

**P399 Functional palatorrhaphy- an alternative technique for the surgical treatment of snoring and upper airway resistance syndrome (UARS)**

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*Introduction:* Surgery of the soft palate for the treatment of sleep related breathing disorders is based on two principles: (i) to tighten the palate and (ii) to increase the velopharyngeal distance. Most established surgical techniques address the inferior margin of the soft palate and therefore carry a risk of temporary or even permanent velopharyngeal insufficiency.

*Objective:* We present our experience with a surgical technique that spares the inferior margin of the soft palate, yet incorporates the above mentioned principles. Functional palatorrhaphy was first described as a component of multilevel maxillofacial surgery [1]. Up to our knowledge the present series is the first description of its isolated use for treatment of snoring and UARS.

*Materials and methods:* After dissecting a soft palate flap, the levator veli palatini muscle at uvula's base is sutured to the posterior border of the hard palate by slowly resorbable sutures and covered by the flap. The uvula muscle remains untouched as its importance for the avoidance of postoperative complications becomes more and more evident. We performed palatorrhaphy in ten patients with UARS and snoring. All patients underwent polysomnography over two nights. Outcome measures preoperatively and at 3 and 12 months postoperatively included daytime sleepiness, snoring frequency and loudness, postoperative dysaesthesia, occurrence of speech or swallowing difficulties and pain among others.

Results were recorded using a visual analogue scale, the Epworth Sleepiness Scale, Pittsburgh Sleep Quality Index and Short Form 36 Questionnaire.

*Results:* Substantial postinterventional improvement in the outcome measures was observed. Apart from one patient with initial dysaesthesia of the uvula's base, no functional problems were observed. This rarely known technique will be described in detail and compared to widely established surgical techniques. These data indicate that the technique is especially applicable for patients who are not candidates for uvulopalatopharyngoplasty due to past tonsillectomy.

In conclusion the presented technique is suggested as an alternative or adjunctive procedure in the treatment for UARS and snoring in post tonsillectomy patients.

**Reference**

- [1] Wiltfang J, Merten HA, Luhr HG. The functional palatorrhaphy in the treatment of obstructive sleep apnoea. *Br J Oral Maxillofacial Surg* 1996;34(1):82-6.

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