snoring, the goal is to reduce snoring and its impact; benefit is not guaranteed.

- Obstructed breathing during sleep (obstructive sleep apnea – OSA)
- Loud snoring or airway narrowing at the soft palate
- Chronic nasal blockage (inferior turbinate hypertrophy)

3. What the procedure involves

- Performed under general anesthesia (medicine that keeps you asleep)
- Tonsils removed through the mouth
- UPPP reshapes and repositions soft palate tissues
- The throat muscles and soft palate may be tightened. This is called pharyngoplasty.
- Turbinoplasty improves nasal airflow
- Most patients go home the same day, sometimes the next morning

4. Expected Benefits and Sleep Apnea Outcomes (potential benefits)

- Improved breathing during sleep
- Reduced snoring and Improved sleep quality

Sleep Apnea (OSA) Expectations

- AHI (apnea-hypopnea index, breathing events per hour) may improve but may not normalize
- Some patients achieve significant improvement, some patients have partial improvement
- Results depend on the procedure, the shape of the airway (airway anatomy), and how severe the OSA is. Some patients have little change.

Important:

- Surgery aims to improve airway structure, not guarantee cure
- CPAP may still be required. Follow your surgeon's instructions for use around surgery; do not stop it just because snoring improves
- Weight change, aging, and anatomy influence long-term results

5. Risks and Side Effects - Common or Expected

- Significant throat pain for 7–14 days and ear pain (referred pain)
- Difficulty swallowing
- Reduced appetite
- Temporary voice change
- Nasal congestion or minor blood-stained nasal mucus (if turbinoplasty performed)

Bleeding

- Fresh throat bleeding is not normal recovery
- Significant bleeding may occur during or after surgery
- Delayed bleeding may occur up to 14 days
- Bleeding may require urgent return to the operating room (post-tonsillectomy hemorrhage)

Fresh mouth/throat bleeding, vomiting blood or repeated swallowing may indicate bleeding: seek emergency assessment, even if it stops.

Voice and Swallowing Changes

- Velopharyngeal insufficiency (speech that sounds nasal because the soft palate does not fully close)
 - Nasal regurgitation (liquid coming through the nose when swallowing)
 - Usually temporary but rarely persistent
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Airway Risks

- Swelling may make breathing worse for a short time. Rarely, airway obstruction (blocked breathing) needs urgent care.
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Injury to Surrounding Structures

- Injury to teeth or lips (dental or soft tissue injury)
 - Rare thermal injury from surgical instruments (electrocautery burn)
 - Rare scarring or narrowing of the throat (oropharyngeal stenosis)
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Turbinoplasty-Specific Risks (if performed)

- Nasal dryness, crusting, or persistent nasal congestion
 - Scar tissue inside the nose, rare altered airflow sensation
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Other Important Risks

- Infection
 - Dehydration (not enough fluid in the body)
 - Need for additional surgery
 - Anesthesia-related risks (discussed separately)
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6. Alternatives

- CPAP therapy or oral appliance therapy
 - Weight management
 - Nasal steroid sprays
 - Observation or no treatment
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7. Recovery Expectations

- Typical recovery is 10–14 days
- Drink enough fluid to help prevent dehydration
- Avoid heavy exertion for approximately 2 weeks
- Avoid travel far from medical care during early recovery
- For diagnosed OSA, arrange repeat sleep testing after healing to assess the treatment result

Seek urgent medical care for:

- Fresh throat bleeding: go to Emergency, even if it stops. Call 911 for heavy bleeding, fainting or breathing difficulty
 - Same-day care if unable to drink or passing very little urine
 - Fever not responding to medication
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8. Acknowledgement

The procedure(s), risks, possible benefits, other choices and recovery have been explained to me. My questions have been answered. I understand that I still need to complete the hospital consent form.

Patient Name: _____

Signature: _____

Date: _____