

# **The Truth About Obstructive Sleep Apnea Surgery**

**Steven Y. Park, M.D.**

[www.doctorstevenpark.com](http://www.doctorstevenpark.com)

\* This report is for educational and informational purposes only and should not be taken as medical advice. Talk to your doctor before making any changes to your medical regimen.

## **Finally Revealed ... *The Truth About Obstructive Sleep Apnea Surgery ... that Most Doctors Don't Know About.***

The fact that you're reading this report means that you're interested in options for your sleep apnea besides CPAP or dental devices. Most of you are probably frustrated by all the conflicting information out there, and even between various doctors that you've seen.

Either you've been struggling with CPAP, or tried a dental device with no success. You may be new to sleep apnea and want to know as much information as possible before making your treatment choice.

Many of you are probably confused by all the different treatment options, and when it comes to surgery, it's even worse. As you can tell, there are a wide range of opinions in the medical community about surgery for sleep apnea, and sometimes these debates can be quite heated.

If you've been researching this information on the internet, I bet you're even more confused about surgery for obstructive sleep apnea. Some people say that surgery should never be done and others say it's better than CPAP. Who can you believe?

In this report, you'll find answers to:

- why sleep apnea can be as serious as cancer
- what most doctors don't know about sleep apnea surgery
- why palatal operations don't work in most cases
- how to significantly improve your chances for surgical success
- why CPAP or dental devices sometimes don't work
- how to choose the right surgeon
- the one thing you must do before trying CPAP or dental devices
- how you can predict your chances of surgical success.

Hi, I'm Dr. Steven Park and I'm glad you're reading this report. I wrote this to clarify some of the confusion out there about surgery for sleep apnea. Talking with many patients and sleep doctors, and spending countless hours on internet sleep apnea forums, I found so many myths and misconceptions out there, that I just had to write this report.

I warn you.....what you're about to read in this report will upset a lot of doctors. This includes sleep doctors, ENTs, and dentists. You may end up becoming upset too, especially if your sleep apnea surgery didn't work (I'll go into why it didn't work a little later).

Rather than going into specific details about each of the specific procedures, this report will explain why surgery may or may not be the right choice for you in the first place, how you can determine whether or not you may be the right candidate, and how you can go about finding the right surgeon to see if you're a candidate at all.

After years of devoting my life to educating other doctors and the general public about the importance of sleep-breathing disorders, I felt it was my obligation to let everyone know the real truth about sleep apnea surgery.

You may be asking by now, who is this guy that's making this claim that he knows the truth about sleep apnea surgery?

FYI, I'm a board-certified otolaryngologist (also known as an ear, nose and throat, head and neck surgeon), and for the past 10 years I've devoted my life studying and learning about the importance of proper breathing while sleeping. Over the years, I've seen countless patients suffer from years of untreated obstructive sleep apnea. Even when diagnosed, the health care system is so fragmented that more often than not, patients are shuffled through the system with minimal education and counseling and essentially no support and follow-up. Of course, there are exceptions to this rule, but for the most part, most people are falling through the cracks in massive numbers.

Here's a bit more about my background: I have an academic appointment at a

Dr. Park is unlike any doctor I've seen. He is an extraordinary listener and left me feeling completely heard and understood. That is a wonderful feeling, something patients rarely experience with their "medical providers", who hardly make eye contact, barely pay attention to what they're saying, or contradict them and make them feel stupid. Dr. Park exudes an aura of "healing" which I picked up on in a previous visit before we even started talking about my sleep problem. He has an ease about him that made me feel relaxed and comfortable talking about my problem. I was also very impressed with the technology he uses.

**Lynda Engstrom**

After seeing several doctors it was very comforting to find Dr. Park. He was thorough in his examination and clear in his explanation of my condition. Its very nice to find a doctor that takes the time to listen closely to his patients concerns and address them all completely. Thanks Dr. Park!

**John P.**

[More Testimonials](#)

major metropolitan medical school, and I regularly teach medical students and residents innovative surgical procedures for sleep apnea. Other surgeons routinely come to observe me in the operating room to learn the latest techniques. I even have sleep medicine fellows in training rotate through my office to learn better ways of managing sleep-breathing problems.

Over the past few years, I've developed a new way of thinking about the way we look at health and illness, based on how well we breathe at night. I think you'll agree with me that breathing is the single most important physiologic activity that we all must do to live. We all naturally assume that we're able to breathe properly when we're sleeping, but this is not true.

I propose that all modern humans are susceptible to breathing problems at night to various degrees. If you look at everyone on a continuum, the far right end of the line is what we know as obstructive sleep apnea. However, you can have temporary obstructions while sleeping with arousals in the lower end of the spectrum, and it won't be called sleep apnea.

The reasons for this is mainly an anatomic problem: Most modern humans have smaller jaws than what we used to have centuries ago. This caused more dental crowding and crooked teeth. The tongue and voice box, which grows to its' normal size, takes up relatively too much space, leading to potential obstruction when in deep sleep (due to muscle relaxation). Sleep apnea starts off as an anatomic problem, but weight gain can definitely aggravate the problem later on.

I've approached a number of other doctors about this new way of looking at our health, and as expected, they're resistant to a new ways of thinking. Most doctors are closed minded (I used to be one of them) and are not willing to think "outside the box" in the name of evidence-based medicine. They usually recognize a condition only at the end stages.

For sleep apnea surgery, the evidence is there—they just don't apply it properly.

Why? Because not only do doctors these days have no time to read all their journals, the ones they do read are really disjointed. Every study these days is so focused on microscopic details that it's easy to miss the forest entirely. They don't see the big picture. But I do. At least I try to. I make it

my job not only to read everything out there on sleep apnea, but to continue to “connect the dots” while interviewing experts in the field who are having great success in treating sleep apnea and performing surgical procedures with good success rates.

Modern medicine is interested in giving the right pill for a particular end stage medical condition (such as high blood pressure, heart disease, high cholesterol, and asthma or depression). Although there are exceptions, doctors are so busy that they don't have time to really get to know you and see the big picture. Of course, there are a handful of doctors that do see the immense potential of my sleep-breathing paradigm, but for the most part, many are very resistant, if not threatened by what I'm describing. This is why I had to write my book [\*Sleep, Interrupted\*](#), directly for the general public. This information is too important to be proven while stuck in years or decades of clinical research studies.

I've made it my life's mission to educate the general public about the importance of sleep-breathing problems and how it can be detrimental to your health.

Chances are, what you'll read in this report is not something your doctor is going to know about. I'm not the only one with this information, but the vast majority of doctors practice traditional medicine. They read the same journals, go to the same conventions, and they rarely ever go "outside the box" to see these problems from a different perspective. The published studies are there; they just don't see the connections that point to a bigger picture.

There are two main reasons for this: There's too much information to absorb, and people (patients as well as doctors) want a simple one-step quick fix. Whenever I go to our meetings, experts do emphasize the complex and multiple-level nature of sleep-breathing problems, but because of the overwhelming amount of information, most surgeons (like most people) want to find out what's the one best procedure for treating sleep apnea, rather than stepping back and looking at the big picture.

Since everyone else is focused mainly on doing soft palate surgery, and this is the main focus of most sleep apnea surgery research studies, this is what most surgeon focus on: What's the best way of doing palatal surgery? Oftentimes, we focus too much on the technical details of individual

procedures, rather than looking at the bigger picture. As long as we continue to study the effectiveness of palatal surgery only, we'll never progress.

The other major area that we surgeons are severely deficient at is addressing all the other medical, nutritional, psychological, emotional, and financial aspects of treating someone with sleep apnea. We tend to focus only on the procedure itself, without spending the time to consider these other dimensions that are just as important. Unfortunately, due to the fragmented nature of medical care in general, we're all guilty of "passing the buck" and handing off responsibilities to other specialists.

My main goal in this report is to explain to you the rationale for doing surgery at all in certain patients that don't do well with other treatment options. I'll explain the screening process, as well as the pros and cons of sleep apnea surgery.

The most important part of my education came from listening my patients. Spending time to hear what they really have to say, and how they've dealt with with all their medical problems, is what's truly satisfying and I feel privileged to have a major positive impact in so many people's lives.

## **What You Must Try Before Undergoing Any Surgery**

Let me say it straight out: Before you even consider surgery, you should seriously consider trying at least one or both of the two other standard treatment options, which include CPAP and dental devices. One condition that may prevent you from benefiting from these latter two options is nasal congestion, and this should be taken care of first whether through conservative options, medicines or surgery. Once you're able to breathe better through your nose, the chances that you'll do well with CPAP or dental devices increases significantly. Helping you breathe better through your nose is a huge subject in itself and is covered in much more detail in my book [\*Sleep, Interrupted\*](#).

Even if you're adamantly against using a mask or a dental device, there are step by step ways to make sure you're able to benefit from either of these devices. Of course, everyone has different needs, but in general, it's only common sense that you should try conservative or nonsurgical options

before undergoing any invasive surgery. If you're using insurance for your sleep apnea surgery, then having tried CPAP and/or a dental device will definitely help your case for surgical approval from your insurance company.

This report assumes that you've already tried or absolutely refused the other options. Some of you may be less than pleased with CPAP or dental devices, and you've tried everything humanly possible to get it to work. Others may be just looking at different options.

### **As Serious As Cancer**

You may be shocked that I place sleep apnea in the same league as cancer, but if you look at the statistics, your chances of dying from a complication of sleep apnea is higher than many common cancers. Another way of looking at it is like having diabetes—it's a life-long chronic condition. You need to monitor it constantly and make frequent adjustments. Actually, insurance underwriters place obstructive sleep apnea in the same league as cancer.

Unfortunately, unlike cancer or diabetes, there are no comprehensive sleep apnea centers where sleep doctors, ENTs, dentists, respiratory therapists, social workers, psychologists, and durable medical equipment (DME) vendors work together and collaborate in one place. In the real world, everything is fragmented, and more often than not, you'll be dealing with 2, 3, or even 4 entities. In addition, you have to deal with all the nonsense that occurs when dealing with the health care system. This includes rude doctors' office staff, billing errors, insurance delay tactics and dismissive doctors. It can be a full time job just coordinating your sleep apnea care.

#### **More Resources for Better Sleep**

(mp3 download)

[10 Tips for CPAP Success](#). Dr. Park interviews respiratory technician Aurelio Enriquez on how get the most out of your CPAP machine.

[Dental Appliances for Obstructive Sleep Apnea](#). An interview with Dr. David E. Lawler. Everything you wanted to know about oral appliances for snoring, upper airway resistance syndrome and obstructive sleep apnea.

[10 Tips for Better Sleep](#). An interview with insomnia expert Dr. Gregg Jacobs.

---

If you have any problems accessing these files, please contact me at [doctorpark@doctorstevenpark.com](mailto:doctorpark@doctorstevenpark.com)

## **The 3 Habits that Lead to Success**

Some patients with sleep apnea do remarkably well, despite all the hurdles and obstacles that arise. Then there are others that procrastinate, or refuse to take any action at all. I've noticed some commonalities amongst the ones that do succeed in the end, and there are three:

1. They take responsibility for their own health, and not rely on doctors alone. They surround themselves with a team of medical professionals, constantly reading and learning, asking questions, and staying up to date on the latest in new sleep apnea treatments and research. They are willing to make major changes their lives, daily habits and diets to achieve set goals.

Then there are some people who are unwilling to make any changes, such as with eating late or going out 2-3 times per week and drinking alcohol. These are the same type of people who say they don't have time to read an important book to help them improve their health. These are the people who want only a quick fix. They are unwilling to commit to a life change.

2. They are willing to pay extra. Unfortunately, insurance will typically cover only the bare essentials for sleep apnea treatment. Most durable medical goods vendors will give you a basic model, and typically won't cover any additional add-ons or extras or a more full-featured CPAP machine. Depending solely on insurance to cover for everything will lessen your chances for achieving success. Sometimes, you have to pay for a new mask, or a dental device. Yes, you should maximize your insurance benefits, but you should also not hesitate to go outside of insurance to invest in your health.

Successful people also are willing to invest in gym memberships, yoga classes, books and information products that complement standard sleep apnea treatments.

3. They take action. People that succeed typically have tried multiple different options and have failed more than once. But because they are persistent and take massive action, eventually, they find something that works for them.



Then there are certain patients that research everything but can't make up their mind and never take any action. This is called paralysis by analysis.

## Working with a Trusted Advisor

Doctors are so strapped for time, that it's rare you'll find someone that truly listens and gives practical recommendations and good guidance. But because most doctors are specialized, it's also rare that you'll find any one doctor that knows everything about all the various treatment options. Although there are exceptions, sleep doctors generally recommend CPAP, dentists recommend oral appliances and ENTs recommend surgery. Your choice of treatment will be affected by which of these three doctors you come across first. Many will do well with the first recommended form of treatment, but others will not, and will go on to other treatment options.

At the other extreme, there are well-meaning doctors that are reluctant to take a stand and make a recommendation, leaving the decision up to the patient. Some patients are more amenable to this approach, but most patients want an honest opinion on what the best option is. Unfortunately, it's hard to know what the best option is since everyone is different. Recommendations are made based on large-scale research studies, where results rarely reflect personal, real-life situations.

As a compromise, you'll have to surround yourself with a team of experts that you trust: A sleep doctor, a dentist, an ENT, and

When I made an appointment to see Dr. Park I had been suffering from a loss of smell and taste that had resulted several months earlier from a severe sinus infection. Steroidal nasal sprays and oral steroids had not helped in any material way. An ENT specialist at the medical group where I have my GP was suggesting surgery for a deviated septum.

Dr. Park explained a connection to me between my smell/taste impairment and a recent shoulder injury, middle-aged weight gain, and a lack of energy during the day. After examination, he indicated I was at risk for sleep apnea and acid reflux. His recommendation for a treatment regimen was surprisingly simple: don't eat dinner or drink alcohol less than two or three hours before bed, get more exercise, and get more sleep. I appreciated the time he took to explain the connections, and thought these were all worthwhile objectives, but was skeptical of their impact on my sensory problem. I was stuck on an apparent casual relationship between my sinus infection and my loss of taste and smell and not the bigger picture he was talking about.

I adopted a program, and while I made more progress on some objectives than others, I started to realize the benefits within two months. Most importantly, my sense of smell and taste began to recover; in addition, I began to lose weight, felt I was getting deeper sleep and was more refreshed in the morning. I have continued with these lifestyle changes for a total of about six months and am now back to about 95% of my previous level of smell and taste acuity. The program has now become part of my regular program and hope the improvements become permanent as a result. I am impressed with the success of Dr. Park's holistic approach and the contrast to traditional approach of taking medicine or undergoing surgery first. I would happily recommend Dr. Park to others.

David B.

[More Testimonials](#)

a DME equipment vendor.

## **Understanding the Anatomy**

Before you consider any kind of surgery, you must understand the anatomy. CPAP bypasses all areas of obstruction by blowing air through the nose down to the windpipe. Dental devices address mainly the tongue by pulling it forward.

Before getting into specific area and techniques, you have to consider the entire airway, from the tip of the nose to the voice box. Too often, doctors focus too much on one area, such as the soft palate or the nose.

Think of the upper airway as a long flimsy straw. As you suck in through this straw, if you pinch the other end (the nose), then the middle part (soft palate) will collapse. If you pinch the middle area, the tip will collapse. This is how the upper airway works. It's also constantly changing depending on the weather, your mood, the environment, allergies, colds, and for women, their hormonal cycles.

In adults, the tongue is usually a major cause of narrowing and collapse, since it's most likely to collapse due to gravity while on our backs. But when you add muscle relaxation during deep sleep, the problem becomes even worse. This is why many adults can't (or prefer not to) sleep on their backs.

The main reasons why your tongue can fall back and block your breathing is due to smaller jaws. Modern humans have smaller jaws than our ancestors even a few hundred years ago. This is why we have so much dental crowding and crooked teeth. The smaller your jaw, the more likely your tongue will fall back and keep waking you up from deep sleep to light sleep.

If your nose is stuffy, then as you breathe in, a slight vacuum is created downstream, making it easier for your tongue to obstruct when you're in deep sleep. Breathing against a closed throat causes tremendous vacuum pressures that can literally suction up your normal stomach juices into your throat, which can cause more inflammation and swelling, which can aggravate more obstruction.

As your tongue falls back, airflow increases through the smaller opening and your soft palate begins to constrict inwards, and the free edge begins to flutter, leading to snoring. In deeper levels of sleep, the soft palate may obstruct completely too. So notice there's a complicated interrelationship between the tongue, soft palate and nose.

### **Why UPPP Surgery Doesn't Work Most of the Time**

When you only deal with one area at a time, your chances of success are not too good. ENT surgeons are obsessed with palatal surgery. There are probably a few dozen different ways of performing uvulopalato-pharyngoplasty (or UPPP). Every month, I continue to see studies on the usefulness of palatal surgery for obstructive sleep apnea, with statistically significant results, but overall, not that great. Countless people have undergone a UPPP procedure with all the pain and discomfort and all the days off work, only to find that it didn't help. Countless doctors and patients continue to cite the poor success rates as a reason for not undergoing palatal surgery.

Ultimately, to get good results, you have to address every area of narrowing or obstruction. Again, this includes the nose, the soft palate and the tongue. Which type of procedure you do for each area should be your next question, but not as important addressing every area appropriately.

Once you address all the different areas simultaneously, then your success rates improve to acceptable levels. I'll explain how this works a little later.

While surgery may be appealing for people who don't want to use a mask or a dental device, it shouldn't be your first choice. I realized for some

For many years I have struggled with recurring sinus problems. I seemed plagued by constant congestion and sinus infections. Imagine my surprise when, after recently seeking your help for my problem, you indicated my trouble might be associated with acid reflux and sleep apnea? I must say there was a measure of disbelief, but for a long time it seemed that no matter how many hours of sleep I got, I was always tired. Exhausted in fact. I had grown accustomed to getting little to no sleep and functioning while tired. So I went for the sleep study you recommended and discovered you were 100% accurate. I did have sleep apnea, and, in fact, was waking up 45 times an hour! My body was never getting rest. I now realize that issues I have been dealing with for years were related to my sleep apnea. In over 10 years, no other doctor caught this – but you did. I've only just begun CPAP treatment and I already see a marked difference in my health, rest and ability to focus and function at work and home. It is no exaggeration to say that your diagnosis and skill have changed, and perhaps saved, my life. Thank you.

**Michael O'Neill**

[More Testimonials](#)

people that just thinking about sleeping with a mask that looks and sounds like Darth Vader, attached with a hose to a machine can send shivers down your spines. The same goes for sleeping with something in your mouth for the rest of your life.

I can't tell you how often people who have these feelings, after trying CPAP or dental devices very reluctantly, actually like it because they slept better for the first time in years. You won't know what it actually feels like until you try it.

## **When Surgery is Your Only Hope**

Then there are people who try everything, including going through 5 different masks, 3 different CPAP machines and 2 dental devices, all of which actually worsens the already poor quality of sleep. Some of these patients are in tears in my office, and they are desperate to find anything to help them sleep better. You can imagine how these are the same people who are likely to be addicted to sleeping pills, or use alcohol to help them sleep, which only aggravates the problem, since alcohol relaxes your throat muscles and makes the apneas even worse.

You don't have to go through what I just described above before considering surgery, but what I'm emphasizing here is that you should give one of the two non-surgical options a good honest try before considering surgery (see sidebar). It goes without saying that you should also make a commitment to change your life in terms of your daily sleep habits, what you eat, your level of exercise, and your daily routines.

Once you have made the decision to even consider surgery, there are a number of issues you have to know about.

There is a strong sense of concern for my well being not only from Dr. Park, but his staff, as well. I had a procedure on my nose that has helped me breathe clearly as never was the case before. The results are better than I could have imagined.

**Etienne Bernstein**

Amazing Experience. No pain until second week and ever so slight. The most amazing part of Amanda's recovery is she stopped snoring and tossing the same week of surgery. She's gone from waking up 8 times a night to once or none. Thank you. Thank you.

**Amanda B.**

[More Testimonials](#)

## The Real Meaning of Surgical Success

Success means two different things for the patient and the surgeon. The patient will believe the procedure is successful if he or she feels and sleeps much better. From a surgeon's perspective, we also have to go by objective measures comparing before and after surgery sleep studies.

The severity of your sleep apnea is measured during a sleep study by the apnea hypopnea index, or the AHI. An apnea is when you stop breathing for 10 seconds or longer, and a hypopnea is a less severe version of an apnea, with different definitions, but in general, greater than 50% reduction in airflow and more than a 4% drop in your oxygen levels. Anything above 5 (apneas or hypopneas per hour) is considered clinically significant, with an AHI of 5 to 15 being considered mild, 15 to 30 is moderate, and anything above 40 is considered severe.

Ideally, getting your apnea hypopnea index (AHI) down to 0 should be the ultimate goal of any form of therapy. CPAP in general reaches low single digits or under 1 in most studies done in the lab. However, in the real world, looking at data reports of people on CPAP, AHI numbers can be as high as 5 to 10, even when you're doing well. With dental devices, anything under 10 is considered acceptable, especially if you start off with an AHI of 30 or 40. Any significant drop in the AHI will result in you feeling better.

With surgery, however, the standard definition of success is generally any drop in the AHI more than 50%, and the final number has to be below 20. If you start with numbers above 40 to 50, dropping down to 11 or 8 will definitely make you feel better, but technically, you'll still have mild sleep apnea. Some people are able to reach the low single digits and sometimes even below 1.

In the old days, we only offered surgery to people with moderate or severe sleep apnea, so this definition of success made sense, but now we know that even mild cases of sleep apnea can be just as serious and debilitating. The lower the number you start with, the harder it is to apply this definition of success. So if you start off with a AHI of 7, and you drop down to 3, is that successful?

Ultimately, the numbers are important as an objective measure, but it's not the only measure of success. How much better you feel and how much your life is improved is just as important.

In general, the lower your numbers, the better you'll feel, but sometimes, we see two specific interesting situations: your number may not change very much at all, but you feel much better, or your number drops significantly, but you don't feel any better. These situations are somewhat unusual but do happen. Like being on a bell curve, these two situations are like the two ends of the curve.

One possible explanation for the former is the following: since apneas and hypopneas are given equal weight in your AHI score, if many of your apneas are shifted to hypopneas, you'll feel better, but your score won't change. The AHI also doesn't take into consideration how long the apnea lasts: an episode that lasts 11 seconds is scored the same as one that lasts 40 seconds. You can imagine how much more oxygen deprivation you'll have if you stop breathing for 40 seconds.

If you don't feel better despite a significant drop in your score, one possible explanation is that there are a lot of micro-obstructions and arousals that aren't reflected in the final AHI. Although the more severe breathing pauses are improved, all the little obstructions and awakenings continue to disrupt your sleep enough to cause persistent problems.

## 5 Cons of Sleep Apnea Surgery

There are a number of pros and cons to surgery. Below I list 5 common reasons you'll see against doing surgery and my respective comments.

1. *Low Success Rates.* The way we surgeons define success is one of the biggest criticisms of surgery. Regardless of how well you do with surgery,

I am writing to say thank you to you and your entire staff. The care that my son, Justin Solak, experienced from you is the best I have ever seen from a doctor. From the beginning you listened to our concerns, gently elicited answers from a teenager and kept us informed through the process of a sleep study and subsequent surgery. Your care and concern (besides the fantastic care you showed Justin) are what truly make you such a great doctor.

Almost immediately after the surgery Justin was waking up in the morning feeling more refreshed and was not as hyper or sleepy as he used to be. Adrienne in your office was so supportive and never tired of answering my many pre-surgery questions – thank you! All members of your staff have always been kind, patient and helpful. Thanks again.

Vera Bullock

[More Testimonials](#)

there will always be some degree of residual apneas or hypopneas. If you don't reach the low single digits with a dental device, you can always stop using it and you're back to where you were before you started. But with surgery, you can't go back.

Even with surgeon's definition of success, the usual statistic that's quoted from multiple studies is about 40%. That is, about 40% of people who undergo sleep apnea surgery improve their AHI scores to greater than 50% drop from the original score and the final number is less than 20. Not too great, and probably not worth undergoing if those were your true odds.

### **Not Everyone is the Same**

Although conservative options should be your first choice, for some people, surgery may be your only alternative. As with most things in life, it's never a black or white choice. The problem with surgery is that different people have different anatomy that requires different procedures. For the most part, when only one area is addressed at a time, your results won't be that good. There will always be some people that will be happy with the results, but overall, as expected, the results won't be that good.

This is why an individualized approach to every sleep apnea patient is the most ideal way. Yes, we have to follow certain accepted guidelines, but there are so many variables to consider (anatomy, life situation, what you've already tried, etc.) besides just the sleep apnea number, or the AHI.

### **Improving Your Chances for Surgical Success**

As I mentioned previously, the most commonly performed procedure for sleep apnea is uvulopalatopharyngoplasty (UPPP), and the overall success rate is about 40%. This is the most often quoted reason for not performing sleep apnea surgery. However, if you look at the glass a half full, about 40% of patients did succeed.

We now know that there's a way of predicting whether or not a UPPP (which includes tonsillectomy) will work. It's called the Friedman staging system. This is a simple screening tool where by looking at the size of your tonsils and your tongue position, you can predict whether or not a UPPP alone can have an 80% chance of success. Most people will fall into the "unfavorable" category, but if you meet the "favorable" criteria, a UPPP

alone may be a good option, as long as you understand that there's still about a 20% chance of failure.

There are other studies that reveal the reason for the low 40% success rates for palatal surgery. The main reason is that the tongue collapse wasn't addressed. Less commonly, there was residual narrowing at the palatal level. Nasal obstruction is important, but not a major cause of sleep apnea (although it can definitely aggravate your condition). What these studies show is that if the palate is your main source of narrowing and obstruction, then you're likely to be in the lucky 80%. If you have palate and tongue collapse and you only address the palate, then your chances of success is about 40%.

If you deal with your tongue collapse definitively, then your chances of success is much higher. Success rates range from 70 to 80%. There are many different ways of dealing with the tongue, but the important point here is that you must look for and address the tongue if there's any degree of obstruction. In general, you can either pull, shrink or scar the tongue or you can enlarge your jaw through various means. There are also various additional procedures that improve your chances even more.

The list of surgical options for the soft palate and the tongue is too big to go over in great detail in this report. Again, my main goal in this report is to describe the rationale for doing surgery at all. If you want more detailed information, I go over many of these procedures in my book *Sleep, Interrupted: A physician reveals the #1 reason why so many of us are sick and tired* ([www.sleepinterrupted.com](http://www.sleepinterrupted.com)).

You may be asking then, why aren't tongue procedures offered more often? The reason for this is that modifying the tongue is a more challenging area of the body to deal with, whereas the soft palate is much more accessible and we operate in the area all the time for other reasons. Then there's the fear of airway obstruction and complications from sleep apnea procedures. Some of my ENT colleagues are clearly concerned about bleeding and obstruction when I tell them that I do these type of procedures. As I'll explain later, these are false fears.

2. *Severe Pain.* Undergoing a palatal procedure can be very painful and can last for weeks. Going through pain is one thing, but why bother going through it at all if your chances for success is only 40%?



## No Pain, No Gain

The pain that's described with sleep apnea surgery is one of the major criticisms. It may be worth it if you feel much better, but in most cases, this is not the case. Again, since a UPPP is the most commonly performed procedure (usually in isolation), and since you have to cut through mucous membranes or muscle, it definitely will hurt anywhere from 1-2 weeks. Everyone heals at different rates, where some people are eating a soft diet by 2-3 days and other can take up to 2 weeks to eat soft foods.

There are variations of the UPPP that in theory are much less invasive with lesser degrees of cutting or destroying. In appropriate situations, these lesser invasive options can be helpful, but in many cases it may not be strong enough.

One recent technological advance that I'm very happy with is with the introduction of the Coblator device. It's a radiofrequency energy generating wand that vaporizes tissues at low temperatures, causing much less trauma with much faster recovery. I've been using this routinely for my tonsillectomies for years now and for palatal procedures for almost as long. The very first patient I used this device on as a cutting tool for a UPPP was eating pasta the same night of the surgery. Not everyone will respond as well as he did, but in general, the pain levels have been significantly improved (cut almost in half).

Any kind of surgery can be painful, but everyone will have different levels of discomfort. Pain medications can be used appropriately and everyone gets through it.

3. *Complications.* Every surgical procedure has risks for complications. Removing too much of the soft palate can lead to leakage of air or liquids

I am thankful that you have taken a keen interest in diagnosis and treatment of sleep apnea, allowing your patients a much greater chance at achieving a cure or treatment he/she can comply with and be happy about. I have discussed this with many physicians in the NY area and it is not rare for many to ask what this (UPPP using the Coblation technique) is!

Following a few weeks of healing and the swelling was eliminated, I began to feel an immediate difference in my energy levels and wakefulness. I no longer feel exhausted halfway through the day and needing a nap right after lunch. Also, I can't make a snoring noise even if I try!

A.D.

[More Testimonials](#)

into your nose on a permanent basis whenever you talk or swallow. This is a rare complication that's been described in the textbooks since the UPPP was first described. It's very rare now, and even if it does happen, it's usually temporary and goes away after a few weeks or months. Worst case scenario, a variation of a cleft palate procedure can be performed (this is rarely ever needed). For tongue procedures, there can be tongue weakness, numbness, lip or tooth numbness, or needing a root canal. There can also be bleeding, airway issues, allergic reactions or problems with anesthesia. Although complications are rare, it's never zero.

It may sound counterintuitive, but you want to go to a surgeon that's experienced complications. If he or she never had a complication, will they be able to handle it when the first one occurs while you're on the table?

When I was a resident in training, I didn't like performing uvulopalatopharyngoplasties (UPPP), since waking up patients was more difficult and there was definitely a higher chance of complications such as bleeding, airway obstruction and anesthesia complications. When I first started practicing about 10 years ago, I remember performing a standard UPPP, and due to sudden airway obstruction after removing the breathing tube, I had to perform an emergency tracheotomy. This is where I had to make a hole in the windpipe just below the voice box and place a breathing tube. He did fine, and the tube was removed quickly, but that was a defining moment for me. Do I continue doing these type of procedures, or can I figure out why this happened, and make sure it doesn't happen again?

Fortunately, I did the latter, and after devouring the research literature, I came across a number of articles describing what's called multi-level surgery, meaning operating on all the different areas of obstruction simultaneously, or in stages. After applying these methods, and whenever I perform simultaneous tongue base procedures, patients wake up much more smoothly.

Yes, there are potential complications with any surgical procedure. There's risk to everything. There's also a risk of not doing anything at all. If you are not able to use your CPAP machine or your dental device, you're at a higher risk of developing heart disease, heart attack, or even stroke. You could also be run over by a car while crossing the street, but that doesn't prevent you from being extra cautious while still crossing the street.

4. *Even with successful surgery, there's a high likelihood of recurrence.* This is true, especially if you gain weight. But some people are not overweight at all and are very thin, with severe sleep apnea. If you undergo surgery and are able to lower your number from 45 down to 12, you'll be very happy, but not completely. If you did nothing, your body in general tends towards worsening sleep apnea. Think of a diagonal line from left to right that gets higher and higher as you get older. What surgery does, when it works, is to shift the entire line downwards, in parallel with the original line. It won't cure you completely, but lowers the severity enough to make you feel much better and have a much better quality of life, even if you gradually worsen later in life.

5. *Sometimes the AHI becomes worse, or it's harder to use CPAP.* On occasion, I have seen the AHI worsen after performing UPPP surgery only. This makes sense, since you've only addressed one of multiple areas of collapse. Think of it as a tube with multiple valves. When you open up one area, air flows much more forcefully, causing a collapsible area downstream to obstruct even more. Whenever the tongue is addressed, I haven't seen the AHI ever get worse.

Although there are isolated reports of not being able to use CPAP after UPPP, this is very unusual. I have yet to see this happen (no one has ever complained to me about his), although it is theoretically

When I read the article "Tired of Being Tired" in Dr. Park's January 2006 newsletter, I felt like the article was written about me. Two years ago, I went to Dr. Park with chronic throat pain and having suffered through multiple respiratory infections that year. I had expected that I would require a tonsillectomy, but to my surprise, Dr. Park was scheduling a sleep study.

Dr. Park suggested that my chronic throat pain (due to acid reflux during sleep) was only one of many symptoms of Obstructive Sleep Apnea (OSA). Although I was a young, thin, fit female (having run a marathon that year), I was constantly fatigued, suffered from throat pain/stomach problems, and mild depression. I have a very stressful job, which is how I explained away all my aches and pains. Little did I know that I had a potentially life threatening condition that had been ignored for years by other doctors.

Over the course of that year, I tried various non-surgical options for my OSA (CPAP, facial exercises, a dental instrument. etc.) with little relief. It was determined that I would require a number of procedures to correct how my airway collapsed and obstructed my ability to breathe. I had such faith in Dr. Park, that despite the number of procedures I was going to undergo, I truly believed I was in good hands.

This surgery was life changing. Amazing how 20+ years of sleep deprivation can impact you. Dr. Park ... gave me a new lease life. I no longer suffer from the multitude of health problems I used to. I no longer struggle to focus and have clarity in thought. I have an incredible amount of energy and don't miss those days where I felt I could fall asleep right where I stood at the time. Even my relationships with my family, friends, coworkers, etc. have improved because I am no longer constantly exhausted and irritable.

I thank Dr. Park and his team for all of their work and continued efforts to raise awareness of sleep apnea. They are truly lifesavers.

Helju Nommik

[More Testimonials](#)

possible. Anatomically, and physiologically, this is difficult to explain.

## **The Pros of Sleep Apnea Surgery**

Here are few reasons why surgery may be a viable option:

1. Since CPAP compliance is so low, surgery, despite its' less than optimal success rates, is better than nothing. Having an AHI of 9 is better than untreated sleep apnea with an index of 45.

In a study performed at a VA hospital, they followed sleep apnea patients who were placed on CPAP vs. patients who underwent a UPPP only. After a few years, they found that people on CPAP had a slightly higher chance of being dead. What this shows is that even with only a 40% success rate for UPPP only, overall, it was much better than the low levels of CPAP compliance and usage.

Under ideal situations (or under research protocols), CPAP compliance can be pretty good. It can be as good as 80 or 90% at one year. But what happens to these people 5 or 10 years later? In my experience, long-term compliance rates are very low. In the real world, if you look at the overall numbers, initial compliance and success rates are less than 50%, and probably much less than that 5 to 10 years later. With intense follow-up and support, and with occasional sleep studies to remeasure the optimal pressures, you have a higher chance of remaining on CPAP, but for the vast majority of patients, they just stop using it.

2. Sometimes, no matter how much you try CPAP, it doesn't help at all. You may be using it every night, with good compliance numbers and little to no apneas, or you may be ripping it off in the middle of the night unintentionally. Maybe you've tried everything there is to get good results for months or even years. Despite what doctors may have you believe, it's not your fault. No matter how good CPAP may be for many people, it won't work at all for certain people.

One word that's used in sleep medicine that I hate is compliance. Compliance is a measure of how much and how effectively you're using your CPAP machine. But this word implies that if you're not compliant, it

your fault that you're not feeling better. Despite all the desensitization and acclimation techniques out there, sometimes CPAP just makes things worse.

3. Perhaps you're doing well on CPAP, but your life situation has changed, and you don't want to use CPAP anymore. You may have heard that there are more surgical options and with advances in technology every day, there must be better options.

4. The feeling of a mask on your face sends you into a state of panic. Many people have claustrophobic episodes when they first try on CPAP. In many cases, good preparatory counseling, and a very slow acclimation process may help, but there are some people that can't stand CPAP no matter how hard you try or which mask you use.

5. Although most CPAP machines are portable, some occupations and lifestyles are not conducive to using CPAP on a regular basis.

5. You've also considered or tried dental devices. For the most part dental devices are a good alternative to CPAP for most people with mild to moderate sleep apnea, but there are always some people who absolutely can't tolerate it or have specific dental reasons why they can't use it. Although in theory, it's covered by most medical plans, it's not always the case.

6. People with mild sleep apnea tend not to tolerate CPAP as well compared with those with moderate or severe sleep apnea. Studies have proven this. I see this all the time in my practice. One possible explanation is that if you have only mild sleep apnea, your nervous system is normal or

To put it simply, Dr. Steven Park is an excellent physician and surgeon, ENT or otherwise. From the initial consultation on my obstructive sleep apnea, to discussion all available options, to pre-operative preparation, to the operation itself, post-op, etc. and to follow-up appointments, even over 1 year after the operation, his skill, expertise, care, and concern for the patient is obvious, and in my experience, unparalleled.

He and his staff were always available to answer any question or address any concern (particularly immediately before and after surgery, which can be the most stressful for the patient and their families), and operate a well-run, friendly, and professional practice that other doctors in the city should use as a model for their practices.

I have enthusiastically recommended Dr. Park to many friends, colleagues, and even to strangers! Or to anyone who mentions or asks about an ENT doctor recommendation or ENT issues, and all have had equally good things to say about Dr. Park. I am grateful that I was referred to Dr. Park for my sleep apnea two years ago, and am thankful for everything that he has done for me -- truly life-changing.

**Phillip M. Meyer**

[More Testimonials](#)

overly sensitive, so you'll be woken up by having a mask on your face, whereas if you have severe sleep apnea, your nervous system is diminished, so you won't wake up as much. This is also why you'll stop breathing for so long.

7. Sometimes people elect to undergo nasal procedures to help their breathing. While undergoing anesthesia, some people prefer to maximize their time under anesthesia and take care of the problem once and for all.

### A Simple Cure?

There's actually one simple procedure which can cure obstructive sleep apnea instantly and that's the tracheotomy procedure that I describe above. It bypasses the voice box and the throat completely. Anything else that's done to the soft tissues of the throat and tongue is going to be less than optimal. This is why we've hit a plateau with soft tissue surgeries at around 80%. The more aggressively you perform these procedures, the better your success rates, but the more likely the risk of complications. The problem is that there's only so much you can do with the soft tissues within a small space within the mouth. (Smaller than normal jaws is one explanation for why we have sleep apnea in the first place. I discuss this further in my book, [Sleep Interrupted](#) at [www.sleepinterrupted.com](http://www.sleepinterrupted.com))

Instead of modifying the soft tissues in

A few words of gratitude for the medical care I have received from you since May of this year. First of all you were the first doctor to examine me and accurately identify the combined problems that acid reflux and obstructive sleep apnea had been giving me. Your initial expectations were born out by several sleep studies at NYU and the course of action determined.

Throughout the experience I have enjoyed your enthusiasm and evident satisfaction at solving my medical problem. Furthermore, I have enjoyed being part of the solution rather than part of the problem; a subtle distinction that belies an important clinical skill. The potential for nervousness at having surgery was replaced by confidence in a practitioner and support staff that run like clockwork. Last but not least I appreciate being treated by a leader rather than a follower in his chosen field and I wish you every success in your career. In retrospect after having three surgical procedures I know that my confidence is well founded.

The recovery from surgery each time was very fast. I sleep like a log, as well as I did using a CPAP machine but free of it. My wife sleeps like a log as the snoring is gone. Stay tuned for longer term benefits.

I count myself fortunate to have been treated by Westside ENT and as you know have already referred a friend to your practice. I will continue to recommend you and Westside ENT to people I know and will be happy to relate my experiences to prospective patients for the procedures I have had.

A big thank you also to Kathy Shin for handling the health insurance company. What a breath of fresh air to be dealing with someone who has so much integrity.

Many Thanks, Dr. Park

**Michael Killick**

[More Testimonials](#)

the throat, if you enlarge the jaws, then your chances of success is about 90-95%. This is called maxillo-mandibular advancement. It's a much bigger operation with longer recovery, but in experienced hands, well worth it. For an interview with Dr. Kasey Li on maxillo-mandibular advancement surgery, go to <http://www.doctorstevenpark.com/mma>.

## **Finding the Right Surgeon**

This is really challenging since all ENTs by definition, do sleep apnea and upper airway surgery, but not all ENTs truly understand or appreciate upper airway anatomy and how all the different areas are all connected. Here are some tips and thoughts on finding a surgeon if I had to recommend someone for my family who lives very far away:

1. Does the surgeon use the Friedman criteria to determine potential success rates of UPPP alone in addition to every other exam finding? Can they be honest with you regarding success rates for UPPP alone, rather than a "lets try it and see" approach?

2. Does the surgeon feel comfortable performing tongue base procedures? There are a number of different tongue base procedures and you don't have to be an expert at everything. However, they have to understand and appreciate the importance of addressing this area.

3. Does the surgeon examine your upper airway with a thin camera sitting up and lying flat on your back to see how much the soft palate and tongue falls back? Honestly, I don't know anyone that's doing this routinely, but there has to be someone out there, since it's such a simple, as well as valuable exam finding that's very helpful in finding out where the collapse is happening. Rather than do this, some surgeons will recommend placing you under general anesthesia to see where the obstruction is happening, especially when your muscles are more relaxed. I started doing this many years ago when it was first described, but it didn't give me any more information than what I already knew. So I don't do this anymore.

Another way of figuring out where collapse and narrowing is happening is to undergo a CT or an MRI of the neck and throat. In most cases, you'll see more narrowing behind your tongue BECAUSE you're lying flat on your back! A good thorough exam with a thin flexible fiberoptic endoscopic

camera can show you everything that sleep endoscopy or imaging studies can, without radiation or anesthesia.

3. What's the backup plan in case the procedure doesn't work? It's important to anticipate the worst case scenarios and have a plan of action, if necessary. If you're thinking of doing a UPPP only, are you willing to undergo a tongue base procedure if the UPPP doesn't work?

4. What's their success rate doing these kind of procedures (all three areas)? How do they define success?

5. What kind of complications have they had, and what are some of the possible complications from the proposed procedure(s)? If your surgeon doesn't have any experience with complications, you don't want to be the first one.

6. How many of these procedures have they done? Don't get too impressed with high numbers. Someone who's done 10 well is better than someone who's done 1000 poorly. These surgical techniques are not difficult. It's the proper selection of patients and the right area of the upper airway that you address which ultimately determines the outcome, not how many you've done. This is not microsurgery or brain surgery.

7. How closely does he or she work with a sleep doctor or a dentist?

8. Can you talk to other patients that have undergone the same procedure?

## **Do Your Research**

Undergoing sleep apnea surgery is not something to be considered lightly. It definitely should not be your first choice, but should not be dismissed completely either. It's never a matter of, "does it work?" Rather, it should be, "How well do the specific procedures fit my anatomic needs?"

Different people will reach this decision point at different times during their journey. Surgery is not for everyone, but for certain selected people with obvious anatomic narrowing who can't tolerate or refuses CPAP, then a consultation with a knowledgeable ENT surgeon may be a good option for you. A good surgeon should also be able to tell you that surgery is not a good option for you.



As I've said before, you should exhaust all your CPAP or dental options first, since there are systematic ways of helping the vast majority of people who struggle with these devices. But if you're seriously considering surgery, first find a surgeon that you trust, and develop a working relationship with him or her. Don't think of your surgery as a one time "fix." Your goal is to significantly improve the quality of your life to the point where you won't need CPAP or dental devices. However, be prepared for possible fine-tuning or touch up procedures, although this is not that common.

## **Educate yourself**

Don't go entirely by what your doctor or surgeon tells you. There's a wealth of information that's available in books and on the internet. Yes, there's a lot of junk on the internet, but if you focus on reputable sites such as the American Academies of Otolaryngology - Head & Neck Surgery, Sleep Medicine or Dental Sleep Medicine, you'll get high quality information. Get involved in sleep apnea support groups such as [www.apneasupport.org](http://www.apneasupport.org), [www.cpaptalk.com](http://www.cpaptalk.com), and [www.sleepguide.com](http://www.sleepguide.com).

My main mission is to educate and empower as many people as possible about the seriousness of sleep-breathing problems and how they can better navigate the maze of different options and opinions. Hopefully you found this information helpful. Regardless of which option you choose to treat your sleep apnea, the key is to take action and be persistent. Thanks for reading this report and I wish you all the best.

Dedicated to helping you breathe better and sleep better,

**Steven Y. Park, M.D.**

**p.s.** If you want to learn about the real reasons for sleep apnea and not the generic information that's copied over and over, check out my book, [\*Sleep Interrupted: A physician reveals the #1 reason why so many of us are sick and tired\*](http://www.sleepinterrupted.com) (at [www.sleepinterrupted.com](http://www.sleepinterrupted.com)). It's been endorsed by numerous New York Times best-selling authors such as Dr. Christiane Northrup, Dr. Dean Ornish, Dr. Mark Liponis, and Mary Shomon.

## By reading this book, you'll:

- know more about obstructive sleep apnea than most doctors
- discover why only humans are susceptible to sleep apnea
- find out how you can be severely tired and have a sleep-breathing problem, but not obstructive sleep apnea
- discover how sleep-breathing problems can cause or aggravate ADHD, depression, anxiety, menopause symptoms, headaches, TMJ, weight gain, heart disease, heart attack or stroke.
- learn step by step action steps for conservative options without ever seeing a doctor
- discover the truth about snoring procedures
- learn about all the mainstream options for treating sleep apnea as well as all the major surgical options.
- find out if you're a candidate for surgery

### Read What New York Times Best-selling Authors Say About *Sleep, Interrupted*:

"There are many good books on better breathing. But none of them address why you need to breathe well when sleeping. Let Dr. Steven Park, an ENT physician, show you how you can breathe better while sleeping. Not only will this improve your energy, it can also save your life."

• **Christiane Northrup, M.D.**, Author of New York Times bestseller, *The Wisdom of Menopause*

"Both patients and physicians must read Dr. Park's unique and enlightening perspective on health issues related to poor breathing."

• **Dean Ornish, M.D.**, Author of New York Times bestseller, *Dr. Dean Ornish's Program for Reversing Heart Disease*

"The unique concepts presented by Dr. Park questions traditional models of health and disease and challenges physicians and patients alike to be inspired towards better health."

• **Mark Liponis, M.D.**, co-author of New York Times Bestseller, *Ultraprevention*

"Dr. Park's book offers not only a fascinating look at the critical role sleep plays in health and wellness, but practical advice to help resolve health- and energy-sapping sleep problems."

• **Mary Shomon**, author of the New York Times bestseller, *The Thyroid Diet: Manage Your Metabolism for Lasting Weight Loss*

If you order now, you'll also receive a free e-book (a \$20 value), along with two free interviews (mp3 format) titled: How to beat the sugar habit before it beats you, and How to beat insomnia without using medications (both for \$40). Go to [sleepinterrupted.com](http://sleepinterrupted.com) to order today.

## Here are some more reviewer's comments from Amazon about my book:

I met with Dr. Park and from the moment I picked up the book in his waiting room, I knew I was destined to change my thinking about many factors affecting my health. I only had time

to read the first chapter, and just like the time I met my husband, the "proverbial clouds parted and I saw the light." Dr. Park takes you on an amazing journey to self-realization, self-acceptance, and finally, self-help. He points out the many possible causes for your ailments. Most can be traced back to poor sleep hygiene. You will be truly enlightened by what Dr. Park reveals in his book. There's nothing better for you than a good night's sleep, every night - it refreshes, it restores, it may possibly heal. I read this book and gained a wealth of knowledge about my health. I recommend this book for every person who has been told they snore, who cannot seem to get a good night's sleep, and most importantly, for those who wake in the middle of the night frightened and unable to catch their breath. The information helped me and it can help you, too.

**J. LaPreta**

\*\*\*\*\*

From Dr. Park's posts on the Sleepguide Sleep Apnea support forum, I recognized his passion about sleep disordered breathing issues and knew that reading his book would be a treat. What I didn't expect was that the book would be disruptive to our understanding of health and wellness generally. At the heart of Sleep Interrupted is Dr. Park's "Sleep-Breathing Paradigm," which he dares to put forward as an explanation for the interrelation and connection of a broad range of common and serious medical ailments that we typically don't see as being interrelated. The implications are enormous, and it behooves anyone serious about the future of our health care system to consider Dr. Park's revolutionary new paradigm.

**Mike Goldman**

\*\*\*\*\*

As I began to read Dr. Park's informative and practical book, I had the feeling that I was reading a personal letter addressed to me from the doctor. It seemed that he knew exactly of the struggles and frustration that people with obstructive sleep apnea or upper airway resistance syndrome experience on a daily basis. Moreover, his insights on the Sleep-Breathing Paradigm are nothing short of profound. Yet in addition to the medical analysis, the book is highly practical as well and I implemented several of his suggestions on the first night.

Dr. Park delves into the causes, anatomy, and consequences of unrefreshing sleep in an easy to read, yet detailed style. Anyone struggling with poor quality sleep will benefit from reading this book. I know that I did.

**J. Noah**

\*\*\*\*\*

I must admit that I couldn't put the book down before I was finished reading. In my opinion Steven Park is quite unique. The book offers many surprising descriptions of sleep disorders and provides a good insight into them. And his book is very easy to understand without any medical background.

After I had read a number of his posts on the American Sleep Apnea Association's support forum, I just HAD to read his book.

What I see as the most important thing in his message is that doctors should look at the whole person, not just at individual diseases. Although he is an ENT surgeon, he has a very broad experience in sleep disorders including Sleep Apnea, and he doesn't look at the problems only from a surgeon's point of view. (On the contrary)

This is THE BOOK if you have trouble sleeping, or for someone you know who has sleep problems.

But this book is also for physicians and I have therefore given one of his books to my ENT. I believe that if his "New Sleep Breathing Paradigm" was used by a broader group of physicians, it would be a major step forward in sleep medicine.

### **Henning Medum**

\*\*\*\*\*

Dr. Park has written a very important book. In doing so, he has managed to thread the content in such a way so that it is accessible to both the general population and the medical community.

Sleep-related breathing disorders are epidemic in our adult population and present to a significant degree in our youth. These disorders are independent risk factors for a host of serious diseases ranging from cardiovascular diseases to diabetes and are implicated in conditions as diverse as fibromyalgia and pre-eclampsia in pregnancy. Unfortunately, even in people seeing regular medical care, these disorders remain largely undiagnosed.

Dr. Park's brilliant book illuminates the insidious nature of these sleep-breathing disorders in a way that easily allows readers to connect the dots between their symptoms and his premise. Anyone reading this book who sleeps with a snorer will quickly discover that the annoying sound that is interfering with their own sleep is, in reality, the sound of their bed partner literally fighting for their life.

**David E. Lawler, DDS**

**Don't lose any more sleep than you need to.**

**[Order Sleep, Interrupted Today](#)**

**[www.sleepinterrupted.com](http://www.sleepinterrupted.com)**