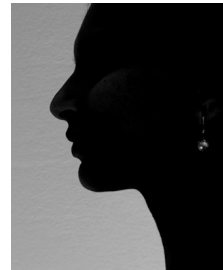


MORNINGTON PENINSULA ENT

MR. NALAKA DE SILVA



Tonsillectomy, BRP, Tongue Channelling Pre Operative Instructions

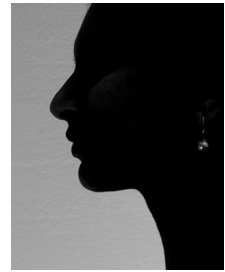
Prior to any surgery it is important that necessary precautions are taken to the risk of operative bleeding as well as general anaesthesia. Following are some important pre operative instructions.

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- 1) If you or any blood relatives have tendency to bleed or bruise easily please notify the surgeon.
- 2) Disclose all medical illness to the surgeon and the anaesthetist. By doing so the doctors are able to determine your anaesthetic risk, and do appropriate pre operative investigations and optimise your medical treatment. If there is a need your surgeon may get other appropriate specialists involved for the pre operative work up.
- 3) If you are a smoker, you must stop smoking for up to two weeks prior to surgery. If you have addiction to pain killers ,opiates, any pain syndrome or drug addiction please inform your surgeon.
- 4) If you take blood-thinning medications such as Warfarin, Aspirin or Newer anti platelet medications, these need to be disclosed to the surgeon. The surgeon will ask you stop these for 10 days if it is safe to do so, after consultation with your physician. He may cancel surgery if the risk of stopping such medications is too high.
- 5) There is potential of certain dietary supplements, including garlic, Ginkgo biloba, ginger, ginseng, glucosamine fish oil, and vitamin E, to interfere with haemostasis. These and any other supplements should also be stopped well in advance.
- 6) Practical matters: Plan to stay 2-3 nights in hospital. Organise sufficient assistance at home. Stay with close proximity to a hospital for 4 weeks. Ensure you have some one to drive you to emergency, incase of a bleed. Have access to a phone. Do not plan travel for at least four week following surgery.
- 7) Do not eat for 6 hrs pre operatively
- 8) If you become pregnant, unwell prior to surgery please inform the surgeon.



About BRP and Tongue Channelling

By now you would have seen the Audio Visual Information and received information from your surgeon. Please also read the surgical information sheet given. If you have any concerns or wish to speak to your surgeon again please contact the reception.

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BRP

Surgery aims to open up the oral pharyngeal airway. For this we need to lift the soft palate and reduce bulk of the tongue if necessary.

BRP stands for: Barbed suture, Reposition Pharyngoplasty. This essentially means that after removal of tonsils we will be lifting the soft palate muscles upwards and widen the airway. This differs from the old style surgery (which used to cut the muscle). This will provide a much more powerful lift with improved function and much less (not absent) scarring and long term risks compared to older styles of surgery. This part of surgery is painful.

Tongue Chanelling

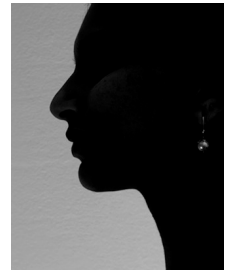
Tongue channelling is done by using a collation wand, is designed to cause a gentle shrinkage of the deep musculature and connective tissue of the tongue whilst leaving the surface intact and causing minimal discomfort. Each placement of the probe into the depth of the tongue will cause a channel of shrinkage of the tongue musculature, which over the next 4 to 6 weeks will gradually cause the tongue, itself, to shrink down in size and continue to improve your symptoms.

Visible and permanent reduction in tongue size has been measured to occur in this procedure with significant improvement in snoring and sleep disordered breathing.

Coblation is an advanced technique that quickly and effectively removes and shrinks soft tissue inside the tongue using gentle plasma energy and natural saline. Coblation is a non-heated driven process so that the surrounding is preserved allowing a fast and easy recovery. Temperature remains around 60 degrees as opposed to diathermy which can reach 400 degrees and cause burns to surrounding tissues.

Post Op Instructions





Bleeding

If there is any fresh blood dripping, or clots noted you must proceed to Public Hospital ED without delay to be admitted to be kept under observation. There is a rare risk of haemorrhage following small "warning" bleeds. Bleeding should not be taken lightly. You may also inform the surgeon on his pager, but do not delay going to ED:

Pain

You will be sore post operatively. Take paracetamol every four to six hours for 10 days even if not sore. You may be given other slow release medications as well. Take Endone only as needed and as prescribed. Ensure that you know how to take the correct amount. DO NOT use Endone in the presence of drowsiness. Medication will be tailored to you.

Swelling: You will likely be given 10 days of antibiotics and 5 days of steroids. I also ask my patients to gargle with 20 ml of warm salt water with an addition of 1-2 probiotics capsules. In our experience this reduces pain. We are conducting a trial on this to prove the benefit.

Eating

One should eat normally however not food that require a lot of chewing. Do not eat hot or spicy foods.

Very rarely tongue swelling may cause some difficulty with breathing. It is highly unlikely that this would occur after the 24 hour ICU observation period in hospital. You will be admitted for at least 2 nights. If any such concerns go straight to closest ED and call for help.

Sleeping

It's best to sleep slightly propped up. Lying completely flat congests the throat, and can increase the chance of bleeding.

Traveling

Stay close proximity to the operated hospital even up to four weeks. Generally is safe to go to Work after 2-3 weeks but NOT Camping or travelling !!

General activity

I would just be sensible. Nothing too vigorous, avoid very hot showers.

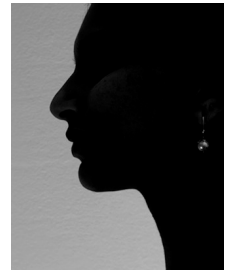
Infection

Surgery site will be quite yellow, and that is normal. However it is common to be given about 10 days of antibiotics.

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Consent For Your Surgery

Informed consent is a process of finding out information about the recommended treatment, alternative options and weighing up the benefits and risks involved. However it is not an exhaustive list of every single possible complication.

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Consent Covers

- The diagnosis and likely outcome (prognosis) of your condition
- An explanation of the recommended treatment
- The risks of the procedure and common side effects
- Possible complications
- Specific details of the treatment; for example, where it will be performed and who will perform it
- Any other options for treatment and their probability of success.

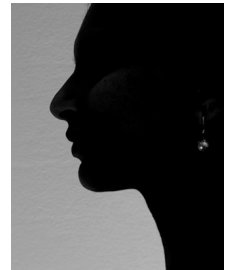
You would also be provided with an official handout about surgery, which you will be required to read and understand. If you have any specific matters which you like to further discuss you are requested to contact the surgeon and make another appointment prior to surgery. You have the right to cancel surgery if you wish to do so.

Like any procedure, rare complications can occur. Injury to the nerves and blood vessels of the tongue can be serious, although these instances are very uncommon. If they did occur shrinkage and wasting of the tongue muscle could occur, which may, if severe, cause an alteration or movement of the tongue and possibly some affects on speech and taste. In a larger series of tongue channelling reported, in over 2,000 cases, there were no reported incidences of this occurring. Post operative bleeding or an airway emergency is also a rare risk of surgery.

This have been explained to you

- 1) Pain: Tonsillectomy-UPPP can be very painful. Tongue not so much usually. Any surgery can carry a risk of chronic pain syndrome.
- 2) Infection, sutures coming out early (if happens the wound will be allowed to heal by its self)
- 3) Bleeding / Rare risk of haemorrhage and need of a transfusion.
- 4) Extremely rare risk of a life threatening bleed
- 5) Injury to teeth Jaw joint pain, and other surrounding structures
- 6) Altered voice, dryness mouth, Alteration to sensation
- 7) Tongue: Rare: Loss of taste, altered taste, tongue movement. Rare nerve vessel damage and resultant effects on eating and speech
- 8) Rare: swelling of tongue, airway compromise which may need surgical airway (tracheostomy) or intubation. You will be closely monitored.





Tonsillectomy, UPPP, Tongue Base Surgery

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BEFORE YOU LEAVE YOU WOULD HAVE RECEIVED THE FOLLOWING CLINICAL INFORMATION

- 1) Surgical Information Pack - Pre Op, Post Op and Consent
- 2) Printed surgical information sheet with details
- 3) Multimedia video clip
- 4) Hospital Admissions Form
Patient to complete and return to the selected hospital
- 5) Confirm Theatre Admission with the selected Hospital
- 6) Information about the process on the day
- 7) Patient to contact the surgeon if you have any further questions, after reading through all of the information.

For Private Patients

- 8) Quote for Theatre Procedures. A deposit will be required 5 days prior to confirm your place in theatre. This is **non refundable and non transferable**. It is advised that you contact your health fund and confirm that your procedure is covered prior to payment of the deposit.
- 9) Anaesthetic Services Fee and Booking Form
Patient to complete and return to Anaesthetic Service
- 10) You will proceed to Public Emergency incase of a bleed without any reason for delay.

Patient's Signature

Signature of the Collector

Date

