



Lakeside Ear Nose Throat and Allergy, LLC

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**UPPP/LAUP (Laser-Assisted Uvuloplasty)
Radio Frequency (RF) Uvuloplasty
Informed Consent**

UVULOPALATOPHARYNGOPLASTY (UPPP) is an operation to improve certain sleep disorder symptoms such as obstructive sleep apnea and snoring. Because there may be several factors occurring at the same time, this procedure may only give partial relief. The most common complications include bleeding after surgery, infection, and temporary airway obstruction due to postoperative swelling. Occasionally patients with severe obstruction, or added risk due to obesity, may require a temporary tracheotomy. The most common complaint is pain on swallowing. Some patients also have complaints due to an inability of a shortened palate to make contact with the back of the throat. This may cause some nasal regurgitation and a hyponasal or hollow-sounding voice. The opposite effect due to narrowing of the space behind the nose (nasopharynx) is even less likely.

COBLATION UVULOPLASTY is a similar but simpler operation performed with a cold ablation plasma beam. It is usually an office procedure carried out under local anesthesia. It is quite effective in the control of snoring and to a lesser extent, sleep apnea. The complications are similar to UPPP, however, the risks of obstruction and tracheotomy are practically nonexistent.

LAUP (LASER-ASSISTED) UVULOPLASTY is an office procedure similar to coblation uvuloplasty. It offers a similar outcome and carries similar risks but is performed using a laser beam.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient/Legal Guardian

Witness

Date: _____