

THE FIRST SEVERAL WEEKS AFTER SURGERY

DIET. Even though swallowing may cause some throat pain, it is very important that the patient continue to drink lots of liquids.

Drink at least 48 ounces of liquid per day. This means sucking on ice chips or sipping liquids every few minutes. Popsicles®, iced tea or sherbet are also easy to swallow and provide necessary liquid.

Dehydration of body tissues causes fever and delays the healing process.

Most patients prefer cool or lukewarm liquids. Citrus juices and milk products should be avoided.

It is common to have some difficulty fully opening the mouth for the first two weeks after surgery. Avoid rough, crunchy food, hot liquids, and spicy foods such as salso and tomato soup.

Soft foods may be eaten, including yogurt, custard, pudding, Jello[®], apple sauce and scrambled eggs.

PAIN. Earache and sore throat are expected following surgery. Take the pain medication as prescribed or you may take Tylenol® as directed on the label.

To relieve the sore throat and earache, wrap a cold towel or ice pack around the neck.



THE FIRST MONTH AFTER SURGERY

You may notice a reduction in snoring within the first weeks following the surgery. Do not be alarmed if some snoring continues. Remember, a few treatments may be necessary.

NOTES

Date of Surgery:
Surgery Center:
Surgery Center Phone Number:
First Appointment after Surgery:

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SNORING SURGERY



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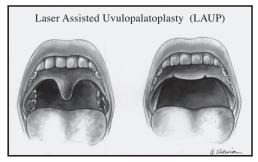


Snoring occurs when the air you breathe is blocked in the passages at the back of the mouth and nose. For most people, the uvula (the small fleshy, conical flap hanging downward from the middle of the back of the mouth) and the palate (the roof of the mouth) are the cause of snoring. Also, snoring may be caused by poor muscle tone, large tonsils or adenoids, an elongated palate, an obstructed nasal airway or being overweight.

Your doctor will talk with you about your general health and your sleeping habits. You may also require a "sleep study" to determine the exact extent of your sleep and snoring habits. A sleep study will determine the exact extent of your sleep and snoring habits and may be done either in a hospital sleep laboratory or in your home.

The information learned from the sleep study will help the doctor decide what treatment is best for you.

For the relief of snoring, there are two common surgical procedures. Dr. Levine will discuss the reasons for choosing one method over another.

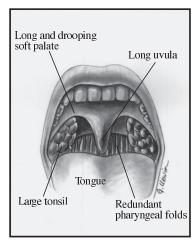


An inside view of the back of the mouth before (left) and after (right) LAUP.



LASER-ASSISTED UVULOPALATO-PLASTY (LAUP) is an in-office laser procedure to reduce snoring.

The LAUP procedure for snoring may require several short sessions and is performed as an outpatient with a carbon dioxide laser and local anesthesia. There is no hospital stay. You may return to work the next day.



Structures of the mouth that produce snoring symptoms.

Following each laser session, you will have a sore throat for which you may take acetaminophen (Tylenol®) as directed on the label.

The LAUP procedure is effective in 85 to 90 percent of patients, although almost everyone experiences some improvement within the first two weeks following the first laser session.

No one with significant obstructive sleep apnea is a candidate for LAUP.



PREPARING FOR SURGERY

ASPIRIN, IBUPROFEN PRODUCTS (Advil®, Nuprin®, Motrin®, other NSAIDS).

You must not take any of these products for one week before and one week following your surgery. If you have any questions about your medications, contact Dr. Levine.

SPECIAL MEDICATIONS. If you use medications for high blood pressure, heart problems, asthma or diabetes, take them the morning of your surgery.

You should not eat or drink for four (4) hours prior to your procedure.

You should notify your physician if you have had heart surgery, have mitral valve prolapse or have had a joint replacement. An antibiotic may be given to you to take before your procedure.

You should arrange for someone to accompany you to your first session.

THE DAY OF SURGERY

ANESTHESIA. You will receive local anesthesia for comfort. Your throat and nose will be sprayed with an anestheic medication. The uvula will be injected with an anesthetic.

PAIN. Your throat will be quite sore following surgery.

You will also have a prescription for pain or you may take acetaminophen (Tylenol®) in tablet or liquid form as directed on the label.