SURGICAL THERAPY FOR OSA

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08/06/2022
NO CONFLICTS OF INTEREST
AGENDA

Introduction

AASM Clinical Practice Guideline

Nasal surgery improves PAP adherence
  • Case Study

Drug-Induced Sleep Endoscopy
  • Videos

Upper Airway Stimulation Therapy
  • Candidacy
  • Typical course of care
INTRODUCTION

- My background
  - ENT Surgery @ Tulane
  - Sleep Medicine Fellowship @ Jefferson

- Not a PAP hater
  - First line of therapy
  - It works
  - Adherence is key

- Sleep medicine is changing
Surgical treatment of patients who are intolerant or unaccepting of PAP

Recommendation 1: We recommend that clinicians discuss referral to a sleep surgeon with adults with OSA and BMI < 40 kg/m² who are intolerant or unaccepting of PAP as part of a patient-oriented discussion of alternative treatment options (STRONG).

Surgical treatment of patients to facilitate PAP use

Recommendation 3: We suggest that clinicians discuss referral to a sleep surgeon with adults with OSA, BMI < 40 kg/m², and persistent inadequate PAP adherence due to pressure-related side effects as part of a patient-oriented discussion of adjunctive or alternative treatment options (CONDITIONAL).
NASAL SURGERY AND PAP ADHERENCE

• A (common) success story

• 67 year old male, 0% PAP usage, Atrial fibrillation and anticoagulation
DRUG INDUCED SLEEP ENDOSCOPY
INSPIRE CANDIDACY

- Sleep study <2 year old, <25% Central Apnea, AHI >15
- BMI <35 or <32
- Intolerant/Failed CPAP
- DISE findings