

SLEEP NEWS

International Surgical Sleep Society
April 2015

www.surgicalsleepp.org

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Next ISSS Meeting
April 15-16, 2016
Sao Paulo, BRAZIL

Michel Cahali, MD and Denilson Fomin, MD
Program Chairs

Eric Kezirian, MD, MPH President

This meeting will once again address essential topics for your care of children and adults with Obstructive Sleep Apnea and Snoring!

Join Us!

The meeting with focus on:

- Thoughtful, lively discussions about the latest technological innovations and discoveries in
- Cutting-edge treatment options from around the globe
- Novel research and the application to your patients and your practice
- AND MORE...

Explore the exhibits and latest technological advancements with of our industry partners



PRESIDENT'S MESSAGE

Eric Kezirian, MD, MPH

We hope you enjoy the first issue of the ISSS Sleep News!

On behalf of the entire Board, I would like to take this opportunity to ask you to join or renew your membership (US\$100 for 2015-16) to the International Surgical Sleep Society. The ISSS is the world's preeminent organization focused on the surgical treatment of sleep disordered breathing, and our objectives include education of members, other medical professionals, and the public about sleep surgery.

The ISSS was started in 2006 by Tucker Woodson, Sam Mickelson, and Kent Moore, and many of you have played major roles in its many successes. I join many other sleep surgeons in thanking you.



We should all be proud of the advances in sleep surgery that have occurred over the past 30 years and the exciting future of our subspecialty. The ISSS has contributed to this by holding six international scientific meetings and co-sponsoring courses and other meetings, bringing together sleep surgeons from around the world to share the latest research and identify new directions for our field. From the October 2014 ISSS meeting in Detroit, Michigan, ISSS members have initiated two exciting research studies; these will not require funding from the ISSS but are just recent examples of our shared commitment to improving the care of patients with snoring and obstructive sleep apnea.

We are committed to expanding upon the accomplishments of the ISSS

- Scientific Meetings: we are already planning meetings in Sao Paulo on April 15-16, 2016 and in Los Angeles for Spring 2017
- Newsletter/Communication: we have developed this newsletter and pledge to remain in close contact with all members
- Networking: join our unique community of sleep surgeons
- Website (surgicalsleepp.org): now redesigned and relaunched

Please join us in our commitment to sleep surgery by joining or renewing your ISSS membership. Each \$100 membership covers 2015-16, and all members will receive the ISSS newsletter, discounted registration fees for ISSS scientific meetings, and member listing on the ISSS website, among other benefits. Membership fee information is available on the ISSS website at <http://surgicalsleepp.org/membership/>. Fees can be paid through PayPal or by mail (US Applicants only).

Do not hesitate to direct any questions to eric.kezirian@med.usc.edu.



ISSS SIXTH INTERNATIONAL SYMPOSIUM - DETROIT, MICHIGAN

The October 2014 meeting in Detroit, MI, USA was a great success. The meeting was chaired and by Kathy Yaremchuk, MD (USA), Brian Rotenberg, MD, MPH (Canada) and Claudio Vicini, MD (Italy) and included 184 attendees as well as speakers representing 12 countries.

Panel discussions allowed for easy exchange of ideas and covered topics such as:

- Airway evaluation for OSA
- Nasal surgery
- Palatal surgery
- Hypopharyngeal surgery
- Pediatric OSA
- Perioperative management
- Oral appliance therapy
- Innovative medical therapies
- Innovative surgical therapies



The Gala was held at the Max S Fisher Music Center followed by attendance at a performance by the Detroit Symphony Orchestra (Conductor, Leonard Slatkin)



We held our First Poster Competition, with submissions from 11 institutions.

Congratulations Poster Prize Winners

1st Place: Soroush Zaghi, MD,
University of California, Los Angeles
“Maxillomandibular Advancement to Treat
Obstructive Sleep Apnea: Meta-Analysis of
Studies with Individual Patient Data”

2nd Place: Alex Murphy & M. Boyd Gillespie,
Medical College of South Carolina
“TranQuill T Sling Snoreplasty for Snoring and Mild
Obstructive Sleep Apnea”

3rd Place: Brian Rotenberg & Jenna Theriault,
Western University
“Changing Admission Criteria for Surgical Patients
with Sleep Apnea”



RESEARCH INITIATIVES

Two multicenter studies are being developed with the support of the ISSS. While no ISSS financial resources will be used for these studies, they stemmed from our discussions at the October 2014 meeting. These 2 multicenter collaborations will enable the development of larger studies that are the key to answering many important research questions.



Drug-Induced Sleep Endoscopy and Surgical Outcomes

This is a retrospective cohort study of adults undergoing preoperative drug-induced sleep endoscopy (DISE) and pharyngeal surgery for the treatment of obstructive sleep apnea. The objective of the study is to examine the association between preoperative DISE findings and surgical outcomes, although the database will be available for additional studies to those who contribute patients. The principal investigator is Eric J. Kezirian, MD, MPH at the University of Southern California, and the study has already received funding from the [American Sleep Medicine Foundation](#). Please contact Dr. Kezirian at eric.kezirian@med.usc.edu if you are interested in becoming a study center.

Prospective Study of Surgical Outcomes

This prospective study is based on a group discussion and consensus for a core set of patient evaluation and outcome measures in obstructive sleep apnea surgery. The principal investigator is M. Boyd Gillespie, MD, MS at the Medical University of South Carolina. Please contact Dr. Gillespie at gillesmb@musc.edu if you are interested in becoming a study center.

CLINICAL CONTROVERSIES

Case: A 49 male with severe OSA, who is a nightly nasal CPAP user, presents to your clinic with chronic sinusitis with polyposis. He is consented for endoscopic sinus surgery. During the course of the procedure he unfortunately suffers a skull base breach with resultant CSF leak. The leak is repaired uneventfully. What do you counsel him about resuming CPAP after surgery?

Pang: For a patient with severe OSA who is only going for a nasal procedure, the likelihood is that the surgeon would have had briefed him that the nose surgery alone will not cure his OSA, and that post-op he will still require his CPAP. Depending on how confident the surgeon is about the repair of the CSF leak, how big the leak was, the location of the CSF leak and what method of repair was utilized, and in order for fibrosis to set in around the repaired area (and to prevent pneumocephalus with meningitis as a complication), re-starting CPAP around 2 months might be best. Meanwhile, an oral appliance would be suggested to the patient.

Rotenberg: Patients who are strong users of nasal CPAP and undergo nasal surgery are always counseled that CPAP use can be difficult in the short-term after a nasal surgery. If they are severe apneics who depend on nightly use of CPAP, I will organize an oral appliance that they can use to bridge their time until they can resume CPAP. In the case described above, there is the additional complication of the CSF leak, which can in theory predispose a patient to pneumocephalus if high-pressure CPAP air is introduced through the defect. For a small leak with an intact repair, I will generally advise 2-3 weeks without the CPAP machine, and then bring the patient back to the clinic for nasopharyngoscopy and testing of the repair integrity. So long as there is no further leak and the repair seems solid, they can resume CPAP.

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IN CLOSING

Take a moment to explore the ISSS Website

surgicalsleepp.org