



## Where can I get help?

The first thing to do is to see your GP, who can refer you to a specialist. This will usually be a sleep physician. If not, it will be an Ear, Nose and Throat Specialist who works closely with a sleep physician.

## Where can I find out more information?

[www.mayoclinic.com/health/sleep-apnea/DS00148/DSECTION=treatments-and-drugs](http://www.mayoclinic.com/health/sleep-apnea/DS00148/DSECTION=treatments-and-drugs)

## Why does sleep matter?

Over recent years we have come to understand how important good sleep is to our health and well-being. With good nutrition and exercise, sleep is now recognised as one of the pillars of good health. A lack of sleep can have a major impact on mood, concentration, memory and quality of life. In addition, medical sleep disorders such as obstructive sleep apnea have been shown to contribute to other serious health problems such as high blood pressure, diabetes and heart disease.

Having poor sleep is a major cause of lost productivity as well as accidents in the workplace, on the road and at home. A recent report estimated that sleep disorders cost the Australian community at least \$5 billion per year. For more information, visit

[www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)



This information is produced by:

### Sleep Health Foundation

ABN 91 138 737 854

[www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)

A national organisation devoted to education, advocacy and supporting research into sleep and its disorders

### Sleep Disorders Australia

ABN 98 075 427 459

[www.sleepoz.org.au](http://www.sleepoz.org.au)

A voluntary group offering assistance and support to people and their families living with sleep disorders

### Australasian Sleep Association

ABN 32 172 170 561

[www.sleep.org.au](http://www.sleep.org.au)

The peak national association of clinicians and scientists devoted to investigation of sleep and its disorders

Disclaimer - Information provided here is general in nature and should not be seen as a substitute for professional medical advice. Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.

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Things you should know about...

# SURGERY FOR OBSTRUCTIVE SLEEP APNEA (OSA)



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Things you  
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# SURGERY FOR OBSTRUCTIVE SLEEP APNEA (OSA)

- It can work when used in the right way, in the right patient.
- In adults, it is more of a “last resort” treatment as it is not as consistently successful as continuous positive airways pressure (CPAP) therapy.
- In children, it is one of the main treatment options for OSA.
- “One operation” does not fit all.
- All patients should have had a sleep study prior to surgery.
- After surgery, you will need follow up over the long term with both your surgeon and your sleep physician.
- There are a number of things that may make surgery not possible, such as your anatomy or your weight.
- We strongly suggest that you do not think about surgery until you have tried other treatments e.g. CPAP or an oral appliance.

## What is surgery for OSA?

Surgery in adults with OSA should only be a last resort. As a rule, it is only worth it if you can't wear CPAP (despite persistent effort) or use an Oral Appliance. Surgery might also be used in certain cases to help you wear these.

On the other hand, surgery is normally one of the main options to treat a child with OSA.

## How does surgery work?

It works by opening up the upper airway. This makes it more stable so it will not narrow and obstruct during sleep. The symptoms of OSA should then get better e.g. snoring, feeling sleepy during the day. Normally, the goal of surgery is just to lessen the symptoms of OSA, not “cure” it.

A second option is surgery on the nose. This is known as “pre phase” surgery. It can be done to help CPAP, oral appliances or other treatments work better.

## Who should seek an opinion about surgery?

- Children with OSA.
- Adults who have tried but cannot tolerate CPAP or an oral appliance.
- Adults with the right anatomy e.g. large tonsils.
- Adults with an anatomy that makes it hard for a CPAP device to work e.g. problems in the nose.
- Adults who don't want to wear a CPAP device (but we strongly suggest at least trying it out).

## When should you think about surgery?

Studies suggest that surgery should only be thought of if you have already tried other treatments and failed. A surgeon will need to do a lot of tests on you to be sure that it will work. Usually this will be an Ear, Nose and Throat Surgeon or a facio-maxillary surgeon.

Surgery is more often done on children than adults. This may involve taking out the adenoids and tonsils. The child should snore less and have more restful sleep. In turn, this will make them more active during the day, improve concentration and be happier, brighter and healthier.

## What types of surgery can be done in adults?

Adults will usually have surgery on either the nose, the upper airway or sometimes both. There are a number of options for surgery on the nose. One is on the part of the nose that separates the two nostrils. This is known as the nasal septum. There may be a problem with how straight it is. Surgery can fix this. The surgery may also be on other bones in the nose e.g. the turbinates, which are on the outer walls of the nasal passages. Other options include sinus surgery and an operation to re-shape the nose (rhinoplasty). Patients often need to use sprays and other treatments after the operation for some time.

There are also many options for surgery on other parts of the upper airway. Often a number of these are done together e.g. on the tongue, tonsils, jaw and roof of the mouth. In some cases, these are done all at once. In other cases, it will be done “bit by bit” i.e. you have several operations. Exactly what is done depends on your anatomy. It depends on what you want as well. A “one size fits all” approach does not work. Even if you know a person who has had a particular kind of surgery, what works for them might not work for you. Some patients choose to have weight loss surgery, such as laparoscopic banding. By losing weight, sleep apnea may improve.

A very infrequently used option is airway bypass (tracheostomy).

## What tests do I need before surgery?

Adults need a full sleep study. This is done before and after most operations.

For surgery on the nose, you might need to have blood or skin prick tests, X-rays, CT scans or nasal pressure measurements.

For other types of surgery, you may need a special X-ray or CT scan. You will almost always need to try out CPAP, and an oral appliance or both before any surgery. Your sleep specialist will not suggest surgery until they are sure that these treatments will not work for you.

## Does surgery have side effects?

Surgery and anaesthetics always carry a risk of side effects. But with more modern types of surgery the risk is low. And in most cases, the side effects do not last for long. “Older” types of surgery have a greater risk, (e.g. “Laser” surgery).

Your surgeon will discuss all the risks with you in detail. This means that you can weigh up the pros and cons for yourself before deciding whether to proceed.