

The Truth About Sleep Apnea Surgery:



Your Comprehensive Guide for OSA Surgery

By Steven Y. Park, M.D.

OSA surgeon and Amazon Best Selling Author

Table of Contents

Gaining Clarity.....	3
Fair Warning.....	4
The Truth, the Whole Truth and Nothing but the Truth.....	5
A New Perspective, A New Paradigm for OSA.....	7
Gaining Perspective	11
As Serious As Cancer	12
3 Key Habits that Lead to OSA Success.....	14
Working with a Trusted Advisor.....	15
Understanding Your Anatomy	17
Airway Obstruction —A primer	18
Gaining Confidence:.....	20
When Surgery is Your Only Hope	21
Defining Your Surgical Success	22
5 Arguments Against Sleep Apnea Surgery	25
Not Everyone is the Same	25
Improving Your Chances for Surgical Success.....	26
5 Reasons For Sleep Apnea Surgery	31
A Simple Cure?	33
Making the Choice	34
Finding the Right Surgeon	34
Do Your Research	36
Educate yourself	36
How to Contact Me	37

Gaining Clarity

Congratulations!

I say this with all sincerity because if you're reading this report, it means that you're the exception rather than the rule for how most people deal with their obstructive sleep apnea (OSA).

Rather than choosing to ignore this life threatening disease (more on this later), you've decided to take action! And this first step, although small, is nonetheless a step forward, and this will make a world of difference for you and your OSA—even if you decide, after reading this e-book, that surgery is not right for you.

The fact that you're reading this book means that you're taking responsibility for your own health and not sitting around waiting for someone else to do the work for you.

Most people these days think it's their doctors, Durable Medical Equipment (DME) companies, or even their spouse who is responsible for coming up with the right treatment plan for their OSA. However, as you've probably figured out by now, our current “managed healthcare model” assumes that you can and should figure this all out on your own.

More doesn't mean Better “care” in Healthcare

This also means that there are a lot more options for patients than ever before. Because doesn't “more options” mean better “care” for more people? This may be true for those who are looking for which brand of cereal to buy. But, unfortunately, more options don't necessarily translate to better clinical outcomes in healthcare. Especially **not** when it comes to OSA treatment.



I'm willing to bet, that if you're like most people, your quest to find the right treatment option for your OSA has been so much harder than you ever imagined. Rather than gaining more clarity as you went along, you've probably gotten more and more confused and frustrated.

There are an ever increasing array of treatment options for OSA, and when it comes to surgery, it's even worse. As you can tell, there are a wide range of opinions in the medical community about surgery for sleep apnea, and sometimes these debates can be quite heated. If you've been researching this information on the internet, I bet you're even more confused about surgery for obstructive sleep apnea. Some people say that surgery should never be done and others say it's better to stick with CPAP.

If any of this describes what you've been experiencing, take heart. This is the reason I wrote this e-book. Having treated hundreds of patients with OSA, and in talking with many sleep doctors, and spending countless hours on internet sleep apnea forums, I found so many myths and misconceptions out there, that I just had to write this e-book. I feel it is my mission, as a sleep apnea surgeon, to clarify some of the confusion out there about surgery for sleep apnea.

Fair Warning

However, before you keep reading I must warn you.....what you're about to read in this report will upset a lot of doctors. This includes sleep doctors, ENTs (Ear, Nose and Throat physicians), and dentists. You may end up becoming upset too, especially if you'd already had sleep apnea surgery and it didn't work (I'll go into why it didn't work a little later).

But what you will gain in the process of reading this e-book is some much needed clarity for your decision making process.



Here's what you'll learn:

- ❖ **Why surgery may or may not be the right choice for you**
- ❖ **Which surgery has a highest rate of success for OSA patients (HINT: it's NOT the uvulopalatalpharyngoplasty UPPP)**
- ❖ **How you can determine whether or not you may be the right candidate**
- ❖ **How to find the right surgeon to see if you're a candidate at all**

Later on, I'll also give you recommendations for resources, some mine and some from others, where you can get all the specific details about each of the specific procedures I mention in this book should you decide to explore them further.

By the end, I'm certain that you'll be more knowledgeable about this subject than many if not most of the professionals in the sleep medicine field.

The Truth, the Whole Truth and Nothing but the Truth

As this book's title suggests, this book will reveal just about everything you need to know and more importantly, information you need to know but won't find anywhere else, about OSA surgery. But it's important to keep in mind that this e-book is written for information and education purposes only. This means that you should **not** take what you read in this book as personal medical advice.

As always, before undergoing any new type of medical treatment, you should consult your own doctor before making any changes to your medical regimen.



Also, before I begin getting into the nitty gritty details, I thought it only proper that you find out who I am and how I arrived at many of the conclusions that I'll share with you throughout this e-book. This way, you'll get some context for what you're reading because without it, you'll most likely find yourself getting lost in the details and not seeing the whole picture.

Believe me. Once you see the whole picture from my perspective, you'll never see your OSA condition the same way ever again.

I'm a board-certified otolaryngologist (also known as an ear, nose and throat, head and neck surgeon), and for the past 10 years I've devoted my life studying and learning about the importance of proper breathing while sleeping.

I'm also board-certified in sleep medicine as well, which means that I have the privilege of understanding sleep apnea and how it affects patients from dual perspectives- from the medical side as well as the surgical side. This, you will find, helps me to approach OSA from a much more integrative perspective combining my expertise and knowledge from both the anatomical and the bio-molecular model of patient care and treatment. But more on this later.

I also have an academic appointment at a major metropolitan medical school, and I regularly teach medical students and residents innovative surgical procedures for sleep apnea. Other surgeons routinely come to observe me in the operating room to learn the latest OSA surgical techniques.

I even have sleep medicine fellows in training rotate through my office to learn better ways of managing sleep-breathing problems. In this way, my teaching has better informed me as both as a physician and surgeon not only because I have to stay on top of the "curve" sort of speak but because my students are always challenging me in the way I think about sleep medicine and surgery.

A New Perspective, A New Paradigm for OSA

A few years ago, while having been in private practice in Manhattan's upper west side treating patients for airway problems for over 10 years, I had a major revelation...

That all humans are susceptible to sleep-breathing problems to various degrees, and therefore that sleep apnea is NOT something that only some people have.

By definition, ***all*** humans are susceptible to sleep-breathing problems, whether or not it's called sleep apnea. What I came to see is that sleep apnea is almost like an integral part of our genetic make-up— as I'll explain later, how we breathe while we sleep has a tremendous impact on how our genes manifest themselves over time both anatomically and biologically and how multi-dimensional it is to our overall health and development.

So, by incorporating what I've come to term as my “**Sleep-Breathing Paradigm**” into my medical practice, I've been able to radically change my surgical patient's outcomes for the better.

For one thing, this new approach to managing OSA patients has in turn dramatically reduced the “need” for surgery for many of my patients all the while providing better treatment outcomes for these same patients.

In 2008, I wrote about this revolutionary new way of thinking about health and disease as it relates to our breathing and sleeping in my *Amazon* Bestseller, [Sleep, Interrupted: A physician reveals the #1 reason why so many of us are sick and tired](http://www.doctorstevenpark.com). In a nutshell, I propose that health and disease is significantly affected by how well we can breathe while sleeping at night.

I've approached a number of other doctors about this new way of looking at our health, and as expected, they're disinterested at best and hostile at worst.

These days, most doctors seem more interested in giving the right pill for a particular end stage medical condition.

Although there are exceptions, doctors no longer have the bandwidth to devote much care and attention to one patient let alone 50-60 patients during a single 5 hour clinical rotation. They're all just doing their best to "see" as many patients as possible and don't have the time to really get to know you and see the whole you.

This is why I said earlier that what you'll read in this e-book is not something your doctor is going to know about. I'm not the only one with this information, but the vast majority of doctors practice traditional medicine.

Whenever I go to our academy meetings, experts do emphasize the complex and multi-level nature of sleep-breathing problems, but because of the overwhelming amount of information, most surgeons (like most people) want to find out what's the one best procedure for treating sleep apnea, rather than stepping back and looking at the big picture.

Simply put, everyone asks: "What's the magic bullet for OSA?"

Since everyone else is focused mainly on doing soft palate surgery, and this is the main focus of most sleep apnea research studies, this is what most surgeons focus on: What's the best way of doing palatal surgery? Oftentimes, we focus too much on the technical details of individual procedures, rather than looking at the bigger picture.

The other major area that we surgeons are severely deficient at is addressing all the other medical, nutritional, psychological, emotional, and financial aspects of

treating someone with sleep apnea. We tend to focus only on the procedure itself, without spending the time to consider these other dimensions that are just as crucial to your overall health if not to your life before, during and after surgery.

Unfortunately, due to the fragmented nature of medical care in general, we're all guilty of "passing the buck" and handing off responsibilities to other specialists.

So as you consider your options, keep this in mind:

Surgery is never a "one size fits all" solution.

Not one surgery is right for all people just as not one person with OSA is like any other person with OSA. However, if you keep an open mind, and are willing to explore new treatment options and even trying old ones that may have failed you in the past, you will arrive at new solutions and make some unexpected discoveries along the way.

The definition of insanity is doing the same things expecting different results...

From time to time, given my profession and my experience, a patient or a medical student will ask me the question: What's the best (surgery, CPAP, dental device, snoring aid, you fill in the blank) for treating OSA? To this, I usually respond with...

"If you give a fish to a student he'll eat for one day. But if you teach the student how to fish, you'll give them food for a lifetime."



Such an answer is bound to trip up anyone looking for a quick fix solution. But for those who are willing to explore a more satisfying solution, this is how you must start.

So even though you may have downloaded this e-book in the hopes that it will give you a list of all the OSA surgeries out there and their comparable statistics, this is definitely not THAT kind of book.

Instead, my ultimate goal for you in writing this e-book is that the information you'll take away from it will provide you with the clarity you need in making a decision about OSA surgery that's right for you.

Moreover, I want this to book to serve as a foundation by which you'll understand your OSA condition and the various treatment options you'll encounter as time goes on to help build a foundation and the confidence to secure a healthy longterm outcome for your life well into your future.

But in order for you to build that foundation you must gain some new perspective on what surgery is and what it's not...

Gaining Perspective

What You Must Try Before Surgery

Let me say it straight out:

Before you even consider surgery, you should seriously consider trying at least one or both of the two other standard treatment options, which include CPAP and dental devices.

One condition that may prevent you from benefiting from these latter two options is nasal congestion, and this should be taken care of first whether through conservative options, medicines or surgery.

Once you're able to breathe better through your nose, the chances that you'll do well with CPAP or dental devices increases significantly. For a comprehensive step by step guide on how to breathe better through your nose download my FREE e-book:

How to Un-stuff Your Stuffy Nose.

Even if you're adamantly against using a mask or a dental device, there are step by step ways to make sure you're able to benefit from either of these devices.

Of course, everyone has different needs, but in general, it's only common sense that you should try conservative or nonsurgical options before undergoing any invasive surgery.

Also, if you're using your insurance to cover the cost for

For more help on how to do this check out these podcasts:

[Everything You Ever Wanted to Know About CPAP Masks](#)

[ABC's of Oral Appliance Therapy](#)

your sleep apnea surgery, then having tried CPAP and/or a dental device will significantly increase your chances for getting it approved for coverage from your insurance company.

This report assumes that you've tried or absolutely refused the other options. Some of you may be happy or less than pleased with CPAP or dental devices, and you've tried everything humanly possible to get it to work.

Others of you may be just looking at different options. In either scenario, it's imperative for you to understand, whether or not you take the surgical route or the non-surgical, how imperative it is for you to take this condition seriously.

Not doing so can cost you your health, if not your life.

As Serious As Cancer

You may be shocked that I place sleep apnea in the same league as cancer, but if you look at the statistics, your chances of dying from a complication of sleep apnea is higher than many common cancers.

Another way of looking at it is like having diabetes—it's a life-long chronic condition. You need to monitor it constantly and make frequent adjustments.

If you've ever tried to get life insurance you'll know that most insurance underwriters place obstructive sleep apnea in the same category as cancer.

Yet, unlike cancer or diabetes, there are no comprehensive sleep apnea centers where sleep doctors, ENTs, dentists, respiratory techs, social workers, psychologists, and durable medical equipment (DME) vendors work together and collaborate in one place. This may be why people find it so difficult to get the kind of care they



need to get their OSA treated and perhaps why people often put off care until it's too late.

I'm sure that if you've been researching OSA for a while you've noticed that everything is fragmented, and more often than not, you're dealing with 2, 3, or even 4 entities.

You've probably also had to deal with rude doctors' office staff, billing errors, insurance delay tactics and dismissive doctors. All just part of the process in dealing with this chronic condition.

This is why as I've mentioned before, what you need to do first before you make any sort of decision, may that be to try CPAP once again, or oral appliance or even if you're set on surgery, is to:

- ❖ **Recognize the severity of your condition (to know that OSA is as deadly as cancer)**
- ❖ **To develop a sense of urgency to take care of this condition right here and right now (reading this e-book is a start)**
- ❖ **Develop the right mindset that will ensure success**

The next three sections that follow is a compilation of the various different ways my most successful surgical and non-surgical patients have used to help them overcome their sleep apnea struggles.

I've broken these down for you in easy to follow process that you can use as a template to for coming up with your own success strategies.

3 Key Habits that Lead to OSA Success

Some patients with sleep apnea do remarkably well, despite all the hurdles and obstacles that arise. Then there are others who procrastinate, or refuse to take any action at all. I've noticed some commonalities amongst the ones that do succeed in the end, and there are three. Successful OSA patients:

1. **Take responsibility for their own health.** These patients often do not rely on doctors alone. They surround themselves with a team of medical professionals, constantly reading and learning, asking questions, and staying up to date on the latest in new sleep apnea treatments and research. They are willing to make major changes their lives, daily habits and diets to achieve set goals.

There are some people who are unwilling to make any changes, such as with eating late or going out 2-3 times per week and drinking alcohol. These are the same type of people who say they don't have time to read an important book to help them get that promotion that they've been wanting.

These are also the people who want only a quick fix. They are unwilling to commit to a life change. And although people like these feel that it's not within their power to change, modern research into human potential as described in scientific research relayed in books* show us over and over again that this is NOT true.

*Recommended Reading

Peak: Secrets from the New Science of Expertise

Change Anything

It's true that most people didn't *choose* to have sleep apnea but you can and should choose what you're going to do to change that. Once you do that, then you must be willing to work to make that change happen.

2. **They are willing to pay extra.** Unfortunately, insurance will typically cover only the bare essentials for sleep apnea treatment. Most durable medical goods vendors will give you a basic model, and typically won't cover any additional add-ons or extras or a more full-featured CPAP machine. Depending solely on insurance to cover for everything will lessen your chances for achieving success. Sometimes, you have to pay for a new mask, or a dental device. Yes, you should maximize your insurance benefits, but you should also not hesitate to go outside of insurance to invest in your health.

Successful people also are willing to invest in gym memberships, yoga classes, books and information products that complement standard sleep apnea treatments.

3. **They take action.** People that succeed typically have tried multiple different options and have failed more often than once. But because they are persistent and take massive action, eventually, they find something that works for them.

Then there are certain patients that research everything but can't make up their mind and never take any action. This is called paralysis by analysis.

Working with a Trusted Advisor

Doctors are so strapped for time, that it's rare you'll find someone that truly listens and gives practical recommendations and good guidance. But because most doctors are specialized, it's also rare that you'll find any one doctor that knows everything about all the various treatment options.



Although there are exceptions, sleep doctors generally recommend CPAP, dentists recommend oral appliances and ENTs recommend surgery. Your choice of treatment will be affected by which of these three doctors you come across first. Many will do well with the first recommended form of treatment, but others will not, and will go on to other treatment options.

At the other extreme, there are well-meaning doctors that are reluctant to take a stand and make a recommendation, leaving the decision up to the patient.

Some patients are more amenable to this approach, but most patients want an honest opinion on what the best option is. Unfortunately, it's hard to know what the best option is since everyone is different. Recommendations are made based on large-scale research studies, where results rarely reflect personal, real-life situations.

Instead, surround yourself with a team of expert advisors that you trust: A sleep doctor, a dentist, an ENT, and a DME equipment vendor. And learn the basic facts beforehand so that you can choose the most appropriate treatment option for you.



Tools and Tips

*Here are some resources to help you round
up your own "A" team:*

*Finding the Right Surgeon: 8 Questions to
Ask Before Sleep Apnea Surgery*
*Podcast #6: Creating an interdisciplinary
Dental Airway Team-Interview with Dr.
Mark Cruz*





Understanding Your Anatomy

Before you consider any kind of surgery, you must understand the anatomy. CPAP bypasses all areas of obstruction by blowing air through the nose down to the windpipe. Dental devices address mainly the tongue by pulling it forward.

Before getting into specific area and techniques, you have to consider the entire airway, from the tip of the nose to the voice box. Too often, doctors focus too much on one area, such as the soft palate or the nose.

Try this experiment.

Take a typical plastic straw and blow through it noticing how freely the air flows in and out even through such a narrow opening.

Now, notice what happens if you pinch in one end of this straw and try to suck the air in again. Notice how the middle part collapses?

Then suck the air in again, but this time pinch in the middle area of the straw.

Notice how this time the tip of the straw collapses?

This is how your airway works.

Your airway is like this straw and if the tip of it gets obstructed, which in this case would be the nose, the middle part or your soft palate will collapse.

On the other hand, if your soft palate is collapsing or in any way obstructed, your nose which is essentially the tip of your airway will collapse.



In other words, the specific area of obstruction may just be the “tip of the iceberg”.

But most people, even your doctors, don’t think in these terms. Especially when it comes to treating OSA.

Even though your airway is constantly changing depending on the weather, your mood, the environment, allergies, colds, and for women, their hormonal cycles, most people try to address only one particular area of obstruction while ignoring the multiple yet significant problem areas.

And this is where the problem lies.

Airway Obstruction —A primer

Many physicians and patients alike think that the airway consists of only the nose, throat and mouth. And yet, in adults, the tongue is usually a major cause of narrowing and collapse, since it's most likely to collapse due to gravity while on our backs. But when you add muscle relaxation during deep sleep, the problem becomes even worse. This is why many adults can't (or prefer not to) sleep on their backs.

The main reasons why your tongue can fall back and block your breathing is due to smaller jaws. Modern humans have smaller jaws than our ancestors even a few hundred years ago. This is why we have so much dental crowding and crooked teeth. The smaller your jaw, the more likely your tongue will fall back and keep waking you up from deep sleep to light sleep.

Add to this your nasal congestion from the whole host of reasons I mentioned above, then as you breathe in, a slight vacuum is created downstream by your



airway, making it easier for your tongue to pull back and obstruct your airway when you're in deep sleep.

Breathing against a closed throat causes tremendous vacuum pressures that can literally suction up your normal stomach juices into your throat, which can cause more inflammation and swelling, which can aggravate more obstruction.

As your tongue falls back, airflow increases through the smaller opening and your soft palate begins to constrict inwards, and the free edge begins to flutter, leading to snoring. In deeper levels of sleep, the soft palate may obstruct completely too. So notice there's a complicated interrelationship between the tongue, soft palate and nose.

So the main problem with most surgeries lies in the fact that many of them only treat one specific area of obstruction rather than treating the cascade of events that trigger these multiple areas of obstruction. That explains why some of the most commonly performed OSA surgeries, like the uvulopalato-pharyngoplasty (UPPP) work some of the time but not all of the time.

Gaining Confidence:

When Surgery Works and When It Doesn't

As I've explained in my flimsy straw analogy earlier, OSA is not something you have or don't have. What most people with OSA don't realize is that this obstruction can happen in multiple different areas of their airway. So oftentimes, when you only deal with one area at a time, your chances of success are not too good. This may also be why so many patients who have undergone OSA surgery get lackluster results.

Generally speaking, most ENT surgeons are obsessed with palatal surgery. There are probably a few dozen different ways of performing uvulopalato-pharyngoplasty (or UPPP). Every month, I continue to see studies on the usefulness of palatal surgery for obstructive sleep apnea, with statistically significant results, but overall, in practical terms, these "successes" are not that great.

Countless people have undergone a UPPP procedure with all the pain and discomfort and all the days off work, only to find that it didn't help. Countless doctors and patients continue to cite the poor success rates as a reason for not undergoing palatal surgery.

Ultimately, to get good results, you have to address *every* area of narrowing or obstruction. Again, this includes the nose, the soft palate and the tongue. Which type of procedure you do for each area should be your next question, but not as important as addressing every area appropriately.

Once you address all the different areas simultaneously, then your success rates improve to acceptable levels. I'll explain how this works a little later.

So this is why I've said before that even if surgery may be appealing for people who don't want to use a mask or a dental device, it shouldn't be their first choice. I realize for some people that just thinking about sleeping with a mask that looks and sounds like Darth Vader, attached with a hose to a machine can send shivers down their spines. The same goes for sleeping with something in your mouth for the rest of your life.

I can't tell you how often people who have these feelings, after trying CPAP or dental devices very reluctantly, actually end up liking it because they slept better for the first time in years. You won't know what it actually feels like until you try it.

When Surgery is Your Only Hope

Then again, if you're reading this e-book, maybe you're that person who has given it your all trying everything and anything, including going through 5 different

Apnea Hypopnea Index (AHI)	
Severity	AHI per hour
Non/Minimal	< 5
Mild	5-15
Moderate	16-30
Severe	> 30

masks, 3 different CPAP machines and 2 dental devices, all of which actually worsened your already poor quality of sleep. Believe me when I tell you I know what that must feel like. I've seen enough perfectly fine looking grown men and women break down, sobbing in my office, telling me how desperate they are to find anything to help them sleep better. These are the same people who compensate during the day, by working like maniacs, constantly exercising, or popping sleeping pills, or using alcohol—whatever they can get their hands on—to help them sleep at night, but all to no avail since many of these self management tactics only make

Defining *Your* Surgical Success

Success means two different things for the patient and the surgeon. The patient will believe the procedure is successful if he or she feels and sleeps much better. From a surgeon's perspective, we also have to take into consideration objective measures comparing before and after surgery sleep studies.

The severity of your sleep apnea is measured during a sleep study by the apnea hypopnea index, or the AHI. An apnea is when you stop breathing for 10 seconds or longer, and a hypopnea is a less severe version of an apnea, with different definitions, but in general, greater than 50% reduction in airflow and more than a 4% drop in your oxygen levels. Anything above 5 (apneas or hypopneas per hour) is considered clinically significant, with an AHI of 5 to 15 being considered mild, 15 to 30 is moderate, and anything above 30 is considered severe (see table below).

Ideally, getting your apnea hypopnea index (AHI) down to 0 should be the ultimate goal of any form of therapy. CPAP in general reaches low single digits or under 1 in most studies done in the lab. However, in the real world, looking at data reports of people on CPAP, AHI numbers can be as high as 5 to 10, even when you're doing well. With dental devices, anything under 10 is considered acceptable, especially if you start off with an AHI of 30 or 40. Any significant drop in the AHI will result in you feeling better.

With surgery, however, the standard definition of success is generally any drop in the AHI more than 50%, and the final number has to be below 20. If you start with numbers above 40 to 50, dropping down to 11 or 8 will definitely make you

feel better, but technically, you'll still have mild sleep apnea. Some people are able to reach the low single digits and sometimes even below 1.

In the old days, we only offered surgery to people with moderate or severe sleep apnea, so this definition of success made sense, but now we know that even mild cases of sleep apnea can be just as serious and debilitating. The lower the number you start with, the harder it is to apply this definition of success. So if you start off with a AHI of 7, and you drop down to 3, is that successful?

Ultimately, the numbers are important as an objective measure, but it's not the only measure of success. How much better you feel and how much your life is improved is just as important. And this critical point is what you have to take into consideration when you're trying to decide whether or not to have surgery.

“Success in surgery is not all about the numbers. How much better you feel and how much your life is improved is just as important.”

In general, the lower your numbers, the better you'll feel, but sometimes, we surgeons often see two specific interesting outcomes: A patient's number may not change very much at all, but they'll report feeling much better, or a patient's number drops significantly, but they report back saying they don't feel any better at all. These situations are somewhat unusual but they do happen. Like being on a bell curve, these two situations are like the two ends of the curve or lie outside the general trend.

One possible explanation for this may be the following: since apneas and hypopneas are given equal weight in your AHI score, if many of your apneas are shifted to hypopneas, you'll feel better, but your score won't change.



The AHI also doesn't take into consideration how long the apnea lasts: an episode that lasts 11 seconds is scored the same as one that lasts 40 seconds. You can imagine how much more oxygen deprivation you'll have if you stop breathing for 40 seconds.

So, if you don't feel better despite a significant drop in your score, one possible explanation is that there are a lot of micro-obstructions and arousals that aren't reflected in the final AHI. Although the more severe breathing pauses are improved, all the little obstructions and awakenings continue to disrupt your sleep enough to cause persistent problems. This is ultimately the reason why you can't go just by the the numbers alone.

Basing your decision to undergo surgery or not to just on the published "success" rates for sleep apnea surgery is not going to be all that helpful for you in terms of making a fair evaluation. Instead, as with any decision making process, you should consider both sides of the argument.

In order to help in that evaluation, what follows is my version of that argument given the evidence versus my perspective on that evidence based on my clinical experience. This will help you gain a more balanced perspective of what to expect should you decide to OSA surgery is right for you.

5 Arguments Against Sleep Apnea Surgery

There are a number of pros and cons to surgery. Below I list 5 common reasons you'll see against doing surgery and my respective comments.

1. Low Success Rates.

The way we surgeons define success is one of the biggest criticisms of surgery. Regardless of how well you do with surgery, there will always be some degree of residual apneas or hypopneas. If you don't reach the low single digits with a dental device, you can always stop using it and you're back to where you were before you started. But with surgery, you can't go back.

Even with surgeon's definition of success, the usual statistic that's quoted from multiple studies is about 40%. That is, about 40% of people who undergo sleep apnea surgery improve their AHI scores to greater than 50% drop from the original score and the final number is less than 20. Not too great, and probably not worth undergoing if those were your true odds.

Not Everyone is the Same

Although conservative options should be your first choice, for some people, surgery may be your only alternative. As with most things in life, it's never a black or white choice. The problem with surgery is that different people have different anatomy that requires different procedures. For the most part, when only one area is addressed at a time, your results won't be that good.

This is why an individualized approach to every sleep apnea patient is the most ideal way. Yes, we have to follow certain accepted guidelines, but there are so many variables to consider (anatomy, life situation, what you've already tried, etc.) besides just the sleep apnea number, or the AHI.

Improving Your Chances for Surgical Success

As I mentioned previously, the most commonly performed procedure for sleep apnea is uvulopalatopharyngoplasty (UPPP), and the overall success rate is about

40%. This is the most often quoted reason for not performing sleep apnea surgery. However, if you look at the glass a half full, about 40% of patients did succeed.

We now know that there's a way of predicting whether or not a UPPP (which includes tonsillectomy) will work. It's called the *Friedman staging system*. This is a simple screening tool where by looking at the size of your tonsils and your tongue position, you can predict whether or not a UPPP alone can have an 80% chance of success. Most people will fall into the "unfavorable" category, but if you meet the "favorable" criteria, a UPPP alone may be a good option, as long as you understand that there's still about a 20% chance of failure.

There are other studies that reveal the reason for the low 40% success rates for palatal surgery. The main reason is that the tongue collapse wasn't addressed. Less commonly, there was a residual narrowing at the palatal level that was not addressed properly. Nasal obstruction is important, but not a major cause of sleep apnea (although it can definitely aggravate your condition).

What these studies show is that if the palate is your main source of narrowing and obstruction, then you're likely to be in the lucky 80%. If you have palate and tongue collapse and you only address the palate, then your chances of success is about 40%.

If you deal with your tongue collapse definitively, then your chances of success is much higher. Success rates range from 70 to 80%. There are many different ways of dealing with the tongue, but the important point here is that you must look for and address the tongue if there's any degree of obstruction.

In general, you can either pull, shrink or scar the tongue or you can enlarge your jaw through various means. There are also various additional procedures that improve your chances even more. The list of surgical options for the soft palate and the tongue is too big to go over in great detail in this report (check out the *Resources* for more detailed information on this topic). My main goal in this report is to describe the rationale for doing surgery at all.

Resources

Here are some resources to get more detailed information on surgery:

[Sleep, Interrupted: A physician reveals the #1 reason why so many of us are sick and tired](#)

Ask Dr. Park Teleseminar: [An Insider's Guide to Sleep Apnea Surgery](#)

You may be asking then, why aren't tongue procedures offered more often if this is so often the cause for lackluster results? The reason for this is that modifying the tongue is a more challenging area of the body to deal with, whereas the soft palate is much more accessible and we operate in the area all the time for other reasons. Then there's also the fear of airway obstruction and complications from sleep apnea procedures. Some of my ENT colleagues are clearly concerned about bleeding and obstruction when I tell them that I do these type of procedures. As I'll explain later, these are false fears.

2. Severe Pain.

Undergoing a palatal procedure can be very painful and can last for weeks. Going through pain is one thing, but why bother going through it at all if your chances for success is only 40%?

No Pain, No Gain

The pain that's described with sleep apnea surgery is one of the major criticisms. It may be worth it if you feel much better, but in most cases, this is not the case.



Again, since a UPPP is the most commonly performed procedure (usually in isolation), and since you have to cut through mucous membranes or muscle, it definitely will hurt anywhere from 1-2 weeks. Everyone heals at different rates, where some people are eating a soft diet by 2-3 days and other can take up to 2 weeks to eat soft foods.

There are variations of the UPPP that in theory are much less invasive with lesser degrees of cutting or destroying. In appropriate situations, these lesser invasive options can be helpful, but in many cases it may not be strong enough.

One recent technological advance that I'm very happy with is with the introduction of the Coblator device. It's a radiofrequency energy generating wand that vaporizes tissues at low temperatures, causing much less trauma with much faster recovery. I've been using this routinely for my tonsillectomies for years now and for palatal procedures for almost as long. The very first patient I used this device on as a cutting tool for a UPPP was eating pasta the same night of the surgery. Not everyone will respond as well as he did, but in general, the pain levels have been significantly improved (cut almost in half).

Any kind of surgery can be painful, but everyone will have different levels of discomfort. Pain medications can be used appropriately and everyone gets through it.

3. Complications.

Every surgical procedure has risks for complications. Removing too much of the soft palate can lead to leakage of air or liquids into your nose on a permanent basis whenever you talk or swallow. This is a rare complication that's been described in the textbooks since the UPPP was first described. It's very rare now, and even if it does happen, it's usually temporary and goes away after a few weeks or months. Worse case scenario, a variation of a cleft palate procedure can be performed (this

is rarely ever needed). For tongue procedures, there can be tongue weakness, numbness, lip or tooth numbness, or needing a root canal. There can also be bleeding, airway issues, allergic reactions or problems with anesthesia. Although complications are rare, it's never zero.

It may sound counterintuitive, but you want to go to a surgeon who has experienced complications. If he or she never had a complication, will they be able to handle it when the first one occurs while you're on the table?

When I was a resident in training, I didn't like performing uvulopalatopharyngoplasties, since waking up patients was more difficult and there was definitely a higher chance of complications such as bleeding, airway obstruction and anesthesia complications. When I first started practicing about 15 years ago, I remember performing a standard UPPP, and due to sudden airway obstruction after removing the breathing tube, I had to perform an emergency tracheotomy. This is where I had to make a hole in the windpipe just below the voice box and place a breathing tube. He did fine, and the tube was removed quickly, but that was a defining moment for me. Do I continue doing these type of procedures, or can I figure out why this happened?

Fortunately, I did the latter, and after devouring the research literature, I came across a number of articles describing what's called multi-level surgery, meaning operating on all the different areas of obstruction simultaneously, or in stages. After applying these methods, and whenever I perform simultaneous tongue base procedures, patients wake up much more smoothly.

Yes, there are potential complications with any surgical procedure. There's a risk to everything. There's even a risk for you if you don't do anything at all about your sleep apnea. For one thing if you are not able to use your CPAP machine or your dental device, you're at a higher risk of developing heart disease, heart attack, or even stroke. You could also be run over by a car while crossing the street, but that



doesn't prevent you from ever crossing the street does it? It just means you use extra caution and look both ways.

4. Even with successful surgery, there's a high likelihood of recurrence.

This is true, especially if you gain weight. But some people are not overweight at all and are very thin, with severe sleep apnea. If you undergo surgery and are able to lower your number from 45 down to 12, you'll be very happy, but not completely. If you did nothing, your body in general tends towards worsening sleep apnea. Think of a diagonal line from left to right that gets higher and higher as you get older. What surgery does, when it works, is to shift the entire line downwards, in parallel with the original line. It won't cure you completely, but lowers the severity enough to make you feel much better and have a much better quality of life, even if you gradually worsen later in life.

5. Sometimes the AHI becomes worse, or it's harder to use CPAP.

On occasion, I have seen the AHI worsen after performing UPPP surgery only. This makes sense, since you've only addressed one of multiple areas of collapse. Think of it as a tube with multiple valves. when you open up one area, air flows much more forcefully, causing a collapsable area downstream to obstruct even more. Whenever the tongue is addressed, I haven't seen the AHI ever get worse.

Although there are isolated reports of not being able to use CPAP after UPPP, this is very unusual. I have yet to see this happen (no one has ever complained to me about this), although it is theoretically possible. Anatomically, and physiologically, this is difficult to explain.

5 Reasons For Sleep Apnea Surgery

Here are few reasons why surgery may be a viable option:

1. Surgery is better than nothing.

Since CPAP compliance is so low, surgery, despite it's less than optimal success rates, is better than nothing. Having an AHI of 9 is better than untreated sleep apnea with an index of 45.

In a study performed at a VA hospital, they followed sleep apnea patients who were placed on CPAP vs patients who underwent a UPPP only. After a few years, they found that people on CPAP had a slightly higher chance of being dead. What this finding shows me is that even with only a 40% success rate for UPPP only, overall, it was much better than the low levels of CPAP compliance and usage.

2. You're not just a number.

Sometimes, no matter how much you try CPAP, it doesn't help at all. You may be using it every night, with good compliance numbers and little to no apneas, or you may be ripping it off in the middle of the night unintentionally. Maybe you've tried everything there is to get good results for months or even years. Despite what doctors may have you believe, it's not your fault. No matter how good CPAP may be for many people, it won't work at all for certain people.

3. Life changes and so do your needs.

Perhaps you were doing well on CPAP, but your life situation has changed, and you don't want to use CPAP anymore. Although most CPAP machines are portable, some occupations and lifestyles are not conducive to using CPAP on a regular basis.



4. Surgery is better than nothing.

The feeling of a mask on your face sends you into a state of panic. Many people have claustrophobic episodes when they first try on CPAP. In many cases, good preparatory counseling, and a very slow acclimation process may help, but there are some people that can't stand CPAP no matter how hard you try or which mask you use.

5. You've tried and failed with other treatments.

You've also considered or tried dental devices. For the most part dental devices are an alternative to CPAP for most people with mild to moderate sleep apnea, but there are always some people who absolutely can't tolerate it or have specific dental reasons why they can't use it. Although in theory, it's covered by most medical plans, it's not always the case.

As for CPAP, many people with mild sleep apnea tend not to tolerate CPAP as well compared with those with moderate or severe sleep apnea. Studies have proven this. I see this all the time in my practice. One possible explanation is that if you have only mild sleep apnea, your nervous system is normal or overly sensitive, so you'll be woken up by having a mask on your face, whereas if you have severe sleep apnea, your nervous system is diminished, so you won't wake up as much. This is also why you'll stop breathing for so long.

Last but not least, sometimes surgery is an option as a matter of convenience. Especially for those people who elect to undergo nasal procedures to help their



breathing. While undergoing anesthesia, some people prefer to maximize their time under anesthesia and take care of the OSA problem once and for all.

A Simple Cure?

Speaking of simplifying, there's actually one simple procedure which can cure obstructive sleep apnea instantly and that's the tracheotomy procedure that I describe earlier. It bypasses the voice box and the throat completely. Anything else that's done to the soft tissues of the throat and tongue is going to be less than optimal. This is why we've hit a plateau with soft tissue surgeries at around 80%.

The more aggressively you perform these procedures, the better your success rates, but the more likely the risk of complications. The problem is that there's only so much you can do with the soft tissues within a small space within the mouth. Smaller than normal jaws is one explanation for why we have sleep apnea in the first place. For a more in depth look into this concept take a look at the *Resources* listed here.

Resources

Here's some more information on why small jaws aggravate OSA.

Expert Interview: [Dr. Michael Mew on the Modern Melting Face](#)

[Why We have Crooked Teeth, Interviews with Top Orthodontists](#)

Instead of modifying the soft tissues in the throat, if you enlarge the jaws, then your chances of success is about 90-95%. It's a much bigger operation with longer recovery, but in experienced hands, well worth it.

Making the Choice

Finding the Right Surgeon

Now that you have gone through all the pros and cons, and you've educated yourself fully on what OSA surgery may mean for you, you now must take the next step: Which is to locate the right surgeon whom you can trust to do the surgery.

This is a really challenging step since all ENTs by definition, do sleep apnea and upper airway surgery, but not all ENTs truly understand or appreciate upper airway anatomy and how all the different areas are all connected. But here are some questions to help guide you in locating a surgeon who's right for you. These are the criteria I'd use if I had to recommend someone for my family who lives very far away. Certainly the fact that there are now more surgeons to choose from than 15 years ago who are doing OSA surgeries helps. And more so if you know what traits you should be looking for.

1. Does the surgeon use the *Friedman* criteria to determine potential success rates of UPPP alone or in addition to every other exam finding? Can they be honest with you regarding success rates for UPPP alone, rather than a "lets try it and see" approach?
2. Does the surgeon feel comfortable performing tongue base procedures?
3. Does the surgeon examine your upper airway with a thin camera sitting up and lying flat on your back to see how much the soft palate and tongue falls back? Honestly, I don't know anyone that's doing this routinely, but there has to be someone out there, since it's such a simple, as well as valuable exam finding that's very helpful in finding out where the collapse is happening? Rather than do this, some surgeons will recommend placing you under general anesthesia to see where the obstruction is happening, especially when your muscles are more relaxed. I started doing this many years ago when it was first described, but it

- 
4. didn't give me any more information than what I already knew. So I don't do this anymore.

Another way of figuring out where collapse and narrowing is happening is to undergo a CT or an MRI of the neck and throat. In most cases, you'll see more obvious areas of narrowing **BECAUSE** you're lying flat on your back! A good thorough ENT exam with a thin flexible fiberoptic endoscopic camera can show you everything that sleep endoscopy or imaging studies can (without radiation or anesthesia).

5. What's the backup plan in case the procedure doesn't work? It's important to anticipate the worst case scenarios and have a plan of action, if necessary.
6. What's their success rate doing these kind of procedures (all three areas)?
7. What kind of complications have they had, and what are some of the possible complications from the proposed procedure(s)?
8. How many of these procedures have they done? Don't get too impressed with high numbers. Someone who's done 100 well is better than someone who's done 1000 poorly. These surgical techniques are not difficult. It's the proper selection of patients and the right area of the upper airway to address ultimately determines the outcome, not how many you've done. This is not microsurgery or brain surgery.
9. How closely does he or she work with a sleep doctor or a dentist?
10. Can you talk to other patients who have undergone the same procedure?

Do Your Research

Undergoing sleep apnea surgery is not something to be considered lightly. It definitely should not be your first choice, but should not be dismissed completely either. It's never a matter of, "does it work?" Rather, it should be, "How well do the specific procedures fit my anatomic needs?"

Different people will reach this decision point at different times during their journey. Surgery is not for everyone, but for certain selected people with obvious anatomic narrowing who can't tolerate or refuses CPAP, then a consultation with a knowledgeable ENT surgeon may be a good option for you. A good surgeon should also be able to tell you that surgery is not a good option for you.

As I've said before, you should exhaust all your CPAP or dental options first, since there are systematic ways of helping the vast majority of people who struggle with these devices. But if you're seriously considering surgery, first find a surgeon that you trust, and develop a working relationship with him or her. Don't think of your surgery as a one time "fix." Your goal is to significantly improve the quality of your life to the point where you won't need CPAP or dental devices. However, be prepared for possible fine-tuning or touch up procedures, although this is not that common.

Educate yourself

Don't go by what your doctor or surgeon tells you. There's a wealth of information that's available in books and on the internet. Yes, there's a lot of junk on the internet, but if you focus on reputable sites such as the American Academies of Otolaryngology - Head & Neck Surgery, Sleep Medicine or Dental Sleep Medicine, you'll get high quality information. Get involved in sleep apnea support groups such as apneasupport.org, cpaptalk.com, and sleepguide.com.



How to Contact Me

My main mission is to educate and empower as many people as possible about the seriousness of sleep-breathing problems and how they can better navigate the maze of different options and opinions. Hopefully you found this information helpful. Regardless of which option you choose to treat your sleep apnea, the key is to take action and be persistent. Thanks for reading this e-book and I wish you all the best.

To your health,

Steven Y. Park, M.D.

P.S. If you have any comments or suggestions or have general questions about this e-book, please contact me at: doctorstevenpark.com/contact-us.