INTERNATIONAL SURGICAL SLEEP SOCIETY

ISSS 2024 ANNUAL MEETING

January 24-26, 2024 • Wollongong, Australia

InternationalSurgicalSleepSociety SleepSurgery surgicalsleepsociety surgicalsleep.org #ISSS2024

DAY 1 - January 24

8:00 AM - 8:10 AM	**INTRODUCTION AND WELCOME**
8:10 am - 8:50 am	**Featuring: Colin Sullivan** - Cement to CPAP, SAVE to SAMS, Horizonal therapies missing the mark, my life in the treatment of OSA
8:50 am - 9:00 am	Q&A
9:00 am - 10:00 am	**Plenary Debate 1: Is Anatomic or Physiologic Phenotyping More Important?**
	Physiological phenotyping is ready to direct treatment pathways in OSA *Danny Eckert*
	Anatomical phenotyping in OSA is far more important *Tucker Woodson*
	Both sides have good points, and the truth lies somewhere in between *Brad Edwards*
	Q&A
10:00 am - 10:20 am	**BREAK**
10:20 am - 11:20 am	**Plenary Debate 2: Moderate to Severe OSA, Does Treatment have any Effect on Cardiovascular Outcomes?**
	Treatment of moderate-severe OSA (devices or surgery) DOES convincingly reduce cardiovascular risk *Andrew Jones*
	Treatment of moderate-severe OSA (devices or surgery) DOES NOT convincingly reduce cardiovascular risk *Brendon Yee*
	Both sides have good points and the truth lies somewhere in between *Claire Ellender*
	Q&A
11:30 am - 12:30 pm	**Plenary Debate 3: Single vs Multilevel OSA Surgery**
	Single level surgery is preferred upfront *Robson Capasso*
	Multilevel surgery is preferred up front *Eric Kezirian*
	Both sides have good points, Individual case variation is warranted *Vikram Padhye*
	Q&A
12:30 pm - 1:15 pm	**LUNCH**
1:15 pm - 1:45 pm	**1A CONCURRENT SESSION**
	Debate: The Timing of Sleep Surgery in OSA
	Adult OSA surgery timing should be earlier in our paradigms *Kenny Pang*
	Adult OSA surgery is a complex salvage therapy, and should be kept to failure of non surgical therapy *Sam Mickelson*
	Both sides have good points and the truth lies somewhere in between *John Loh*
	Q&A
1:15 pm - 1:45 pm	**1B CONCURRENT SESSION**
	Debate: What is the Role of the Robot in OSA Surgery?
	The robot is an essential tool for the OSA surgeon) *Erica Thaler*
	The robot is NOT an essential tool for the OSA surgeon *Paul Hoff*
	Both sides have good points and the truth lies somewhere in between *Julia Crawford*
	Q&A

1:45 pm - 2:15 pm	**2A CONCURRENT SESSION**
	Debate: The Epiglottis in OSA Surgery
	We should be treating the epiglottis more in OSA surgery *Vikas Agrawal*
	The epiglottis rarely needs treament in Osa surgery *Srinivas Kishore*
	Both sides have good points and the truth lies somewhere in between *Dipankar Datta*
	Q&A
1:45 pm - 2:15 pm	**2B CONCURRENT SESSION**
	Debate: Is Preventative Orthodontic Expansion Necessary?
	Orthodontic expansion is a necessity after paediatric adenotonsillectomy in narrow orthodontics *Peter Hoang*
	Orthodontic expansion is NOT a necessity after paediatric adenotonsillectomy in narrow orthodontics, I can expand them later *Krishnan Parthasarathi*
	Careful selection for orthodontics is critical *Jo Ngiam*
	Q&A
2:15 pm - 2:45 pm	**3A CONCURRENT SESSION**
	Debate: Should Nerve Stimulator Indications be Expanded in Snoring/OSA Patients?
	Nerve stimulator indications should be expanded *Katherine Green*
	Nerve stimultor indicators should not be expanded *Maurits Boon*
	Both sides have good points and the truth lies somewhere in between *Oleg Froymovich*
	Q&A
2:15 pm - 2:45 pm	**3B CONCURRENT SESSION**
	Debate: What is the Future of Nerve Stimultion in Pediatric OSA?
	The role of the nerve stimultor will expand in paediatrics *Stacey Ishman*
	The role of the nerve stimulatory will be limited in paediatrics *Erin Kirkham*
	Both sides have good points and the truth lies somewhere in between *Abhay Sharma*
	Q&A
2:45 pm - 3:15 pm	**4A CONCURRENT SESSION**
	Debate: Should an OSA Surgeon Require a Sleep Surgery Fellowship?
	Sleep surgery requires formal post-fellowship training *Leon Kitipornchai*
	Sleep Surgery does not require formal post-fellowship training *Nick Stow*
	A mix of post-fellowship and non post-fellowship trained sleep surgeons is appropriate *Yi Cai*
	Q&A
2:45 pm -3:15 pm	**4B CONCURRENT SESSION**
	Debate: Where do Mandibular Advancement Splints Fit in the OSA Treatment Paradigm for those Failing PAP Therapy?
	MAS should be tried first, even in severe OSA *Adam Teo*
	Surgery should go first, those requiring more treatment then go get a MAS *Boyd Gilespie*
	The decision is individually based, and needs to be practical *Olivier Vanderveekan*
	Q&A

3:15 PM - 3:30 PM	**BREAK**
3:30 pm - 4:00 pm	**5A CONCURRENT SESSION**
	Debate: Tonsillectomy or Tonsillotomy in the Pediatric OSA Patient?
	Tonsillotomy should be done over tonsillectomy in paediatric OSA *Niall Jefferson*
	Tonsillectomy should be done over tonsillotomy in paediatric OSA *Andrew Wignall*
	Both tonsillotomy and tonsillectomy play a role in managing the paediatric OSA patient *Norman Friedman*
	Q&A
3:30 pm - 4:00 pm	**5B CONCURRENT SESSION**
	Debate: Are all Modern UPPP Same but Different?
	Palatal surgeries are converging, and evidence applies broadly *Megan Durr*
	Each palatal surgical technique needs its own validation *Jolie Chang*
	Keep building evidence, but accepting newer techniques as essential *Rodolfo Lugo Saldana*
	Q&A
4:00 pm - 4:30 pm	**6A CONCURRENT SESSION**
	Debate: Should we be Treating Residual Mild/Borderline Moderate OSA after Adenotonsillectomy in Pediatric Patients?
	We should treat mild-borderline moderate residual OSA in paediatrics after adenotonsillectomy *Christina Baldassari*
	We should NOT treat mild-borderline moderate residual OSA in paediatrics after adenotonsillectomy *Derek Lam*
	We should selectively treat mild-borderline moderate residual OSA in paediatrics after adenotonsillectomy *Kelvin Kong*
	Q&A
4:00 pm - 4:30 pm	**6B CONCURRENT SESSION**
	Debate: Unilateral or Bilateral Hypoglossal Nerve Stimulation?
	Bilateral hypoglossal nerve is preferred to unilateral *Joachim Maurer*
	Unilateral hypoglossal nerve stimulation is preferred to bilateral *Mark D'Agostino*
	We need unilateral and bilateral HGNS options *Peter Eastwood*
	Q&A
4:30 pm - 5:00 pm	**7A CONCURRENT SESSION**
	Debate: Should we be Treating Sleep State Dependant Laryngomalacia?
	We need to be more aggressive in treating sleep state dependant laryngomalacia *Lisa Elden*
	We should more conservative in treating sleep state dependant laryngomalacia *Hannah Burns*
	We should be very selective with who we treat *Ryan Borek*
	Q&A
4:30 pm - 5:00 pm	**7B CONCURRENT SESSION**
	Debate: Snoring/OSA and the Nose
	The importance of the nose needs more emphasis *Kevin McLaughlin*
	The importance of the nose is overstated *Sebastian Jara*
	Both sides have good points, and the truth lies somewhere in between *Douglas Trask*
	Q&A

DAY 2 - January 25

8:00 am - 8:50 am	**Plenary Debate 4: PhOP – Is it a Mic Drop?**
	The PhOP is tops *Raj Dedhia*
	The PhOP is a flop *Peter Catcheside*
	Optional PhOP *Alan Schwarz*
	Q&A
8:50 am - 9:40 am	**Plenary Debate 5: To DISE or not to DISE?**
	OSA surgery patients need a DISE *Madeline Ravesloot*
	OSA surgery patients don't need a DISE *Richard Lewis*
	Both sides have good points, and the truth lies somewhere in between *Nat Marshall*
	Q&A
9:40 am - 10:30 am	**Plenary Debate 6: Adenotonsillectomy is a Low Value Procedure and Health Policy Should Reflect This**
	Adenotonsillectomy is a low value procedure and health policy should reflect this *Neil Merrett*
	Adenotonsillectomy is not a low value procedure and health policy should reflect this *Ed Weaver*
	Both sides have good points, and the truth lies somewhere in between *Adelaide Withers*
	Q&A
10:30 AM - 11:00 AM	**BREAK**
11:00 am - 12:00 pm	**SLEEP AROUND THE WORLD I: OSA Surgery is Different in Every Country. What do you do that is Different to Others? What Problems do you have? Panel Discussion** Panelists: *Summit Samant, Edilson Zancanella, Andrew Wong, Hsin Ching Lin and Itzhak Bravermans*
11:00 am - 12:00 pm	**Oral Research Presentation – Session I** Moderators: *Nick Phillips and Allison Ikeda*
12:00 pm - 1:00 pm	**SLEEP AROUND THE WORLD II: How we Should Integrate Procedure Variations from Different Areas; Nerve Stimulation and Combination Therapy into Contemporary Paradigms. Panel Discussion** Panelists: *Eric Thuler, Evert Hamans, Alan Kominsky, Vijaya Krishnan and Shintaro Chiba*
12:00 pm - 1:00 pm	**Oral Research Presentation – Session II** Moderators: *Rachelle Love and Marty Hopp*
1:00 PM - 2:00 PM	**LUNCH BREAK**
2:00 pm - 3:00 pm	**8A CONCURRENT SESSION**
	Debate: The Use of NSAIDS after Adenotonsillectomy
	Routine use of NSAIDs after Pediatric Adenotonsillectomy is Advised *Shyan Vijayasekaran*
	Routine use of NSAIDs after Pediatric Adenotonsillectomy is NOT Advised *Nathan Hayward*
	Judicious use of post-op NSAIDs is Advised *Kavita Dedhia*
	Rebuttal/Q&A
2:00 pm - 3:00 pm	**8B CONCURRENT SESSION**
	Debate: Treating Adult Mild OSA
	Treating Mild OSA is Important *Kathleen Yaremchuk*
	Identifying Mild OSA is Purely for Symptom Treatment and doesn't Confer Cardiovascular Risk *Patrick Strollo*
	Both sides have good points, and the truth lies somewhere in between *Colin Tuft*
	Rebuttal/Q&A
3:00 PM - 3:30 PM	**BREAK - BUSINESS MEETING - AWARD FOR BEST ORAL PRESENTATION**
3:30 pm - 4:00 pm	I've Got an Issue With