

INTERNATIONAL SURGICAL SLEEP SOCIETY



ISSS 2024 ANNUAL MEETING

24-26 January 2024 • Wollongong, Australia



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ISSS PRESIDENT

Welcome

Dear Colleagues,

Welcome to the International Surgical Sleep Society World Congress! We are delighted that you will be amongst renowned national and international sleep disorder experts on 24-26 January 2024, at the Novotel Wollongong Northbeach in Wollongong, Australia.

The ISSS was founded in 2006 and is the world's preeminent organization dedicated to the surgical evaluation and treatment of patients with sleep disorders. This past year we further defined our purpose as we focused on our mission to educate sleep physicians with the addition of the Educational Update that was held in Nashville and will be followed by one in Miami in September 2024.

This Wollongong meeting brings us back together in our traditional meeting framework where we are delighted to be gathering the broader international community in a scientific meeting designed to enable us to discuss advances in sleep surgery and share our research findings. These meetings have provided the foundation for ongoing ISSS research initiatives to help our patients and collaborate with our colleagues around the world.

Upon completion of this comprehensive continuing medical education program (worth up to 12.75 CME hours), participants should be able to describe the pathophysiology of OSA, diagnostic options, and treatment strategies, recognize the common causes of CPAP intolerance, and understand the role of adjunctive or alternative therapies in the treatment of OSA. In addition, we should be able to discuss the most common comorbid sleep conditions impacting patients with OSA and their diagnosis and treatment and organize and implement a successful multidisciplinary approach to treat patients with OSA.

Our local hosts, Drs. Lyndon Chan and Stuart MacKay, have worked tirelessly to put together this meeting, and we thank them for their dedication and hospitality.

We also appreciate the support of our industry partners and ask you to join them in the exhibit hall where they will be highlighting their newest innovative products and services that support sleep patients and surgeons.

I am very sorry that I won't be able to see every smile and shake every hand, but I am excited to have you join us here and at future meetings.

WELCOME TO WOLLONGONG!



A handwritten signature in blue ink that reads "Stacey Ishman".

Stacey Ishman, MD, MPH
President, International Surgical Sleep Society

2024 ISSS Faculty



Lyndon Chan, MBBS



Stuart Mackay, FRACS

- Vikas Agrawal, MD
 Mauz Asghar, MD
 Cristina Baldassari, MD
 Wish Banhiran, MD
 Maurits Boon, MD
 Ryan Borek, MD
 Alexander Bunge, MD
 Hannah Burns, MBBS
 Shintaro Chiba, MD
 Rodrigo Cabezon, MD
 Yi Cai, MD
 Robson Capasso, MD, FAASM
 Peter Catcheside, BSc(Hons), PhD
 Jolie Chang, MD
 Emily Comness, MD
 Julia Crawford, BSc(Med), MBBS, FRACS
 Mark D'Agostino, MD
 Dipankar Datta, MS
 Kavita Dedhia, MD, MSHP, FAAP
 Raj Dedhia, MD, MSCR
 Megan Durr, MD
 Peter Eastwood, PhD
 Danny Eckert, PhD
 Brad Edwards, PhD
 Lisa Elden, MD
 Claire Ellender, BSc, MBBS, FRACP, PhD
 Norman Friedman, MD
 Oleg Froymovich, MD
 Marion Gillespie, MD
 Julius Goh Liang Chye, MS (ORL-HNS)
 Katherine Green, MD
 Nathan Hayward, FRACS
 Peter Hoang, BDS (Adl), FRACDS, MPhil, MRACDS (Ortho), DClinDent (Ortho), MOrtho RCS (Edin)
- Paul Hoff, MD
 Allison Ikeda, MD, MS
 Stacey Ishman, MD, MPH, HCQM
 Sebastian Jara, MD, MPH
 Niall Jefferson, MBBS, BAO, FRACS (OHNS)
 Andrew Jones, MBBS, FRACP
 Tom Kaffenberger, MD
 Eric Kezirian, MD, MPH
 Erin Kirkham, MD, MPH
 Srinivas Kishore Sistla, MS
 Leon Kitipornchai, MBBS
 Alan Kominsky, MD
 Kelvin Kong, BSc, MBBS, FRACS, MD
 Vijaya Krishnan, MBBS, DNB, DLO
 Derek Lam, MD, MPH
 Richard Lewis, MD, FRACS
 Pei-Shao Liao, MD
 Hsin-Ching Lin, MD, FACS
 Blake Lindsay, MD
 John Loh, MBBS, MRCS
 Rachelle Love, FRACS
 Dr Rodolfo Lugo, MD
 Nathaniel Marshall, PhD
 Joachim Maurer, MD
 Kevin McLaughlin, MD
 Neil Merrett, MB, BS
 Sam Mickelson, MD
 Yoichi Nishimura, MD
 Itsuo Nakajima, MD, PhD
 Joachim Ngiam, BDS, MSD, MPhil, PhD
 Vanderveken Olivier, MD, PhD
 Amal Osman, PhD
 Vikram Padhye, MBBS, PhD, FRACS
- Kenny Pang, MD
 Krishnan Parthasarathi, BSc(Hons), BMed(Distinct), FRACDS(OMS), FDSRCS(Ed)
 Nick Phillips, BSc, MBBS, MS, FRACS
 Andrea Plawewski, MD
 Anand Raju, MD
 Madeline Raveslout, MD, PhD, MSc
 Sarin Rungmanee, MD
 Sumit Samant, FRACS
 Nithita Sattaratpajit, MD
 Patrick Scheffler, MD
 Alan Schwartz, MD
 Abhay Sharma, MD
 Nicholas Stow, MBBS, FRACS
 Patrick Strollo, MD
 Colin Sullivan, MD
 Adam Teo, BOralH, GDipDent, MSciMed (Sleep), FDSM
 Erica Thaler, MD
 Eric Thuler, MD
 Douglas Trask, MD, PhD
 Kurt Tschopp, MD
 Colin Tuft, MBBS, FRACP
 Shyan Vijayasekaran, MD
 Edward Weaver, MD, MPH
 Andrew Wignall B.Med.Sci., MBBS, FRACS
 Adelaide Withers, MBBS (Hons) FRACP Dip CH
 Andrew Chun Lok Wong, MBBS(HK), MRCS(Ed), FHKCORL, FRCS(Ed), FHKAM(Otorhinolaryngology), MPH(HK)
 B. Tucker Woodson, MD
 Brendon Yee, MD
 Kathleen Yaremchuk, MD
 David Zopf, MD

ISSS 2024 LEARNER NOTIFICATION

COURSE DESCRIPTION

Obstructive sleep apnea (OSA) is a disorder characterized by upper airway collapse during sleep. Estimated prevalence of OSA is 24% in men and 9% in women. Awareness of cognitive impairment and cardiovascular morbidity associated with OSA has been increasing. Many diagnostic and treatment techniques to optimize treatment outcomes have been developed. It is essential for physicians to stay up-to-date on new technology and treatment approaches in order to provide optimal management of patients with OSA. This course will bring together experts in sleep surgery and sleep medicine from different parts of the world. The course will feature lectures on the most current sleep apnea patient care by local and international experts. The goal is to educate the participants on the latest research and advancements in OSA treatment.

EDUCATIONAL OBJECTIVES

Upon completion of this course participants should be able to:

1. Describe the pathophysiology of OSA, diagnostic options, and treatment strategies.
2. Recognize the common causes of CPAP intolerance and understand the role of adjunctive or alternative therapies in the treatment of OSA.
3. Discuss the most common comorbid sleep conditions impacting patients with OSA and their diagnosis and treatment; organize and implement a successful multidisciplinary approach to treat patients with OSA.

ACCREDITATION



In support of improving patient care, this activity has been planned and implemented by Amedco LLC and International Surgical Sleep Society (ISSS). Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Amedco Joint Accreditation #4008163.

Physicians (ACCME) Credit Designation

Amedco LLC designates this **live activity** for a maximum of **12.75 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

FACULTY DISCLOSURES





DAY 1: Wednesday - 24 January 2024

7:30 am – 7:45 am	COFFEE BAR WITH EXHIBITORS <i>Gallery</i>	
7:50 am – 8:00 am	ISSS President's Message <i>Stacey Ishman</i> Thank You for Your Service <i>Maurits Boon</i>	
8:00 am – 8:10 am	WELCOME & INTRODUCTION <i>Stuart Mackay</i>	
8:10 am – 8:15 am	Acknowledgment of Country <i>Kelvin Kong</i>	
8:15 am – 8:20 am	Introduction of Plenary Speaker <i>Lyndon Chan</i>	
8:20 am – 8:50 am	FEATURED PLENARY Cement to CPAP, SAVE to SAMS, Horizontal Therapies Missing the Mark, My Life in the Treatment of OSA <i>Colin Sullivan</i>	
8:50 am – 9:00 am	Q&A	
9:00 am – 10:00 am	PLENARY DEBATE 1 Is Anatomic or Physiologic Phenotyping More Important?	
9:00 am	Physiological Phenotyping is Ready to Direct Treatment Pathways in OSA <i>Danny Eckert</i>	
9:17 am	Anatomical Phenotyping in OSA is Far More Important <i>Tucker Woodson</i>	
9:35 am	Both Sides Have Good Points, and the Truth Lies Somewhere in Between <i>Brad Edwards</i>	
9:45 am	Q&A	
10:00 am – 10:20 am	BREAK WITH EXHIBITORS <i>Gallery</i>	
10:20 am – 11:20 am	PLENARY DEBATE 2 Moderate to Severe OSA: Does Treatment have any Effect on Cardiovascular Outcomes?	
10:20 am	Treatment of Moderate-Severe OSA (Devices or Surgery) DOES Convincingly Reduce Cardiovascular Risk <i>Andrew Jones</i>	
10:37 AM	Treatment of Moderate-Severe OSA (Devices or Surgery) DOES NOT Convincingly Reduce Cardiovascular Risk <i>Brendon Yee</i>	
10:55 AM	Both Sides Have Good Points and the Truth Lies Somewhere in Between <i>Claire Ellender</i>	
11:10 AM	Q&A	
11:30 am – 12:30 pm	PLENARY DEBATE 3 Single vs Multilevel OSA Surgery	
11:30 am	Single Level Surgery is Preferred Upfront <i>Robson Capasso</i>	
11:45 am	Multilevel Surgery is Preferred Upfront <i>Eric Kezirian</i>	
12:00 pm	Both Sides Have Good Points, Individual Case Variation is Warranted <i>Vikram Padhye</i>	
12:10 pm	Q&A	
12:30 pm – 1:15 pm	LUNCH <i>Palisades Kitchen - 3rd Floor</i>	
1:15 pm – 1:45 pm	1A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: The Timing of Sleep Surgery in OSA	1B CONCURRENT SESSION <i>Hoskins</i> Debate: What is the Role of the Robot in OSA Surgery?
1:15 pm	Adult OSA Surgery Timing Should be Earlier in our Paradigms <i>Kenny Pang</i>	The Robot is an Essential Tool for the OSA Surgeon <i>Erica Thaler</i>
1:25 pm	Adult OSA Surgery is a Complex Salvage Therapy, and Should be after Failure of Non Surgical Therapy <i>Sam Mickelson</i>	The Robot is NOT an Essential Tool for the OSA Surgeon <i>Paul Hoff</i>
1:35 pm	Both Sides Have Good Points and the Truth Lies Somewhere in Between <i>John Loh</i>	Both Sides Have Good Points and the Truth Lies Somewhere in Between <i>Julia Crawford</i>
1:40 pm	Q&A	Q&A

1:45 pm - 2:15 pm	2A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: The Epiglottis in OSA Surgery	2B CONCURRENT SESSION <i>Hoskins</i> Debate: Is Preventative Orthodontic Expansion Necessary?
1:45 pm	We Should be Treating the Epiglottis More in OSA Surgery <i>Vikas Agrawal</i>	Orthodontic Expansion is a Necessity After Paediatric Adenotonsillectomy in Narrow Orthodontics <i>Peter Hoang</i>
1:55 pm	The Epiglottis Rarely Needs Treatment in OSA Surgery <i>Srinivas Kishore</i>	Orthodontic Expansion is NOT a Necessity After Paediatric Adenotonsillectomy in Narrow Orthodontics, I Can Expand Them Later <i>Krishnan Parthasarathi</i>
2:05 pm	Both Sides Have Good Points and the Truth Lies Somewhere in Between <i>Dipankar Datta</i>	Careful Selection for Orthodontics is Critical <i>Jo Ngiam</i>
2:10 pm	Q&A	Q&A
2:15 pm - 2:45 pm	3A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: Should Nerve Stimulator Indications be Expanded in Snoring/OSA Patients?	3B CONCURRENT SESSION <i>Hoskins</i> Debate: What is the Future of Nerve Stimulation in Paediatric OSA?
2:15 pm	Nerve Stimulator Indications Should be Expanded <i>Katherine Green</i>	The Role of Nerve Stimulation Will Expand in Paediatrics <i>Abhay Sharma</i>
2:25 pm	Nerve Stimulator Indications Should Not be Expanded <i>Maurits Boon</i>	The Role of Nerve Stimulation Will be Limited in Paediatrics <i>Erin Kirkham</i>
2:35 pm	Both Sides Have Good Points and the Truth Lies Somewhere in Between <i>Oleg Froymovich</i>	Both Sides Have Good Points and the Truth Lies Somewhere in Between <i>Nicholas Phillips</i>
2:40 pm	Q&A	Q&A
2:45 pm - 3:15 pm	4A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: Should an OSA Surgeon Require a Sleep Surgery Fellowship?	4B CONCURRENT SESSION <i>Hoskins</i> Debate: Where do Mandibular Advancement Splints Fit in the OSA Treatment Paradigm for those Failing PAP Therapy?
2:45 pm	Sleep Surgery Requires Formal Post-Fellowship Training <i>Leon Kitipornchai</i>	MAS Should be Tried First, Even in Severe OSA <i>Adam Teo</i>
2:55 pm	Sleep Surgery Does Not Require Formal Post-Fellowship Training <i>Nick Stow</i>	Surgery Should Be First, Those Requiring More Treatment Then Go Get a MAS <i>Boyd Gilespie</i>
3:05 pm	A Mix of Post-Fellowship and Non Post-Fellowship Trained Sleep Surgeons is Appropriate <i>Yi Cai</i>	The Decision is Individually Based, and Needs to be Practical <i>Olivier Vanderveekan</i>
3:10 pm	Q&A	Q&A
3:15 pm - 3:30 pm	BREAK WITH EXHIBITORS <i>Gallery</i>	

3:30 pm - 4:00 pm	5A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: Tonsillectomy or Tonsillotomy in the Paediatric OSA Patient?	5B CONCURRENT SESSION <i>Hoskins</i> Debate: Are all Modern UPPP Techniques the Same?
3:30 pm	Tonsillotomy Should be Done Over Tonsillectomy in Paediatric OSA <i>Niall Jefferson</i>	Modern UPPP are Converging, and Evidence Applies Broadly <i>Megan Durr</i>
3:40 pm	Tonsillectomy Should be Done Over Tonsillotomy in Paediatric OSA <i>Andrew Wignall</i>	Each Modern UPPP Technique Needs its Own Validation <i>Jolie Chang</i>
3:50 pm	Both Tonsillotomy and Tonsillectomy Play a Role in Managing the Paediatric OSA Patient <i>Norman Friedman</i>	Keep Building Evidence, but Accepting Newer Techniques is Essential <i>Rodolfo Lugo Saldana</i>
3:55 pm	Q&A	Q&A
4:00 pm - 4:30 pm	6A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: Unilateral or Bilateral Hypoglossal Nerve Stimulation?	6B CONCURRENT SESSION <i>Hoskins</i> Debate: Should we be Treating Residual Mild/ Borderline Moderate OSA After Adenotonsillectomy in Paediatric Patients?
4:00 pm	Bilateral Hypoglossal Nerve is Preferred to Unilateral <i>Joachim Maurer</i>	We Should Treat Mild-Borderline Moderate Residual OSA in Paediatrics After Adenotonsillectomy <i>Christina Baldassari</i>
4:10 pm	Unilateral Hypoglossal Nerve Stimulation is Preferred to Bilateral <i>Mark D'Agostino</i>	We Should NOT Treat Mild-Borderline Moderate Residual OSA in Paediatrics After Adenotonsillectomy <i>Derek Lam</i>
4:20 pm	We Need Unilateral and Bilateral HGNS Options <i>Peter Eastwood</i>	We Should Selectively Treat Mild-Borderline Moderate Residual OSA in Paediatrics After Adenotonsillectomy <i>Kelvin Kong</i>
4:25 pm	Q&A	Q&A
4:30 pm - 5:00 pm	7A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: Should we be Treating Sleep State Dependent Laryngomalacia?	7B CONCURRENT SESSION <i>Hoskins</i> Debate: Snoring/OSA and the Nose
4:30 pm	We Need to be More Aggressive in Treating Sleep State Dependent Laryngomalacia - <i>Lisa Elden</i>	The Importance of the Nose Needs More Emphasis <i>Kevin McLaughlin</i>
4:40 pm	We Should be More Conservative in Treating Sleep State Dependent Laryngomalacia - <i>Hannah Burns</i>	The Importance of the Nose is Overstated <i>Sebastian Jara</i>
4:50 pm	We Should be Very Selective with Who We Treat <i>Ryan Borek</i>	Both Sides Have Good Points, and the Truth Lies Somewhere in Between <i>Douglas Trask</i>
4:55 pm	Q&A	Q&A



ISSS 2024 WELCOME RECEPTION

Wednesday - 24 January 2024 • 6:30 pm - 10:30 pm

Harbourfront Seafood Restaurant • 2 Endeavour Drive, Wollongong

Ticketed Event





DAY 2: Thursday - 25 January 2024

7:00 am	COFFEE BAR WITH EXHIBITORS <i>Gallery</i>	
8:00 am - 8:50 am	PLENARY DEBATE 4 PhOP – Is it a Mic Drop?	
8:00 am	The PhOP is Tops <i>Raj Dedhia</i>	
8:15 am	The PhOP is a Flop <i>Peter Catcheside</i>	
8:30 am	Optional PhOP <i>Alan Schwarz</i>	
8:40 am	Q&A	
8:50 am - 9:40 am	PLENARY DEBATE 5 To DISE or not to DISE?	
8:50 AM	OSA Surgery Patients Need a DISE <i>Madeline Ravesloot</i>	
9:05 AM	OSA Surgery Patients Don't Need a DISE <i>Richard Lewis</i>	
9:20 AM	Both Sides Have Good Points, and the Truth Lies Somewhere in Between <i>Nat Marshall</i>	
9:30 AM	Q&A	
9:40 am - 10:30 am	PLENARY DEBATE 6 Adenotonsillectomy -Value and Health Policy	
9:40 AM	Adenotonsillectomy is a Low Value Procedure and Health Policy Should Reflect This <i>Neil Merrett</i>	
9:55 AM	Adenotonsillectomy is Not a Low Value Procedure and Health Policy Should Reflect This <i>Ed Weaver</i>	
10:10 AM	Both Sides Have Good Points, and the Truth Lies Somewhere in Between <i>Adelaide Withers</i>	
10:20 AM	Q&A	
10:30 am - 11:00 am	BREAK WITH EXHIBITORS <i>Gallery</i>	
11:00 am - 12:00 pm	8A CONCURRENT SESSION <i>McCabe/Throsby</i>	8B CONCURRENT SESSION <i>Hoskins</i>
	Sleep Around The World I - Panel Discussion Panelists: <i>Summit Samant, Alexander Bunge, Wish Banhiran, Vijaya Krisnan, Hsin Ching Lin</i>	Oral Research Presentation – Session I Moderators: <i>Nick Phillips and Allison Ikeda</i> (see following page)
12:00 pm - 1:00 pm	9A CONCURRENT SESSION <i>McCabe/Throsby</i>	9B CONCURRENT SESSION <i>Hoskins</i>
	Sleep Around The World II - Panel Discussion Panelists: <i>Rodrigo Cabezón, Kurt Tschopp, Alan Kominsky, Shintaro Chiba and Andrew Wong</i>	Oral Research Presentation – Session II Moderators: <i>Rachelle Love and Marty Hopp</i> (see following page)
1:00 pm - 2:00 pm	LUNCH BREAK <i>Palisades Kitchen - 3rd Floor</i>	
2:00 pm - 2:30 pm	10A CONCURRENT SESSION <i>McCabe/Throsby</i> Debate: Treating Adult Mild OSA	10B CONCURRENT SESSION <i>Hoskins</i> Debate: The Use of NSAIDs after Adenotonsillectomy
2:00 pm	Treating Mild OSA is Important <i>Kathleen Yaremchuk</i>	Routine Use of NSAIDs after Paediatric Adenotonsillectomy is Advised <i>Shyan Vijayasekaran</i>
2:10 pm	Treating Mild OSA is Not Important <i>Patrick Strollo</i>	Routine Use of NSAIDs after Paediatric Adenotonsillectomy is NOT Advised <i>Nathan Hayward</i>
2:20 pm	Both Sides Have Good Points, and the Truth Lies Somewhere in Between <i>Colin Tuft</i>	Judicious Use of Post-op NSAIDs is Advised <i>Kavita Dedhia</i>
2:25 pm	Q&A	Q&A
2:30 pm - 3:00 pm	BREAK WITH EXHIBITORS <i>Gallery</i>	
	BUSINESS MEETING <i>McCabe/Throsby</i>	
	AWARD FOR BEST ORAL PRESENTATION <i>McCabe/Throsby</i>	
3:00 PM - 3:30 pm	I've Got an Issue With...	

ORAL ABSTRACT PRESENTATIONS

11:00 AM – 12:00 PM • SESSION 1 • HOSKINS

11:00 AM	Mauz Asghar, MD	Systematic Review on the Safety of Outpatient Surgery for Obstructive Sleep Apnea Patients in Ambulatory Surgical Centers
11:05 AM	Rodrigo Cabezon, MD	Role of Sleep Surgery in OSAS with Concomitant High Altitude Sleep Apnea. Revision of Pathophysiology and Presentation of 3 cases
11:10 AM	Kurt Tschopp, MD	Predictive Value of Standardized Submental Ultrasonography for Response to Hypoglossal Nerve Stimulation
11:15 AM	Patrick Scheffler, MD	Hypoglossal Nerve Stimulation in Pediatric Patients Below Age 13
11:20 AM	Pei-Shao Liao, MD	The Contributing Factors Affect Outcomes Of Sleep Surgery In Different Age Groups
11:25 AM	Amal Osman, MD	A Novel Hypoglossal Nerve Stimulation Approach Yields Major Improvements in Airflow in People with Obstructive Sleep Apnea During Propofol Sedation
11:30 AM	Nithita Sattaratpajit, MD	NATU-SENSOR: Sleep Position Monitoring In OSA Patients
11:35 AM	Cristina Baldassari, MD, FAAP, FACS	Titration Protocol For Pediatric Upper Airway Stimulation
11:40 AM	Sarin Rungmanee, MD	The Association of Posterior Tongue Grooving (PTG) to Hypoglossal Nerve Stimulation Outcomes
11:45 AM	Emily Comness, MD	Adherence To Unilateral Hypoglossal Nerve Stimulation and Changes in Epworth Sleepiness Scale Scores
11:50 AM	Itsuo Nakajima, MD, PdD	A Report of First Hypoglossal Nerve Stimulation (HNS) Case in Japan

12:00 PM – 1:00 PM • SESSION 2 • HOSKINS

12:00 PM	Anand Raju, MS,DNB	Are We Missing Something in DISE-Role of Salpingopharyngeal Fold Hypertrophy in Sleep Surgery
12:05 PM	Tom Kaffenberger, MD	Surgical Complications In Obstructive Sleep Apnea Patients Undergoing Anterior Cervical Spine Surgery
12:10 PM	Yoichi Nishimura, MD	Possible Mechanisms for Improvements in Airflow from Sleep Surgeries in Obstructive Sleep Apnea
12:15 PM	Kenny Pang, MD	The Sleep Goal Index (SGI) A New Success Criteria Study on 618 OSA Patients
12:20 PM	Julius Goh Liang Chye, MD	Exploring The Relationship Between Surgical Intervention For Obstructive Sleep Apnea And Weight Changes: A Systematic Review And Meta-Analysis
12:25 PM	Julius Goh Liang Chye, MD	Correlation Between Ultrasound Measured Posterior Neck Fold Thickness and Obstructive Sleep Apnea Clinical Parameters: A Preliminary Study
12:30 PM	Nithita Sattaratpajit, MD	The Effect of Tongue Strength in Obstructive Sleep Apnea Patients
12:35 PM	Blake Lindsay, MD	Evaluating Obstructive Sleep Apnea Symptoms and Mean Disease Alleviation
12:40 PM	David Zopf, MD, MS	Early Outcomes of a Phased Randomized Controlled Clinical Trial of a Nasopharyngeal Airway Device for Treatment of OSA in Cerebral Palsy and Trisomy 21.
12:45 PM	Andrea Plawecki, MD	Development of A Multidisciplinary Obstructive Sleep Apnea Care Pathway at a Large Academic Institution
12:50 PM	Rodolfo Lugo, MD, PhD	Side by Side Pharyngoplasty, A Novel Technique
12:55 PM	Allison Ikeda, MD, MS	CPAP Supplies Refill Rates as Surrogate Markers for CPAP Adherence in VA Cohort



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Ramar K, Clin. Sleep Med. 2015



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1. Woodson et al., OTO-HNS 2018. 2. Provided certain conditions are met. For full MRI requirements, warnings and precautions, please view the Inspire MRI Guidelines at manuals.inspiresleep.com. 3. Suurna et al. Laryngoscope 2021.

Inspire is not for everyone. It is a surgically implanted system that is intended to treat obstructive sleep apnea in patients who are not effectively treated by, or able to tolerate CPAP. Talk to your doctor about risks, benefits and expectations associated with Inspire. Risks associated with the surgical implant procedure may include infection and temporary tongue weakness. In rare cases tongue paresis and atrophy may occur. Some patients may require post implant adjustments to the system's settings in order to improve effectiveness and ease any initial discomfort they may experience. Important safety information and product manuals can be found at inspiresleep.com/safety-information/ or call 1-844-OSA-HELP.

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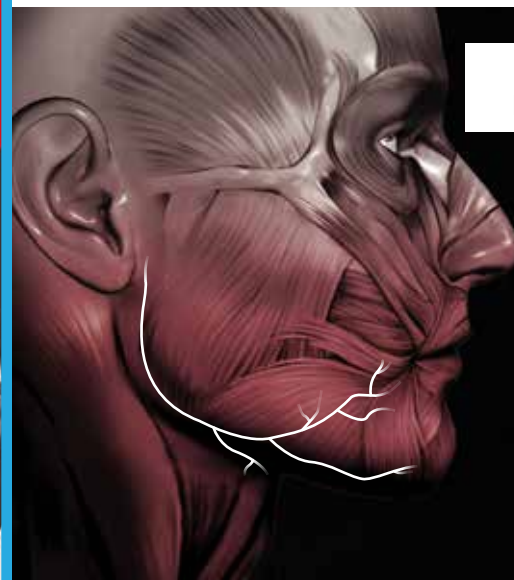
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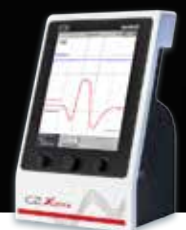
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