

Guidelines at-a-Glance

ADAPTED FROM

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Practice parameters for the surgical modifications of the upper airway for obstructive sleep apnea in adults. SLEEP 2010;33(10):1408-1413.

Practice Parameters for the Surgical Modifications of the Upper Airway for Obstructive Sleep Apnea in Adults

AASM LEVELS OF RECOMMENDATIONS

		OVERALL QUALITY OF EVIDENCE			
		HIGH	MODERATE	LOW	VERY LOW
ASSESSMENT OF BENEFIT/HARM/BURDEN	Benefits clearly outweigh harm/burden	Standard	Standard	Guideline	Option
	Benefits closely balanced with harm/burden OR	Guideline	Guideline	Option	Option
	Uncertainty in the estimates of benefit/harm/burden				
	Harm/burden clearly outweighs benefits	Standard	Standard	Standard	Standard

RECOMMENDATIONS FOR DIAGNOSIS

- 4.1.1 | The presence and severity of obstructive sleep apnea must be determined before initiating surgical therapy. STANDARD
- 4.1.2 | The patient should be advised about potential surgical success rates and complications, the availability of alternative treatment options such as nasal positive airway pressure and oral appliances, and the levels of effectiveness and success rates of these alternative treatments. STANDARD

RECOMMENDATIONS FOR TREATMENT OBJECTIVE

- 4.2 | The desired outcomes of treatment include resolution of the clinical signs and symptoms of obstructive sleep apnea and the normalization of sleep quality, the apnea-hypopnea index, and oxyhemoglobin saturation levels. STANDARD

QUALITY OF EVIDENCE

- ⊕⊕⊕⊕ High/Level 4
- ⊕⊕⊕⊖ Moderate/Level 3
- ⊕⊕⊖⊖ Low/Level 2
- ⊕⊖⊖⊖ Very Low/Level 1

RECOMMENDATIONS FOR SURGICAL PROCEDURES

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| 4.3.1 | Tracheostomy: Tracheostomy has been shown to be an effective single intervention to treat obstructive sleep apnea. This operation should be considered only when other options do not exist, have failed, are refused, or when this operation is deemed necessary by clinical urgency. | OPTION
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| 4.3.2 | Maxillo-Mandibular Advancement (MMA): MMA is indicated for surgical treatment of severe OSA in patients who cannot tolerate or who are unwilling to adhere to positive airway pressure therapy, or in whom oral appliances, which are more often appropriate in mild and moderate OSA patients, have been considered and found ineffective or undesirable. | OPTION
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| 4.3.3 | Uvulopalatopharyngoplasty (UPPP) as a single surgical procedure: UPPP as a sole procedure, with or without tonsillectomy, does not reliably normalize the AHI when treating moderate to severe obstructive sleep apnea syndrome. Therefore, patients with severe OSA should initially be offered positive airway pressure therapy, while those with moderate OSA should initially be offered either PAP therapy or oral appliances. | OPTION
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| 4.3.4 | Multi-Level or Stepwise Surgery (MLS): Use of MLS, as a combined procedure or as stepwise multiple operations, is acceptable in patients with narrowing of multiple sites in the upper airway, particularly if they have failed UPPP as a sole treatment. | OPTION
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| 4.3.5 | Laser Assisted Uvulopalatoplasty (LAUP): LAUP is not routinely recommended as a treatment for obstructive sleep apnea syndrome. | STANDARD
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| 4.3.6 | Radiofrequency ablation (RFA): RFA can be considered as a treatment in patients with mild to moderate obstructive sleep apnea who cannot tolerate or who are unwilling to adhere to positive airway pressure therapy, or in whom oral appliances have been considered and found ineffective or undesirable. | OPTION
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| 4.3.7 | Palatal Implants: Palatal implants may be effective in some patients with mild obstructive sleep apnea who cannot tolerate or who are unwilling to adhere to positive airway pressure therapy, or in whom oral appliances have been considered and found ineffective or undesirable. | OPTION
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RECOMMENDATIONS FOR FOLLOW UP

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| 5.0 | Postoperatively, after an appropriate period of healing, patients should undergo follow-up evaluation including an objective measure of the presence and severity of sleep-disordered breathing and oxygen saturation, as well as clinical assessment for residual symptoms. Additionally, patients should be followed over time to detect the recurrence of disease. | STANDARD |
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