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Management of Obstructive Sleep Apnoea in Orthognathic Patients

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Aims: Obstructive sleep apnoea (OSA) is a common condition affecting approximately 4% of middle-aged individuals. It is broadly defined as complete or partial obstruction of the upper airway resulting from abnormalities in the pharyngeal anatomy and upper airway musculature. OSA is notably more common in those with a history of snoring, and/or obesity. Treatment often involves continuous positive airway pressure (CPAP), mandibular advancement splints or orthognathic surgery. We aim to share our experience of treating patients with OSA referred to LNWH Maxillofacial Unit and discuss future challenges/developments.

Methods: We have selected 5 representative cases that have been successfully treated, with a combination of custom-made removable appliances and/or surgery. We will demonstrate demographic details, pre-operative findings, treatment methods (splint therapy versus surgical management) and post-operative results.

Results: We have noted improved sustainable outcomes in OSA following treatment at the Regional Maxillofacial Unit, in terms of patient satisfaction (as measured by a patient satisfaction survey) and amelioration of symptoms.

Discussion: Patients with OSA can have challenging management given their complex needs in terms of neurocognitive functioning, malocclusion and often moderate to severe skeletal abnormalities. In our experience, splint therapy and/or orthognathic surgery markedly improve symptoms of OSA.

Biography

Iffah Zaman is a General Dental Practitioner with experience in Oral and Maxillofacial Surgery and Community Dentistry

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