

Preface



Mansoor Madani, DMD, MD
Guest Editor

Sleep is defined as the state of natural rest, when there is a reduction in voluntary body movement, temporary blindness, decreased reaction to external stimuli, and loss of consciousness. Sleep is the period of time that the rate of anabolism (the synthesis of cell structure) increases, and the rate of catabolism (the breakdown of cell structure) decreases. A restful night of sleep is necessary and essential for normal body function and survival. Unfortunately, for over a billion people on earth, restful sleep is interrupted by loud snoring and, in many cases, sleep interruption and stoppage of breathing—a condition we all know as obstructive sleep apnea. Those with sleep apnea suffer socially, medically, and financially. Because of its close association with obesity, scientists have noticed a significant increase in the rate of snoring and sleep apnea.

To rectify the snoring problem, hundreds of devices have been invented, many of which are based on unrealistic promises of cure from this annoying condition. When the research of sleep-related disorders began several decades ago, the surgeons of many fields of medicine and dentistry also introduced various procedures, none of which guarantee a cure for sleep apnea. Although cumbersome and, for some patients, hard to tolerate, medical devices such as CPAP (Continuous Positive Airway Pressure) and BIPAP (Bi-level Positive Airway Pressure) are extremely effective and useful.

As surgeons, our primary goal should be focused on patient education and guidance. Unlike many other surgical procedures, the various modalities are not beneficial for all. Weight reduction must be a top priority of recommendation to all overweight or obese patients. To promise a cure or total elimination of symptoms would be an enormous mistake. Making sure that patients, as well as their bed partners, have realistic expectations is the key to success. Collaborations with other colleges and with interested surgeons in other fields will help us to care for our patients with compassion and accuracy. Admitting to patients' lack of response to some surgical or non-surgical ways will open our minds to discover even newer methods and technologies not yet in existence. There will be patients who are disappointed from the surgery results or are non-compliant to use their CPAP, BIPAP, or dental appliances. Only with an open mind and in-depth understanding of the issues at hand can we guide our patients in the right direction.

In this issue, we have compiled information that is crucial to the basic understanding of the socioeconomic and pathophysiologic effects, as well as many surgical and non-surgical methods of diagnosis and treatment of snoring and obstructive sleep apnea. Our hope is that readers choose each procedure carefully and avoid those that are not compatible with their patients' airway anatomy. We explore each section in detail and as thoroughly as possible. We have developed a unique treatment planning chart for snoring and obstructive sleep apnea that guides

the reader in a systematic way in choosing different options. As for the diagnosis and treatment planning of snoring and sleep apnea, nasopharyngoscopy is explained in a clear and detailed manner. New techniques of home studies researched at the Capital Health System in Trenton, New Jersey, are explained as well. This research is unquestionably going to change the future of sleep medicine. The surgical techniques are explained in a simple way with considerable illustrations, some exclusive to this publication.

Finally, for all professionals who choose to utilize dental appliances, a comprehensive, illustrated chapter is dedicated to this subject. I hope you enjoy reading this issue and enlighten me with your thoughts, personal techniques, and results.

Mansoor Madani, DMD, MD
Center for Corrective Jaw Surgery
15 N. Presidential Boulevard
Suite 301, Bala Cynwyd, PA 19004

E-mail address: drmadani@snorenet.com