

A STUDY ON THE SURGICAL OUTCOMES OF OBSTRUCTIVE SLEEP APNOEA PATIENTS

ABSTRACT

INTRODUCTION:

Obstructive sleep apnoea syndrome is the most common sleep related breathing disorder. It has a prevalence of 4% in men and 2% in women. Obstructive sleep apnoea syndrome is defined by five or more respiratory events— apneas, hypopneas, —in association with excessive daytime somnolence; waking with gasping, choking, or breath holding; or witnessed reports of apneas, loud snoring, or both.

OBJECTIVE(S)/ AIM:

The study aimed to assess the surgical outcome of patients who have undergone any surgery for obstructive sleep apnoea in our department. It was also aimed to assess the quality of life of these patients after treatment.

METHODOLOGY

All patients with complaints suggestive of obstructive sleep apnoea is initially assessed with overnight polysomnography and drug induced sleep endoscopy is done to detect the site of obstruction and accordingly surgery is planned. Prior to surgery patients are assessed using Epworth's sleepiness scale and snoring scale. Then surgery is undertaken and then postoperatively at 3months patients are again assessed with the similar scale.

RESULTS

In the study an overall success rate of 69.76% was obtained considering the 50% reduction in apnoea hypopnoea index as the criterion. 4 surgeries were mainly done which was chosen based on the level of obstruction identified with drug induced sleep

endoscopy. In the study zetapalatopharyngoplasty had the maximum success rate of 72%. Uvulopalatopharyngoplasty had the lowest success rate. So it should not be considered as a sole procedure.

CONCLUSION

The type of surgery should be chosen based on the level of obstruction. The correct type of surgery makes a significant improvement in the life of the patients.

KEYWORDS:

Obstructive sleep apnoea syndrome, Zetapalatopharyngoplasty, Expansion sphincteroplasty.