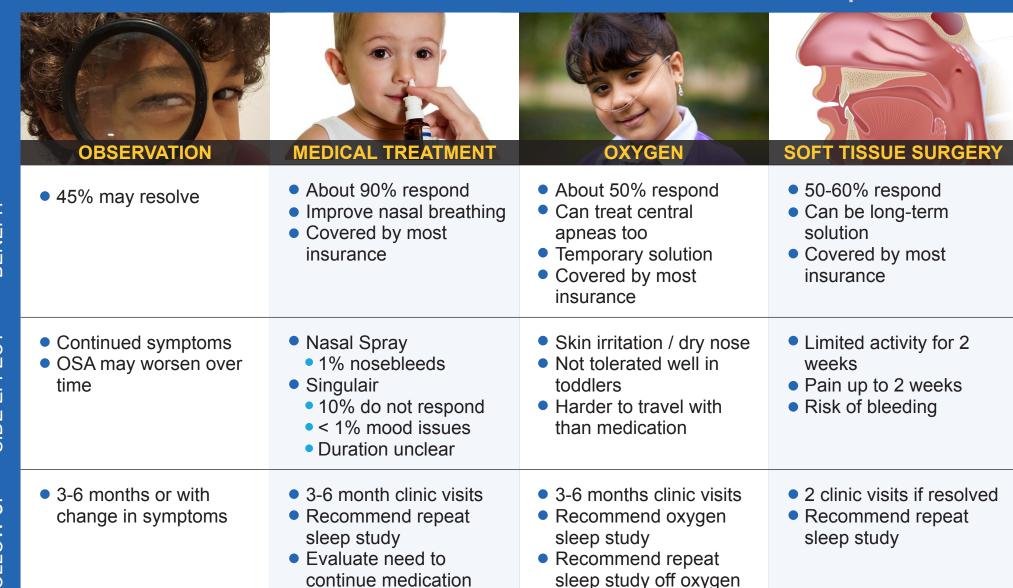
MILD

Obstructive Sleep Apnea



in 3-12 months

Introduction to OSA

Obstructive sleep apnea (OSA) causes breathing difficulties while sleeping. Diagnosing children with OSA is more difficult than in adults. A narrowing of the throat and/or nasal passages during sleep causes the child to start and stop breathing during sleep. This is referred to as apnea.

Description of OSA

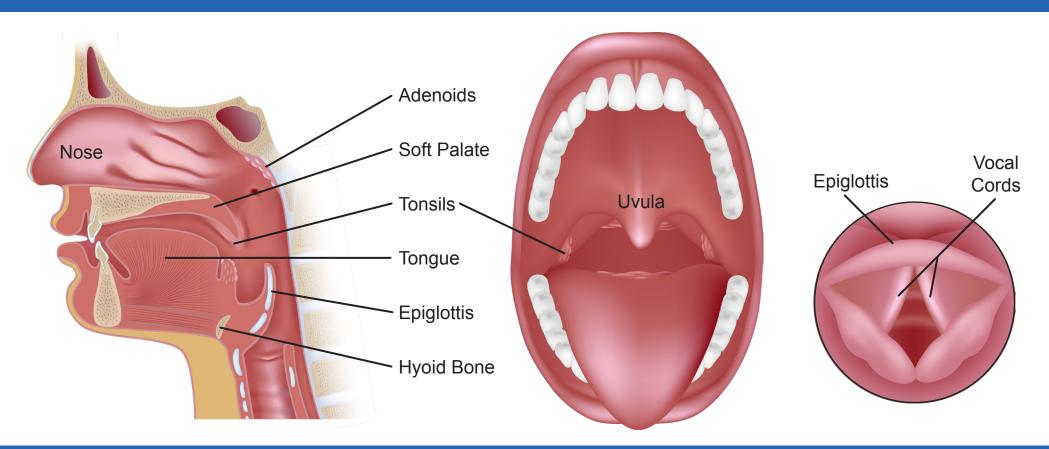
Muscles used to breathe become more relaxed during sleep than they are during the day. In some children, they become so relaxed that it interferes with breathing.

Symptoms of a Child with OSA

- Odd positions during sleep
- Loud and continuous snoring
- Stopping breathing during the night
- Having school or behavior problems
- Sweating heavily during sleep

Factors that Increase Risk of OSA

- Enlarged tonsils and adenoids
- Abnormality in face or jaw
- Down Syndrome and other congenital abnormalities
- Overweight and/or obesity



MODERATE/SEVERE

Obstructive Sleep Apnea







SOFT TISSUE SURGERY

Bony Surgery

- 95% effective if used
- Effective immediately

- 50-60% respond
- Can be long-term solution
- Covered by most insurance
- 90% responders for 2 jaw surgery
- Can be long-term solution
- Covered by most insurance

- Skin irritation
- 40-50% able to tolerate
- Long-term bony changes

- Pain up to 2 weeks
- Risk of bleeding
- Limited data

- Limited activity for 4 weeks
- Pain up to 4 weeks
- Jaw usually not wired
- Changes facial appearance

- 3-6 month clinic visits
- Long-term use
- Monthly downloads
- Sleep studies every 1-2 years
- 2 visits after surgery
- 1 sleep study if successful

- 4 visits after surgery
- 1 sleep study if successful

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