

Post-op Orders/Protocol after Palato-Pharyngo-Plasty

- PPP is an extended Tonsillectomy, an operation to stop Snoring, and Obstructive Sleep Apnoea.
- The Coblator operation is less painful than a routine UPPP
- but more painful than a Laser Palatoplasty or a Plasma-Knife Palatoplasty
- Since snoring is due to partial airway obstruction, and obstructive sleep apnoea due to complete obstruction, sedation on these patients may be risky, compounded by post-operative swelling.
- The operation is quite painful, and post-op analgesia must be carefully monitored and controlled.
- Pain is more easily prevented than treated, so give medications before they are needed.

Medications

These medications are continued in the ward as shown below:-

Make sure the patient goes home with analgesics

Tramadol PCA – (with Maxolon)
MS Contin – 10-20mg BD (Not to commence until IV Tramadol stopped)
Panadeine soluble and Panadeine forte - 4 hourly prn
Cepacaine gargle, Difflam lozenges - for analgesia - as often as requested
Drixine metered nebuliser spray TDS (to unblock nose, aiding airway)
(I don't use nasal packs after sino-nasal surgery)
Chloramphenicol eye ointment TDS into each nostril (to soften crusts)
Decadron 4mg 6/24, or 8mg 8/24 - to reduce swelling, and reduce the pain
Zantac 50mg IV 12/24 - to reduce gastritis risk
Kefzol & Flagyl IV- antibiotic (they might also reduce pain)
Stemetil, Zofran or Kytril as required
Lactulose - to prevent constipation from all the opiates

On return to ward

Sit patient up
Monitor patient in close observation section of the ward
Continuous Pulse Oximetry, with appropriate alarms set
Humidified oxygen – if O₂ saturation less than 90, on air
Nil orally for 3-4 hours - then soft diet as tolerated

First morning

Monitoring removed if patient stable, and patient might be ready to leave HDU
If O₂ saturation OK without mask, (ie >90%) it need not be worn
Ambulate the patient
Stop Antibiotics

Second morning

Stop Decadron, Zantac
Slow down IV as patient starts to drink – remove IV if patient OK
Stop Tramadol infusion
Commence MS Contin – 10 (-20) mg BD is the usual dose
Top up with Panadeine sol.+/- forte as required

Third morning	If patient has not opened bowels - DuroLax suppos or Microlax Most patients discharged home on the third morning
Patient instructions - for discharge	MS Contin to be taken strictly for at least 3 more days - Don't try to be too brave Warn the patient they are Morphine tablets
The patient must go home with these medications	Panadeine soluble or and/or Panadeine forte, 1-2 tabs, 4 hourly as required Gargles and lozenges as often as required (more can be bought without prescription) Continue ointment and spray for the first 7 days Follow-up appointment usually 2-3 weeks Back to work usually 2-3 weeks