

Post Operative Instructions for Partial Sleep Surgery

Post Operative Follow up Appointment is:

(This appointment will take place at our Lincoln Park Location: #103 - 49 Richard Way SW)

Pain Control

You will be given narcotic pain medication after surgery while in hospital. You will be prescribed pain medication as well to be taken at home after discharge. Take this medication as you need for pain management, and try not to let the pain increase to an intolerable point before taking the medication. If you use all the medication, please contact our office prior to running out to obtain another prescription. Acetaminophen (Tylenol®) is preferred for pain control as narcotics should be used cautiously outside of the hospital setting.

Avoid aspirin, NSAIDs (such as ibuprofen, Advil®, Motrin®, naproxen, or Aleve®), vitamin supplements, or herbal medications for at least two weeks because they can increase your risk of bleeding after surgery.

Your pain will be significant for at least the first 5-7 days post surgery, but this should improve considerably by 10 days following surgery.

Diet

Due to the pain and swelling, which is to be expected, you will most likely only be able to tolerate a liquid diet for the first 4-5 days after surgery. You will be supported by IV fluids and the dietary service for the first 24 hours after surgery as you will be in hospital. Once you are released from the hospital, try to increase your intake of fluids so you will avoid dehydration. You can monitor this by noting the frequency that you are voiding(urinating). In addition to water, it is helpful to drink liquids, such as; juices or Gatorade® and, especially, milk shakes or Ensure®. These type of liquids will provide energy and protein during your recovery period. You should be able to transition to soft solid foods such as eggs or yogurt and be able to tolerate a largely normal diet by 14 days following surgery. You can advance your diet according to your own schedule, being careful not to cause too much pain. **Try to avoid foods with sharp edges such as chips as these can cause bleeding.**

Swallowing

The goal of surgery is to expand your airway to increase your air flow, therefore, decreasing obstructions during sleep. Now that your airway is more open you will need to make more of an effort when swallowing to fully close the opening and may find that your swallowing feels different. It is important within the first 2 weeks post surgery to re-learn how to swallow properly or “practice” swallowing to avoid complications. Try focusing and thinking about swallowing, especially within the first week. Rarely these changes are permanent, however, if you try to rush the process you increase your risk for continued issues. There are two kinds of difficulties you may have with swallowing after your surgery;

- i.* The first one involves your palate, the palate is important in swallowing because it seals the connection between the back of the mouth and the back of the nose. After surgery, it is possible to have food, especially liquids, come up the back of the nose due to swelling in the area.
- ii.* The second kind of difficulty with swallowing is that liquids or food may go "down the wrong way" towards the lungs, resulting in coughing as an attempt to clear the material.

This can occur due to swelling and repositioning of the muscles in the sides of the throat but is usually temporary.

Antibiotics

You will be prescribed an antibiotic to take for several days. This is used to prevent infection and decrease swelling. Take the antibiotic as directed. If you develop a rash or diarrhea (possible risk of antibiotics and other medications), stop the antibiotic and contact our office immediately. It is common for your incisions to have a white appearance as this is the tissue healing. If you are using the mouthwash it can turn a greenish tinge. Notify our office if you have a fever over 38°C.

Physical Activity

It is important to walk at least three times a day starting the day after surgery. Walking and spending time out of bed (walking or in a chair) rather than in bed are helpful because they reduce the risks of developing pneumonia or blood clots in the legs. However, it is also very important you avoid strenuous activity for two to three weeks following surgery as it typically raises your heart rate and blood pressure which can increase swelling or cause bleeding.

Jaw discomfort or ear problems

It is common to have jaw pain or ear symptoms such as pain, pressure, or fullness. This should improve within 1-2 weeks following surgery. Swelling in the throat can interfere with your ability to clear or pop your ears and it can also be sensed by your body as pain coming from your ears even though the ears are not affected (called referred pain).

Sleep with head elevated (at 45 degrees) for at least three days

Elevating your head during sleep decreases blood flow to the head and neck regions. Therefore, it decreases swelling and the associated pain. Elevating the head during sleep may also improve breathing. We recommend elevating your head during sleep at 45 degrees for at least three days following the procedure.

Nausea and constipation

Nausea and constipation are very common after any surgery. The anesthetic medications used during surgery and the pain medication you receive after surgery can cause these. You may try taking laxative and if you still have not had a bowel movement within 3 days after taking laxatives, notify our office.

If you have non life threatening questions and are unable to reach me directly by phone, please email the office at sleepsurgerycanada@icloud.com or you can call Alberta Health Link and speak with a nurse 24/7 by dialling 811 or visiting their website at <https://myhealth.alberta.ca/Health/aftercareinformation/Pages/default.aspx>

Proceed to your nearest emergency room as soon as possible or call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe trouble breathing.
- You develop a teaspoon or more of bleeding that lasts for longer than 15 minutes.

Risks

- 1. Bleeding** - There is a small risk of bleeding. A major factor in preventing serious bleeding is to avoid the use of aspirin, NSAIDs (such as ibuprofen, Advil®, Motrin®, naproxen, or Aleve®), vitamin supplements, or herbal medications **for at least two weeks before and after surgery**. If you have more than a teaspoon of bleeding, you should notify our office immediately. Another procedure may be necessary to control the bleeding. If the bleeding is significant, immediately seek care in the closest emergency department or call 911.
- 2. Infection** - Infection is rare but not impossible after surgery. The antibiotics given to you at the time of surgery will reduce the chance of infection and decrease swelling. Prescription mouthwash may be used as instructed by Dr. Chau. Patients should not use over the counter mouthwashes following surgery because many of these contain alcohol that can irritate the lining of the mouth and interfere with healing.
- 3. Difficulty swallowing** - There are two kinds of difficulties you may have with swallowing after your surgery.
 - i.* The first one involves your palate, the palate is important in swallowing because it seals the connection between the back of the mouth and the back of the nose. After surgery, it is possible to have food, especially liquids, come up the back of the nose or occasionally through the nose due to swelling in the area. This happens in many patients in the first 1-2 days following the surgery but it is unusual for this complication to be permanent.
 - ii.* The second kind of difficulty with swallowing is that liquids or food may go "down the wrong way" towards the lungs, resulting in coughing as an attempt to clear the material. This can occur due to swelling and repositioning of the muscles in the sides of the throat but is usually temporary. It can occur for a more prolonged period if some nerves in the sides of the throat are damaged, but it is rare for this to be permanent.
- 4. Tongue Changes** - There are 2 nerves in the tongue that could be damaged by surgery.
 - i.* The first is the lingual nerve which is responsible for the senses of touch and taste for the tongue. This nerve is located within the bulk of the tongue along the sides, and therefore midline glossectomy are performed more thoroughly in the central part of the tongue. If nerve damage occurs symptoms like numbness or tingling would exist, usually the damage is temporary with recovery over the course of days or weeks, but the damage can take months to recover or be permanent.
 - ii.* The second is the hypoglossal nerve which on each side of the tongue and is responsible for tongue movement. The tongue is important for swallowing and either nerve injury or the swelling that occurs after a tongue procedure can present some difficulty with swallowing. If damage does occur you would experience weakness or trouble swallowing but this should recover over the course of days or weeks, but the damage can take months to recover or be permanent.
- 5. Change in speech** - An operation on the palate and tongue base can cause changes in speech. These changes are rarely permanent as it is mostly due to swelling post operatively and should subside within 1-2 weeks if present.

- 6. *Tooth injury*** - Operating in the back of the throat is impossible unless an instrument is placed to keep the mouth open. This is the same instrument used when tonsillectomies are done. Rarely, a tooth may be injured by this instrument, and the risk is much higher if a tooth is loose or decayed prior to surgery.
- 7. *Narrowing at the top of the throat*** - Rarely, palate surgery can result in narrowing behind the palate (top of the throat). This complication can make breathing through the nose difficult as well as create problems with speaking and swallowing. Additional surgery may be necessary to correct this problem.
- 8. *Continued snoring*** - Most patients undergoing palate surgery already experience loud snoring. The goal of the procedure is to reduce snoring and eliminate obstructive sleep apnea (if present). Usually snoring will improve dramatically, however, many patients will continue to snore to some extent, even after a successful surgery.