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Obststructive Sleep Apnoea (OSA), has been traditionally managed by respiratory physicians with CPAP. The evidence for the diagnosis of OSA and treatment thresholds are discussed, particularly in relation to the validity of the Apnoea / Hypopnoea Index (AHI) and the Epworth Sleepiness Score (ESS). The evidence from over 1000 patients analysed at our institution suggests that these indicators of OSA severity are far from robust. The evidence from other measures of OSA severity are considered and linked to our patients symptoms and quality of life scores. There is emerging evidence that surgery has greater benefits than CPAP. The evidence for and against CPAP are discussed, along with a discussion of the role of surgery in this condition. Outcomes are provided from patients intolerant of CPAP and mandibular advancement devices from our institution.

Recent Publications

1. Veer V, Zhang H, Beyers J, Vanderveken O, Kotecha B. The use of drug-induced sleep endoscopy in England and Belgium. *Eur Arch Otorhinolaryngol.* 2018 May;275(5):1335-1342.
2. Introducing a New Classification for Drug Induced Sleep Endoscopy (DISE): The PTLTbE System – Submitted to *Sleep & Breathing*
3. Guidelines on the surgical management of sleep disorders: a systematic review – revising article for acceptance with *Laryngoscope*
4. Developing a Validated Patient Reported Outcome Measure (PROM) for Obstructive Sleep Apnoea: Symptom Tiredness Alertness Mood Psychosocial (STAMP) – Submitted to *Sleep* journal
5. Measurement properties of patient-reported outcome measures in adults with OSA: a systematic literature review - Abma IL, Van der Wees PJ, Veer V, Westert G, Rovers M – *Sleep Med Rev.* 2016 Aug;28:18-31

Biography

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