

Bridging the Gap

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April 23, 2019



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Obstructive sleep apnea

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Outline

Part 1 – What is obstructive sleep apnea?

- (1.1) Basics of sleep
- (1.2) Anatomy of the upper airway
- (1.3) Diagnosis
- (1.4) Treatment
- (1.5) Challenges

Part 2 – The physics of obstructive sleep apnea

- (2.1) Flow in collapsible tubes
- (2.2) Computational Fluid Dynamics
- (2.3) Our research

Part 3 – Bridging the gap between technology and patient care

- (3.1) The Future: Virtual surgery planning

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Part 1

What is obstructive sleep apnea?

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Video kindly provided by Dr. Jerome Dempsey (University of Wisconsin-Madison)

Why do we sleep?

- Vital 1/3 of our existence
- Practically all animals sleep
- Complexly regulated
- If rodents kept awake for weeks they die...



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Theories of sleep

- Energy metabolism - thermoregulation
- Memory
- Behavioral adaption to environment
- "If you don't sleep you get sleepy!"



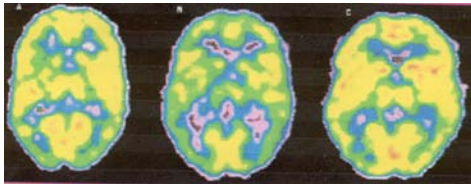
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Cerebral Blood Flow (CBF)



Awake

Non REM sleep
Decreased CBF

REM sleep
Increased CBF

The problem of obstructive sleep apnea

- Symptoms
 - Daytime sleepiness
 - Snoring
 - Gasping for air during sleep



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The problem of obstructive sleep apnea

- High prevalence
 - 1 to 4% of children
 - 3 to 7% of adult men
 - 2 to 5% of adult women



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The problem of obstructive sleep apnea

- Increased mortality
 - Hypertension
 - Cardiovascular disease
 - Cerebrovascular disease
 - Car accidents



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Diagnosis: Sleep study

- At home or in a sleep lab
- Disease severity is measured by the apnea-hypopnea index (AHI)

Normal: AHI < 5
Mild OSA: 5 ≤ AHI < 15
Moderate OSA: 15 ≤ AHI < 30
Severe OSA: AHI ≥ 30



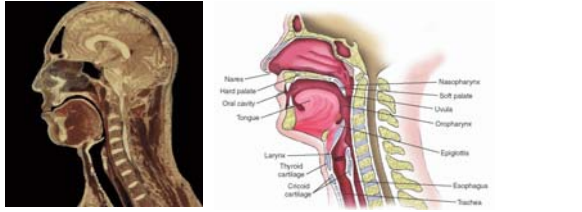
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Anatomy of human upper airway

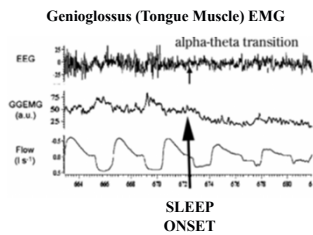


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Muscle tone decreases during sleep

- Muscle tone decreases
- Airflow decreases

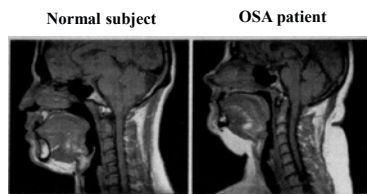
➔ Most people can maintain open airway despite lower muscle tone during sleep



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Structural risk factors for OSA

- Soft tissue
- Skeletal
- Obesity
- Tongue size
- Tonsil size



Schwab et al. (1995)

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Structural risk factors for OSA

- The airway is longer in OSA patients
 - > Adults vs. children
 - > Men vs. women



Distance from mandibular plane to hyoid bone < 20 mm

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Continuous Positive Airway Pressure (CPAP)



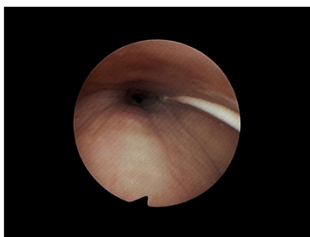
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Drug induced sedated endoscopy (DISE)



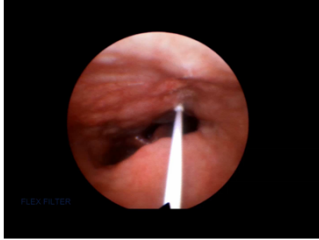
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Effect of CPAP



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Oral appliances



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Surgery

Uvulopalatopharyngoplasty (UPPP or U3P)



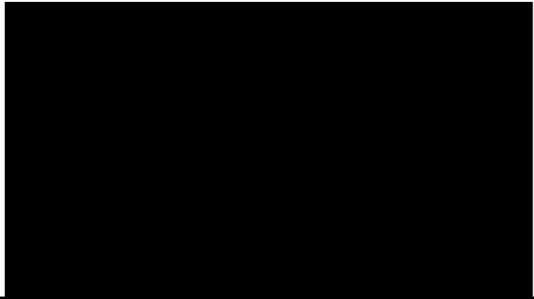
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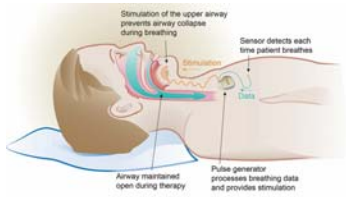
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Surgery



Upper Airway Stimulation



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Challenges

- OSA results from a combination of anatomy and physiology
 - Most medical interventions are directed at structure not physiology
- Need for more effective treatments
 - Many patients do not tolerate CPAP
 - Oral appliances often lead to teeth problems
 - Surgery improves symptoms, but often is not a cure
- Identifying optimal treatment for each patient

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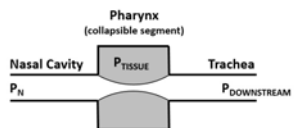
Part 2



The physics of obstructive sleep apnea

Guilherme Garcia, PhD

The Starling Resistor model



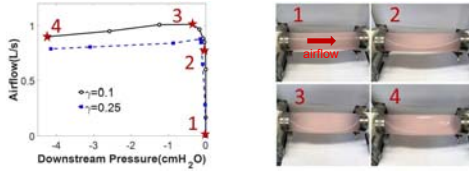
$$V_{I,max} = \frac{1}{R} (P_N - P_{TISSUE})$$



The Starling Resistor model

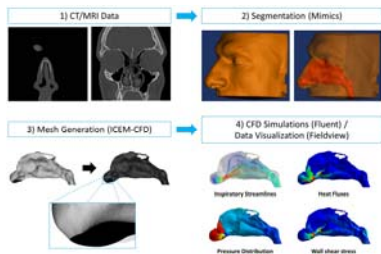




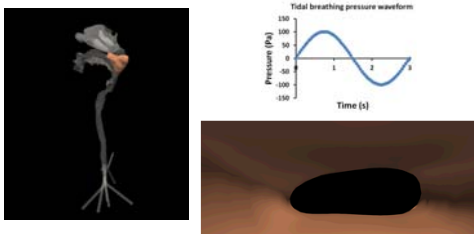
Airflow limitation in collapsible tubes



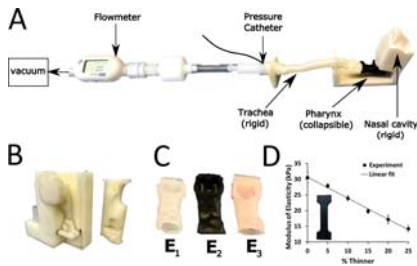
Computational Fluid Dynamics (CFD)



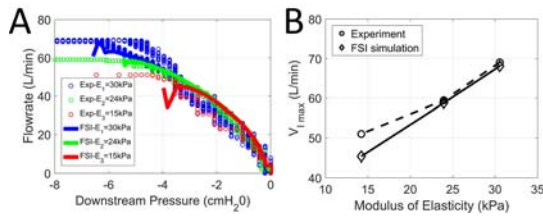
Fluid-Structure Interaction (FSI) simulations



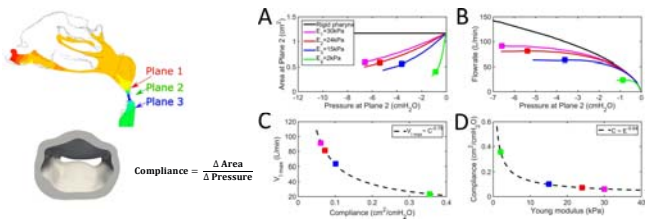
3D printed model of human upper airway



Validation of FSI simulations



Effect of modulus of elasticity



Next steps

- Develop mechanical models of pharyngeal structures
 - Tongue
 - Soft palate
 - Epiglottis
- Simulate surgery
- Correlate model predictions with clinical outcomes



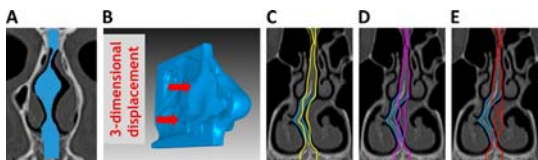
Part 3

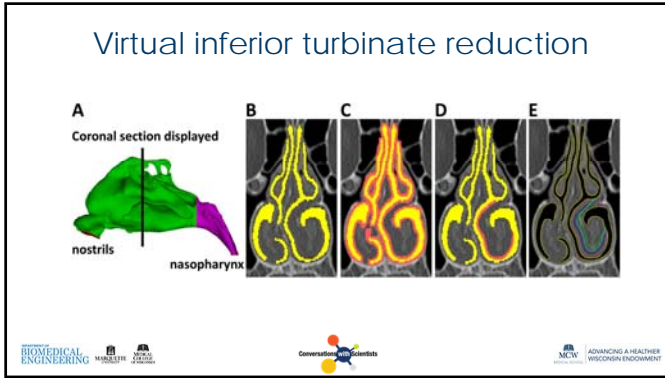
Bridging the gap between technology and patient care

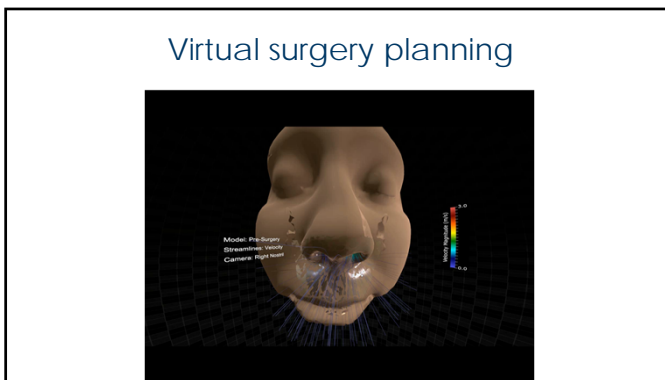
Guilherme Garcia, PhD
B. Tucker Woodson, MD



Virtual septoplasty







Virtual surgery planning

- Future virtual surgery software may be able to
 - Identify which patients will benefit from surgery
 - Identify most effective surgical procedure for each patient
 - Quantify how much tissue should be removed during surgery

THANK YOU