

With many providers performing Drug-Induced Sleep Endoscopy (DISE) for the workup of Obstructive Sleep Apnea (OSA) in CPAP non-compliant patients, attention is being turned to the anatomical subsites causing upper airway obstruction. Recent meta-analysis show the rate of obstruction as 51.6% for the tongue base and 34.3% for the epiglottis¹. Although reductive procedures and hypoglossal nerve stimulation (HNS) prove to be effective in some patients, these procedures are limited by their morbidity in the former and high cost and maintenance requirements in the latter. The AIRLIFT[®] procedure offers a safe and effective treatment option for hypopharyngeal collapse with quick recovery, no maintenance and high patient satisfaction.



Figure 1(a)

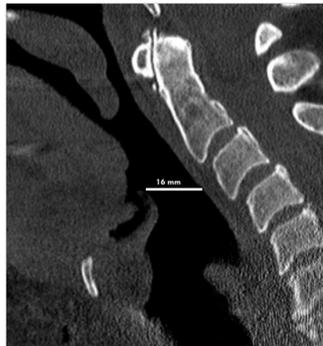


Figure 1(b)

Figure 1. Pre 1(a) and post-operative 1(b) supine CT scan showing increased hypopharyngeal airway after AIRLIFT hyoid suspension.

The AIRLIFT[®] procedure repositions the hyoid in a more anterosuperior position thereby widening the hypopharyngeal airway and increasing wall tension. This fact is seen in post-op CT scans as well as intraoperative flexible endoscopy.

Two common hypopharyngeal collapse patterns seen during DISE are epiglottic collapse and circumferential hypopharyngeal collapse. Epiglottic collapse can be secondary to tongue base collapse, independent of the tongue base or intrinsic. Circumferential hypopharyngeal collapse represents lateral wall collapse down at the level of the hypopharynx.



Figure 2(a)



Figure 2(b)



Figure 2(c)

Figure 2, DISE images. Figure 2(a) shows epiglottic collapse independent of the tongue base. Figure 2(b) shows the hypopharynx and Figure 2(c) demonstrates circumferential hypopharyngeal collapse with the lateral walls folding inward.



The AIRLIFT Airway Effect, Assessed with Intraoperative Endoscopy

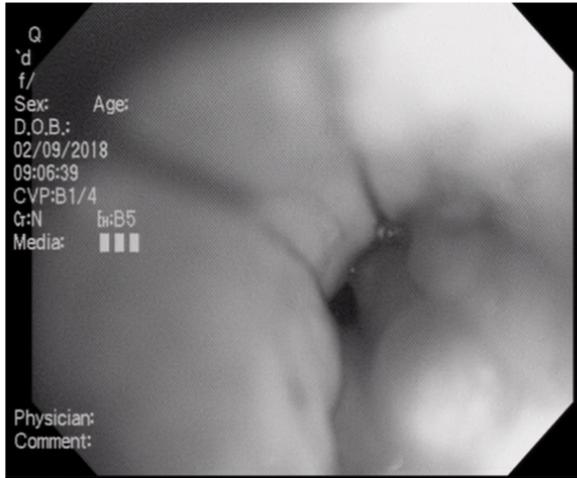


Figure 3(a)

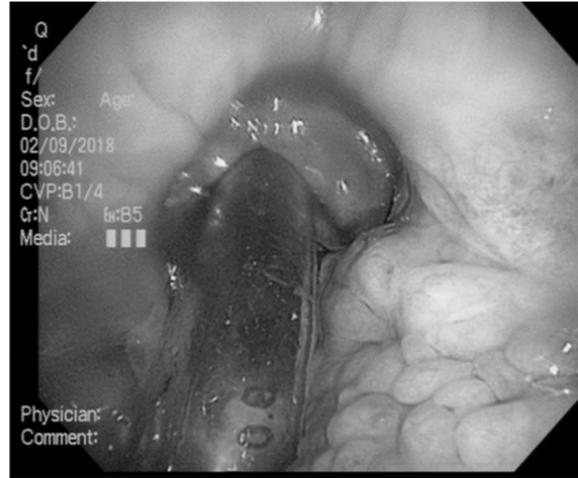


Figure 3(b)

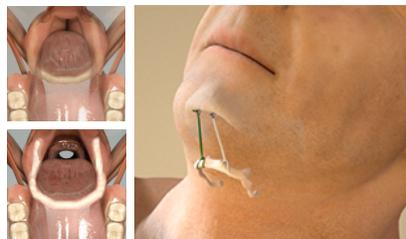
Figure 3. Intraoperative endoscopy view of the hypopharynx. In 3(a) the Airlift system has been placed but there is no tension on the hyomandibular suture. In 3(b) the correct amount of tension is placed on the suture resulting in significantly improved hypopharyngeal airway caliber. AIRLIFT represents an excellent option as part of multilevel upper airway surgery or as a standalone therapy for the hypopharyngeal component of obstruction seen during DISE.

	AIRLIFT + UPPP
Mean % AHI reduction	69%
Median AHI reduction	74%
Surgical Success	77%
Procedural Time	45-75 min

Easy to use instruments and precise control over the hyoid suspension yield consistent and strong results for multi-level intervention.²

Siesta Medical team members are ready to assist your practice in the successful treatment of your OSA patients: including product approval, insurance denials, ongoing clinical case support and local patient awareness campaigns.

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



Cat No.	Description
FG0002	Encore Suspension System (USA)
FG0008	Revolution Suture Passer
FG0005	Encore Adjustment Kit

² Efficacy data on file.