

Brennan T. Dodson, MD

Apnea (Greek word for “without breath”) occurs in 3 types: obstructive, central, and mixed. Obstructive apnea is the most common type. People with sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times a night, sometimes for a minute or longer. Obstructive sleep apnea (OSA) is caused by tissue blocking the airway in the nose, mouth, or throat during sleep. Central sleep apnea is caused by the brain failing to tell the body to take a breath. Mixed apnea, as the name implies, is a combination of the two. During each apnea event, the brain briefly wakes up the sleeping person to resume breathing- this causes poor quality sleep which lacks restful REM cycle sleep. Risk factors include being male, overweight, and over the age of forty, but sleep apnea can strike anyone at any age, even children. Untreated, sleep apnea can cause high blood pressure and other cardiovascular disease, memory problems, weight gain, impotency, and headaches. Moreover, untreated sleep apnea may be responsible for job impairment and motor vehicle crashes. The single best treatment for OSA is weight loss. Ask the surgeon or your primary doctor about a referral to a medical weight loss center.

### OSA Surgery

The goal of surgery is to decrease airway obstruction by removing blockages or stiffening tissues. There are several different surgical procedures which have different effectiveness rates. Surgery can even worsen OSA. OSA surgery is not intended to cure OSA for the rest of your life- you will likely need treatment again in your lifetime. In addition, you should be aware of your non-surgical options (CPAP or dental (mandibular) appliances worn during sleep) before going ahead with surgery.

- Uvulopalatopharyngoplasty (or UPPP): one of the surgeries first used to treat sleep apnea. This surgery enlarges the space behind the palate by removing tissue and/or re-orienting the palatal tissue (such as in the lateral expansion sphincteroplasty). The uvula is often partially removed.
- Resection/advancement of the hard palate: used on select patients with long, obstructing bony palates
- Tonsillectomy (+/- adenoidectomy): often necessary when performing many palate operations
- Septoplasty (straightening the center wall between the nasal cavities) and inferior turbinate submucous resection (shrinking nasal tissue inside the nose): used to increase nasal airflow and decrease mouth breathing.
- Radio frequency tissue ablation (RFTA) to the tongue base: recommended for moderate to severe cases; this 15 min procedure shrinks the center of the back of the tongue. A total of 2-3 separate sessions may be needed to achieve maximum tongue base reduction. Although standard medical practice, RFTA may be seen as an experimental procedure by your insurance company (ie, they may not pay for it).
- Midline tongue base resection using coblation (midline glossectomy) and/or hyoid bone suspension: recommended for moderate to severe cases; may be recommended to improve our results.

UPPP, tonsillectomy, septoplasty, turbinate reduction and RFTA (and other procedures) are performed during the same surgery appointment to provide maximum benefits under the same anesthetic.

- ✓ Insurance typically covers some (but not all) surgeries for sleep apnea. However, if your insurance company refuses to pay for a surgery, an appeal can show them the efficacy and appropriateness of that surgery in your case. We will assist you with this appeal and we may perform an in-office airway endoscopy (burned to DVD) to send with your appeal.
- ✓ Throat pain from the major surgeries varies but is generally significant for one to two weeks. You should plan to take 2 weeks off work/school.
- ✓ Major surgical procedures for sleep apnea are performed under general anesthetic at Bozeman Deaconess. After major procedures, you will need to stay the night in the hospital for monitoring.
- ✓ Surgery helps many, but effectiveness varies from person to person depending on OSA severity. A follow-up sleep study at 3 months post-surgery is the only way to assess the effectiveness of surgery.

### Pre-Operation Precautions

- ✓ Stop ALL NSAIDS (ie, aspirin, ibuprofen, Advil, Motrin, Motrin IB, Aleve, etc), herbal supplements (like ginko biloba, echinacea, camomille), high dose vitamin E, omega fish oil for 2 weeks BEFORE and 2 weeks AFTER your surgery. These will increase the risk of bleeding during or after surgery.
- ✓ Continue your normal meds, including your nasal steroid (ie, Nasonex, Flonase, Rhinocort, etc) until surgery.



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#### General Activity after Palate/Tonsil/Tongue Procedures

- ✓ If you are sent home the day of surgery AND live alone, you MUST arrange for someone to take care of you the first 1-2 nights. If you live >3 hours from the hospital, book a local hotel room the night of surgery.
- ✓ You CANNOT drive the day of surgery NOR while you're on narcotic pain medicine. You cannot take a taxi home after same day surgery. If you don't have a ride, your surgery will be cancelled.
- ✓ No bending, lifting, or vigorous activity for 10 days post-op. You can resume light exercise as soon as 5 days after surgery.

#### General Activity after Septoplasty and/or Turbinate Reduction Surgery

- ✓ Bloody nasal drainage for 1-3 days is normal. You will have bright red blood dripping from the front of your nose for 1 day or so. In 99% of cases, NO nasal packing will be placed.
- ✓ Use a nasal drip pad (a gauze roll placed under the nose, also known as a moustache dressing) and change this regularly.
- ✓ Apply (with fingertip) KY jelly, AquaPhor ointment or any antibiotic ointment around the nostrils at least 3x/day.
- ✓ Don't blow your nose hard or sneeze with your mouth closed for 1 week.
- ✓ Start using the Neil-Med Sinus Rinse™ kit after hospital discharge. Rinse 4 oz into each nostril per box directions AT LEAST 3-5 times a day (max 10x/day). This cleans out nasal clots/scabs that may be painful to remove after surgery. Ask my nurse or your pharmacist on where to find this kit.
- ✓ Elevate your head when resting and sleep propped up with 2-3 pillows for 1 week.
- ✓ Place a humidifier within 6 feet of head of your bed at night and in wherever room you spend your daytime hours.

#### Diet

- ✓ Daily water requirement in ounces= 0.5 Ounces of Water X Body Weight (lb) (1 cup = 8 ounces)
- ✓ The first 5 days after surgery, drink TRIPLE your daily fluid requirement. Your urine will be light yellow to colorless if you are hydrated.
- ✓ Take a stool softener (ask your pharmacist) every day after surgery and while on narcotic pain medicine
- ✓ Don't force yourself to eat. You can have anything you want, but avoid spicy foods, citrus, or hot temperature foods during the first week. Soft or liquid foods are recommended for the first week after tonsil/palate surgery.
- ✓ Don't drink alcohol while taking narcotic pain medicine. Resume your home meds except for any restricted meds.

#### Post-op Pain

- ✓ Your maximum discomfort will be during the first 1-7 days after surgery. You may experience headaches, nasal pain, referred pain in the ears, etc.
- ✓ Take the pain medication as prescribed- don't take more pills than prescribed, it may hurt you. It will take away some, not all, of your pain.
- ✓ Celebrex may be prescribed. This works starting the day before surgery. Ask the doctor for clarification.
- ✓ Drink plenty of liquids and keep your lips moist with Vaseline, lip balm, etc.

#### Post-op Appointments

- ✓ You will be seen at 1, 4 and 8-12 weeks following surgery. Make your first appointment before your surgery.

#### When to call the doctor

- ✓ Excessive nasal bleeding after day #2.
- ✓ Oral bleeding after day #2. Oral bleeding can happen up to 14 days after tonsil/palate surgery.
- ✓ Pain not relieved by the medication.
- ✓ Persistent fever over 101.5°F (taken via ear scan thermometer or similarly accurate device) (not oral temp).

Dr. Dodson can be reached after hours at 406-556-9798. If Dr. Dodson is not on call, the hospital operator will connect you to the on-call doctor. If you cannot reach anyone, call 911 or go to the Emergency Room.