

G. Paul Doxey, MD

Trusted, experienced personal ENT care

St. George Medical Park
736 South 900 East • Suite 201
St. George, UT 84790

Tel: 435-628-3342

Fax: 435-628-3277 • www.DoxeyENT.com

G. PAUL DOXEY, MD

Board-Certified: American
Board of Otolaryngology

Residency: Otolaryngology–
Head & Neck Surgery, University
of Utah Medical Center,
Salt Lake City

MD: University of Utah College
of Medicine, Salt Lake City

TRUSTED CARE FOR:

- Sinus/nasal problems
- Snoring & sleep apnea
- CT-guided sinus surgery
- Balloonplasty
- Deviated septum
- Nasal blockage/polyps
- Nasal fractures
- Nosebleeds
- Ear pain & infections
- Voice & swallowing disorders
- Care of the professional voice
- Perforated eardrum
- Head & neck surgery/cancer
- Thyroid & parathyroid surgery
- Allergies & testing
- Salivary gland infections & surgery
- Nose reshaping (rhinoplasty)
- Facial or nasal fracture repair
- Otoplasty (correction of overly prominent or poorly positioned ears)
- Neck masses
- Facial wound repair & reconstruction
- Surgical removal of facial moles & tumors

TRUSTED CONVENIENCE:

- Convenient location
- Friendly, courteous staff
- Most insurance accepted & filed
- Major credit cards welcome
- Convenient office hours
- Ample free parking

Postoperative Instructions for Injecton Snoreplasty

Background:

Snoring is caused by vibration of floppy excess tissue in the upper part of the airway. The most frequent cause is vibration of the soft palate and uvula. Snoring may also be due to nasal obstruction with vibration of nasal tissues or narrowing behind the tongue with vibration between the tongue and the back of the throat.

Snoreplasty is a procedure for the treatment of bothersome snoring. The procedure takes 15 to 20 minutes and is performed in the office under local anesthesia. Most patients have a mild sore throat lasting for two weeks after each treatment. Snoreplasty is accomplished in one to three stages, with each stage causing more tightening of the soft palate and uvula. If symptoms persist after the first treatment, the next stage is performed six to eight weeks later. Snoreplasty causes scar tissue formation by the injection of a chemical agent (Sotradecol) into the soft palate and uvula. The Sotradecol causes an inflammatory reaction that leads to scar tissue at the site of injection. As the scar tissue contracts, the palate and uvula tighten up and become shorter, thereby reducing snoring.

Success rate:

Snoring is significantly improved in 80% to 85% of carefully selected patients undergoing Snoreplasty. At the current time, there is insufficient data available to determine whether snoreplasty may also be helpful for sleep apnea.

Alternative treatments:

There are three categories of treatment for snoring: behavioral treatment, devices and surgical treatments. Behavioral treatments include any treatment that can be accomplished by the patient. The most beneficial are: weight loss (in people who are significantly overweight), avoiding alcohol and sleeping pills before sleep and avoiding sleeping on the back.

The best device for snoring is a custom-made adjustable oral appliance. This device is made by an ear, nose and throat specialist or dentist. The device is custom-fit over the teeth and pulls the lower jaw forward while sleeping. By pulling the jaw forward, it also pulls the tongue away from the palate and uvula. Another treatment is CPAP (continuous positive airway pressure), an air compressor device worn at night that forces pressurized air into the throat in order to open and maintain the airway. CPAP is generally used only for patients with documented sleep apnea.

Potential complications:

Complications are extremely rare. While rare, possible complications are listed below:

1. Bleeding .
2. Infection.
3. Temporary swelling of the palate, which can decrease the airway.
4. A dry, tight, lump or excess mucous sensation in the throat may occur. This sensation is usually temporary and rarely persists.

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What to expect after injection snoreplasty treatment

For discomfort:

Due to the anesthetic, numbness in the throat will last one to two hours. A mild sore throat can be expected for up to 14 days after the procedure. Most patients require only plain Tylenol (acetaminophen) for pain. You may also use topical Chloroseptic spray or Cepastat lozenges (available without a prescription). Patients should not take aspirin, aspirin-containing products or ibuprofen (Motrin, Advil, Aleve) for seven days before or after the procedure due to blood thinning and increased risk of bleeding.

Diet:

For the first two days, you should avoid hot drinks and food since they may worsen swelling. You should drink a lot of cold drinks and suck on ice cubes or popsicles, which will help reduce swelling. You may also wish to avoid spicy foods if they cause more pain. Most patients are otherwise able to eat whatever they wish.

Activity:

You may resume your regular activities and work the same day. Some patients will notice increased soreness if they talk excessively the first day. Swelling of the uvula may occur and may alter your voice temporarily. This will pass in five to 10 days.

Mouth care:

You may brush your teeth and use diluted mouthwash as usual.

Infections:

As with any surgery, infection is always a risk. In order to prevent this as well as to speed up healing, Dr. Doxey may prescribe an antibiotic.

Swelling:

Mild swelling is expected at the treatment site and may feel like a lump sensation. If your throat feels swollen, you should sleep with your head elevated on several pillows. A steroid pill may be prescribed to reduce swelling.