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Surgery an option in Obstructive Sleep Apnoea when CPAP fails

In a multi-centre RCT, 102 patients who had failed CPAP therapy for moderate or severe OSA underwent either surgery or continued medical management.¹

Surgery consisted of standardised single-stage minimally resective uvulopalatopharyngoplasty (UPPP) and minimally invasive tongue base radiofrequency ablation.

There were statistically significant improvements in objective measures such as Apnea Hypopnea Index and subjective measures such as excessive sleepiness, snoring and sleep-related quality of life in the surgical group compared to the control group.

This study's multi-level surgical approach showed a greater treatment effect with a similar serious adverse event risk to previously published single-level procedures.

The findings have broader clinical relevance because the surgical exclusion criteria were relatively limited (participants were predominantly overweight or obese), and the surgical technique used in this study reduces upper airway obstruction while preserving palate function and is thus compatible with any future application of CPAP.

This Gem was written by Dr Sumit Samant, ORL and sleep surgeon at ADHB and ENT Associates.

Reference:

1. The SAMS Randomized Clinical Trial. JAMA (2020) View here

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Goodfellow Unit The University of Auckland | Grafton Campus 22-30 Park Ave, Grafton Auckland, Auck 1023 New Zealand