



# ENT and Voice Care of Atlanta

## Metro Atlanta's Newest Otolaryngology Practice

### Quarterly Newsletter

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[www.entandvoicecare.com](http://www.entandvoicecare.com)

#### **Our Physician**

Dr. Yvette Vinson Leslie graduated Magna Cum Laude from S.U.N.Y at Buffalo School of Medicine in 1994. She completed her Otolaryngology Residency at the University of Rochester Medical Center and her Fellowship in Laryngology and Voice Disorders at Vanderbilt University Medical Center. Dr. Leslie has been in private practice in Atlanta since November 2000. Dr. Leslie founded ENT and Voice Care of Atlanta with one mission in mind: the prompt and efficient delivery of superior medical services in a manner that respects and affirms every patient. Dr. Leslie practices the full spectrum of Otolaryngology which includes:

- Allergy and Sinus Disease
- Laryngology and Voice Disorders
- Head and Neck Surgery
- Hearing and Balance Disorders
- Thyroid Disorders
- Snoring and Sleep Apnea
- Pediatric Ear, Nose, and Throat Disorders

Dr. Leslie

#### **Insurance Plans**

Our practice currently **participates** in the following insurance plans:

- Aetna (EPO, PPO, POS, QPOS)
- BCBS (PPO)
- Beech Street
- Coventry (HMO, POS)
- Employee Plan / Promina - (HMO, POS)
- First Health / CCN
- Great West (HMO, POS, PPO)
- Humana
- Medicaid (Peachcare, GBHC)
- Peach State Health Plan
- Medicare (Part B)
- MRN (PPO)
- MultiPlan
- PHCS
- Southcare (PPO)
- State Health Benefit Plan (SHBP)
- Tricare
- Unicare (PPO)
- United Healthcare (HMO, POS, PPO)
- USA (PPO)

We are currently **pending** on the following plans:

- WellCare Medicaid
- Amerigroup

Dr. Leslie is affiliated with Dekalb PHO.

#### **Quarterly Topic**

#### **Contemporary Management of Obstructive Sleep Apnea Syndrome**

**Obstructive Sleep Apnea Syndrome (OSAS)** is a common disorder in adults, resulting from repetitive narrowing and closure of the pharyngeal airway during sleep. These events, and the associated oxyhemoglobin desaturations and sleep disruption, result in increased risks of medical morbidity and mortality.

#### **Prevalence**

Historically considered a disease of overweight men, OSAS is now recognized as a common disorder of the general population. Its actual prevalence, which is unknown, varies by age, ethnicity, gender, and by how OSAS is defined. Increased risks of cardiovascular disease, including myocardial infarction, stroke, and cardiac dysrhythmias, are associated with sleep apnea and snoring. The degree of cardiac risk is complicated by coexisting obesity, smoking, and alcohol use. However, OSAS has been independently associated with hypertension.

#### **History**

Patients usually present with classic complaints of persistent snoring with witnessed apnea, frequent arousals, and nonrestorative sleep. The National Institute of Health has issued symptom guidelines to identify high risk patients for OSAS:

- Chronic loud snoring
- Gasping or choking episodes during sleep
- Excessive daytime somnolence
- Personality changes
- Cognitive difficulties related to fatigue
- Fatigue-related impairment during driving and other activities that require focus and alertness

Other symptoms related to OSAS include: morning headaches, sexual dysfunction, restless sleep, diaphoresis, recent weight gain, worsened habitual snoring, laryngopharyngeal reflux, and gastroesophageal reflux.

#### **Physical Examination**

The following physical findings have been identified by the NIH as high- risk signs for OSAS:

- Obesity - >120% ideal body weight
- Increased neck size- >17 in. in males, >16 in. in females
- Systemic hypertension
- Pulmonary hypertension and cor pulmonale (rare)

Other findings specific to the upper airway include nasal obstruction, an elongated and thickened soft palate, tonsillar hypertrophy, a large uvula with or without telescoping of the mucosa, macroglossia, a redundant or retrodisplaced epiglottis, and mandibular or maxillary retrusion.

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### Our Customer Service Commitment

We are committed to the highest standards of customer service.

In keeping with our customer service model, we are pleased to announce that on-line appointment scheduling is available through our website @ [www.entandvoicecare.com](http://www.entandvoicecare.com) and has been well received by our patients. Patients submit desired appointment times electronically and receive appointment confirmation via email or telephone within 24 hours. This feature further enhances our available on-line services and patients' ability to communicate with our office.



## Quarterly Topic

### Contemporary Management of Obstructive Sleep Apnea Syndrome

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#### Diagnostic testing

For some sleep disorders, a thorough history and physical examination are sufficient for diagnosis. Polysomnography (PSG) remains the gold standard objective evaluation of sleep apnea. Objective testing for OSA is necessary to establish a correct diagnosis, determine disease severity, and initiate or direct the appropriate treatment.

#### Management

##### Non-surgical management

Nonsurgical management of OSAS can be divided into four categories:

- **Treatment of predisposing factors**- positional therapy, weight loss, proper sleep hygiene, smoking cessation, avoiding sedatives and alcohol, and adherence to a regular exercise routine.
- **Treatment of medical causes**- hypothyroidism, Marfan's syndrome, congestive heart failure, and acromegaly are examples of medical conditions that can exacerbate OSAS. Objective follow-up is necessary after treatment of medical conditions, since OSAS frequently persists even when underlying medical disease is reversed.
- **Drug therapy**- Some non-sedating antidepressants may act as mild respiratory stimulants and increase upper airway muscle tone. Protryptiline hydrochloride is an example medication that may have some efficacy; however its use is limited by unpleasant anticholinergic side effects. Antidepressants may independently reduce daytime fatigue, even without reducing the Apnea/Hypopnea Index. Finally, several types of pharmacologic agents are being developed, but currently none has demonstrated efficacy in treating sleep disordered breathing.
- **Use of medical devices**- Nasal CPAP (Continuous Positive Airway Pressure) applies positive pressure to the upper airway to maintain patency during sleep. Intraluminal pressure within the airway is increased to above collapsing pressures, thereby preventing obstruction. Successful use of nasal CPAP objectively reduces respiratory disturbance associated with OSAS. It reduces the symptoms of excessive daytime somnolence, hypertension, and other morbidity associated with OSAS. Successful use of nasal CPAP requires correct pressure settings, an airtight patient/mask interface, patient tolerance, and patient compliance. Multiple evidence-based studies have demonstrated the effectiveness of CPAP. This treatment modality is associated with low risks of serious complications, and is widely considered the first line therapy for OSAS in most adults. Other devices include dental splints developed to prevent retrusion of the tongue into the airway.

##### Surgical Management

A surgical approach to treating sleep disordered breathing is indicated in patients with pathologic lesions of the upper airway, apnea that has failed nonsurgical management, a lifestyle that precludes other treatments, and snoring in the absence of obstructive sleep apnea. **Site-directed surgery has become an important adjunct to nasal CPAP in patients with severe sleep apnea who are unable to habituate to the high pressures required on CPAP or BIPAP.** Procedure selection depends upon the location of the airway collapse, the severity of disease, associated medical risks, the morbidity of treatment, and the likelihood of surgical success. Since multiple anatomic sites may need modification, no single approach is applicable for all patients. The common surgical procedures for sleep apnea by site of obstruction include:

- **Nose**- Septoplasty, turbinate reduction, removal of sinonasal masses or polyposis
- **Nasopharynx**- Adenoidectomy
- **Oropharynx**- Tonsillectomy, Uvulopalatopharyngoplasty
- **Hypopharynx**- Midline glossectomy, Lingual tonsillectomy, Radiofrequency ablation of the tongue base, Epiglottoplasty, Mandibular osteotomies and Genioglossus advancement, Inferior sagittal osteotomy, and Maxillo-mandibular advancement.
- **Airway Bypass Procedures**- Tracheotomy

##### **Referral to an Otolaryngologist should be considered for:**

- Patients with known OSA who fail nasal CPAP, are noncompliant, are unable to tolerate the device, or whose lifestyles do not permit the use of CPAP.
- Patients with known or suspected OSA who demonstrate obvious structural abnormalities of the upper airway.
- Patients with persistent snoring who test negative for OSA or demonstrate mild OSA by polysomnogram. The treatment for habitual snoring continues to evolve with the development of in-office snoreplasty procedures. These have no efficacy for OSA, however early data are showing promise for control and reduction of loud, disruptive snoring.
- Patients with severe, debilitating OSA with cardiac sequelae who may require tracheotomy for complete bypass of the airway obstruction.