

Preface

Sleep Surgery: From Reconstruction to Restoration and Re-education



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Editor

I frequently show a slide that my mentors Dr Robert Riley and Dr Nelson Powell recount from 1979. The two sleep surgery pioneers were accomplished dental graduates of the University of California—San Francisco, who both then completed otolaryngology training at Stanford. They state:

The Sleep Center in 1979 was on the second story and the Otolaryngology Clinic was below. Dr Guilleminault and Dr Dement were interested in Bob Riley and I since we both had maxillofacial and dental experience. They were convinced that children and adults needed a more aggressive approach to OSAS than weight loss or a tracheotomy.

This was before the era of positive airway pressure therapy, and the vast knowledge about sleep and sleep apnea was yet to come. Dr Dement was the first physician-scientist to study sleep, and Dr Christian Guilleminault defined obstructive sleep apnea (OSA) in the modern era.

Sleep surgery has come a long way in just three decades. There is healthy discourse on indications, methodology, and efficacy. The role of surgery is not to replace, but to augment and complete the care a comprehensive sleep care team provides. It is not in a strict definition of surgical success

where we rest our laurels, but in the patient's overall treatment success.

From that perspective, airway surgery for OSA is not merely reconstructive, it is also restorative in nature. Restoration of proper form allows re-education of healthy function.

I am thankful for the opportunity to gather oral and maxillofacial surgeons and otolaryngologists with maxillofacial expertise to share what we have learned. This is a mere start, and collectively, we will continue to restore sleep and dreams for our patients.

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