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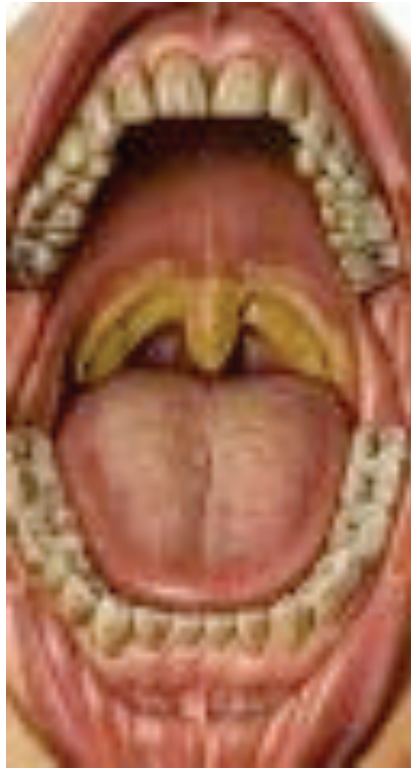
Uvulopalatopharyngoplasty with(out) tonsillectomy

Uvulopalatopharyngoplasty, or trimming of the palate, is the surgical removal of a portion of the soft palate and the entire uvula. This may or may not be accompanied by removal of the tonsils at the same time. This is the most commonly performed surgery in patients with obstructive sleep apnea (OSA). The success rate of this procedure varies widely from patient to patient and is considered moderately successful in the treatment of obstructive sleep apnea.

Pain following surgery is the most unpleasant side effect, which can be reasonably controlled with medication. It is similar to the pain patients have experienced with throat infections, but often is also felt in the ears after surgery and usually lasts from 1-2 weeks. There are also some risks associated with removal of tonsils. Post operative bleeding occurs in about 2-4% cases which may be immediate or can take place sometime during the first 2 weeks after surgery. Treatment of bleeding is usually an outpatient procedure, but sometimes requires control in the operating room under general anesthesia. In rare cases, a blood transfusion may be recommended. Because swallowing is painful after surgery, there may be poor oral intake of fluids. If this cannot be corrected at home, the patient may be admitted to the hospital for IV fluid replacement. Very rarely, disturbances in the sensation and/or taste or loss of taste in one side of the tongue may take place. Injury may also occur to the lips, teeth and or gums from use of the mouth retractor. Anesthetic complications are known to exist; they are quite uncommon. Patients are admitted to a closely monitored unit overnight for careful airway observation and pain control. Airway obstruction (from soft tissue swelling) is a risk of this surgery, however, most patients report their breathing is better after surgery. Any surgical procedure also carries a risk, albeit small, of death. On rare occasions, velopalatal insufficiency may occur after uvulopalatopharyngoplasty which may result in temporary (very rarely permanent) nasal regurgitation of liquids and/or changes in the quality of voice. On a rare basis, small tags of tonsil tissue may "regrow" in patients up to several years after tonsillectomy.

There are no guarantees in medicine and so you must be aware that there is also a chance that you may require further surgery to achieve the desired result(s). This procedure is often done in conjunction with other procedures that may be used together to alleviate the problem of OSA.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.



Signature

Witness

Date _____

Date _____