



5 STEPS TO BETTER SLEEP HEALTH

STEP 1: Recognise sleep problem
e.g. snoring, holding your breath when sleeping

STEP 2: GP or Dentist referral for specialist consultation at the Woolcock Clinic

STEP 3: Specialist consultation at the Woolcock Clinic *e.g. sleep specialist/ENT*

STEP 4: Overnight sleep study/other sleep testing/ENT assessment

STEP 5: Specialist consultation to organise diagnostic and/or treatment plan with Woolcock's team of clinicians

Sleep Surgery in Adults

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IF I SNORE, DO I HAVE OBSTRUCTIVE SLEEP APNEA (OSA)?

Snoring is a common sign of OSA, however it is important to remember that not everyone who snores has obstructive sleep apnea.

Only an overnight sleep study (polysomnography) can detect and confirm the presence of OSA. You should speak to your GP if you have any symptoms that bother you or your partner.

DO I NEED SURGERY?

Surgery is usually considered after other measures have failed. It can include nasal surgery or mouth/throat surgery or both.

HOW DOES SURGERY TREAT OBSTRUCTIVE SLEEP APNEA (OSA)?

Structural abnormalities of your upper airway can cause narrowing which you may not be aware of when you are awake. During sleep, the soft parts of the airway may become floppy and collapse, leading to further narrowing and partial obstruction of your upper airway. Surgery for snoring or OSA aims to widen and stabilise the airway. It usually involves multiple sites and surgery may be required more than once.

WHAT ARE THE DIFFERENT SURGICAL OPTIONS FOR TREATING SNORING AND OSA?

Overall, multi-level upper airway surgery for OSA has similar quality of life outcomes to CPAP.

- Nasal surgery may reduce CPAP pressure requirements and increase a patient's ability to tolerate CPAP, which can often be uncomfortable. In selected cases, it can reduce snoring.
- Removal of the tonsils and adenoids (adenotonsillectomy) can reduce snoring or the severity of OSA significantly in a select minority of adults.
- Modified Uvulopalatopharyngoplasty (modUPPP) is a procedure that repositions tissue in the throat to widen the airway and is only considered in selective cases. ModUPPP can improve OSA in up to 80% of cases and may be predicted by examining for tonsil size, palate position and obesity.
- New techniques of tongue base reduction and lingual tonsillectomy using coblation technology have also shown improvements in the quality of life and severity of OSA. Other contemporary surgeries may include transpalatal advancement, variations of tongue and neck surgery, and surgery to the upper and lower jaws.



HOW DO I KNOW WHICH TREATMENT TO CHOOSE?

Ultimately, decisions about non-operative versus surgical treatments are based on individual factors. Customising the right treatment for your specific needs is vital to a successful outcome. The sleep specialists at the Woolcock Clinic will assist you in making the most appropriate decisions for your sleep health issues.

OTHER TREATMENT OPTIONS

- Continuous positive airway pressure (CPAP) therapy uses a mask worn during sleep which pumps air through the nose to keep the upper airway open
- Dental devices (mandibular advancement splints) to hold the jaw forward
- Lifestyle changes such as weight loss

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