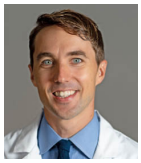
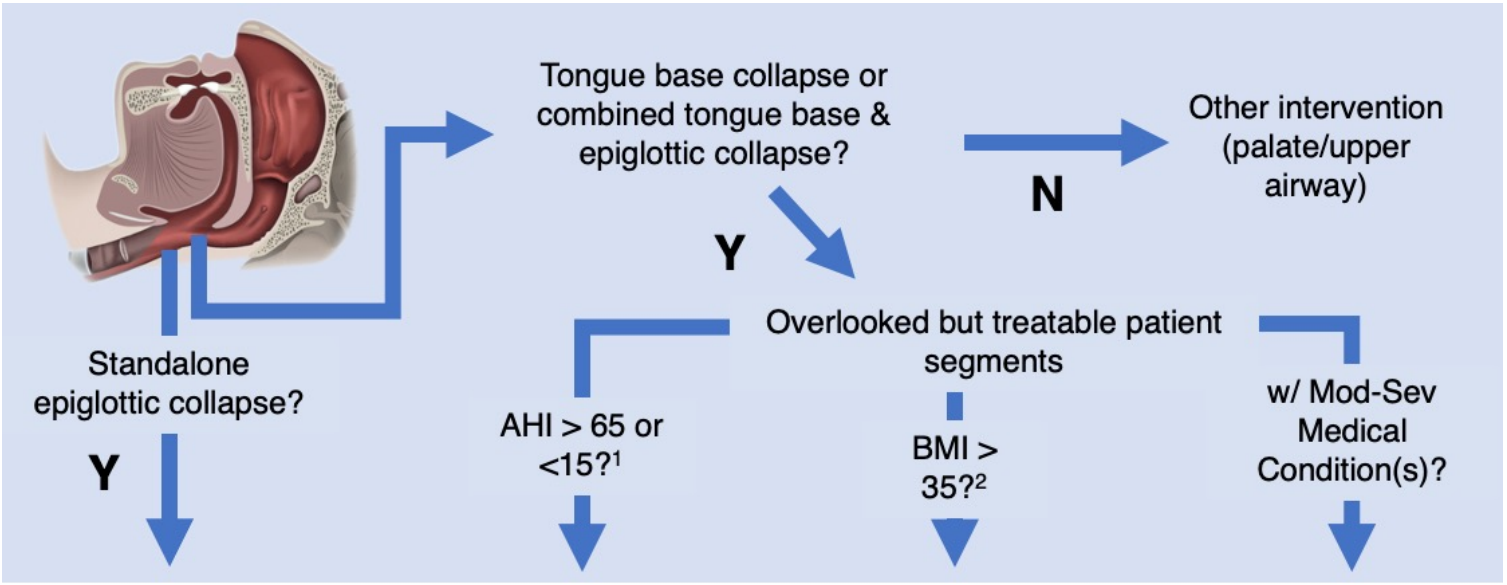
## PATIENT SELECTION

# Lower Airway Collapse in OSA - A Comprehensive Treatment Paradigm: Filling the Treatment Gaps of Hypoglossal Nerve Stimulation (HNS) With AIRLIFT Hyoid Suspension Using Drug-Induced Sleep Endoscopy (DISE) Evaluations

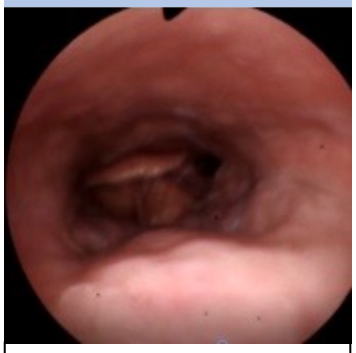
In my practice, all OSA patients undergo a DISE examination. When DISE demonstrates predominantly tongue base and/or epiglottis collapse with minimal upper airway (velum/oropharynx) collapse:

Thomas Heineman, MD.
Physician's Clinic of Iowa
Cedar Rapids, IA






### Epiglottic Collapse

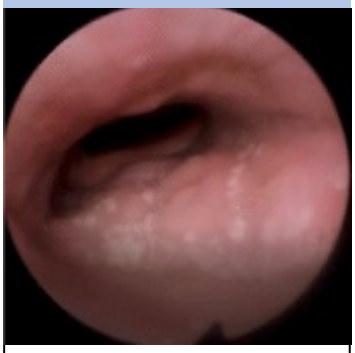


**Patient:** 44-year-old male. DISE showed predominant epiglottic collapse, without notable tongue base collapse.

**Intervention:** AIRLIFT hyoid suspension.

**Result:** Preop AHI 28. Post Airlift AHI 10.

### High AHI



**Patient:** 68-year-old female. DISE finding of upper & complete lower airway collapse.

**Intervention:** AIRLIFT hyoid suspension.

**Result:** Preop AHI of 95.8. Post Airlift AHI 21.2. Patient now HNS eligible.

### High BMI

**Patient:** 44-year-old male with a BMI of 37. Patient unable to lose weight. DISE finding of upper & significant lower airway collapse.

**Intervention:** AIRLIFT hyoid suspension.

**Result:** Preop AHI 18.9. Post Airlift AHI 6.5.

### Down Syndrome

**Patient:** 23-year-old male with Down Syndrome. Post-HNS management concerns. DISE showed predominant tongue base collapse.

**Intervention:** AIRLIFT hyoid suspension.

**Result:** Preop AHI 42.5. Post Airlift AHI 5.7.

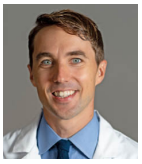
[1] AHI cut off may vary: There are no AHI restrictions on FDA-cleared AIRLIFT indications. HNS FDA-cleared indications are for AHI < 100 but most payers only cover AHI < 65.

[2] BMI cut off may vary: There are no BMI restrictions on FDA-cleared AIRLIFT indications. HNS FDA-cleared indications are for BMI < 40 but most payers only cover BMI < 35.

# PATIENT SELECTION

## Additional AIRLIFT hyoid suspension patient candidates

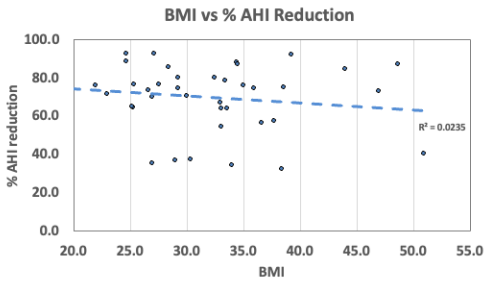
- Insurance coverage for other options is limited
- Minimize disruption of patient's anticoagulation regimen
- Post-procedure compliance concerns
- With significant upper & lower airway collapse, consider adding UPPP either simultaneously or staged.

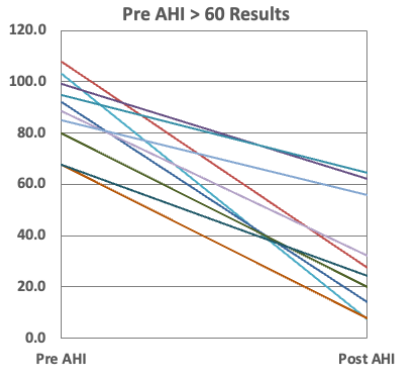


Thomas Heineman, MD.
Physician's Clinic of Iowa
Cedar Rapids, IA

## Literature on Treating High BMI, High AHI and Epiglottic Collapse Patients

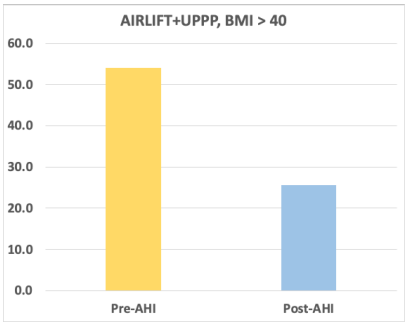
Study of 39 patients treated with AIRLIFT hyoid suspension and modified UPPP[1]. Overall study results showed 74% median AHI reduction, 77% Surgical Success per Sher criteria, and 100% compliance. Overall results achieved showed no correlation with BMI. For patients with a pre-AHI > 60, the mean AHI reduction was 64%.



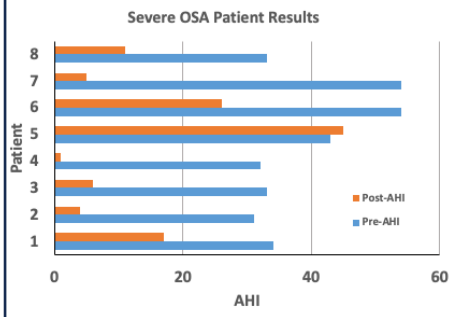

**Article Link:**

29 patients treated with AIRLIFT hyoid suspension and UPPP demonstrated a significant improvement in AHI (54 ± 40.5 to 25.6 ± 21.4) & ESS (11.3 ± 6 to 7 ± 4.9)[2]. Also in this study, 7 patients showed a significant improvement in AHI (30.6 ± 21.1 to 23.3 ± 20.7) with hyoid suspension alone.




**Abstract Link:**

Study of 19 patients treated with AIRLIFT hyoid suspension targeted hypopharyngeal collapse with retroflexion of the epiglottis[3]. Overall study results showed 43% mean AHI reduction, 47% Surgical Success and 100% compliance. 62.5% Surgical Success was found in Severe OSA patient subgroup.




**Article Link:**

AIRLIFT®

**Your New Approach to Hyoid Suspension**

- Fast
- Reliable
- Adjustable
- Simple
- Effective
- Reversible

**Learn more at our website:**

**Siesta Medical, Inc.**
101 Church Street, Suite 3
Los Gatos, CA 95030
ph: 408.320.9424 fax: 408.399.7600
email: info@siestamedical.com
web: www.siestamedical.com

**Contact us to schedule a demo:**

[1] Van tassel et al. ENT Journal 2021. [2]Gao et al. OHNS 2022. [3] Ong et al. WJOHNS 2017.