

Preface

## Current medical and surgical management of sleep related breathing disorders



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*Guest Editor*

Since the time of early man, we have gathered information on the endless psychologic and emotional observations of the mysterious state of sleep. Concurrent with the onset of the millennium is a renewed zeal in our quest for increased illumination on the matter of sleep. Thanks to sleep research pioneers such as Dr. William Dement, sleep medicine is now recognized as a specialty by the American Medical Association (1996). Through the avenues of scientific investigation and dramatic advances in technology, our knowledge and understanding of the dynamics of sleep is rapidly increasing.

Even so, Americans continue to move in the wrong direction. We have reduced our average sleep time by 30% since Thomas Edison invented the light bulb. We have increased our annual working and commuting time by more than 150 hours. Yet, the ideal amount of sleep remains the same: one-third of the average life span or approximately 24 years.

Americans are paying a price for insufficient sleep both financially and otherwise. Tens of billions of dollars are expended every year in lost productivity, accidents, and other byproducts of sleep deprivation. Too little sleep delivers a devastating impact on the quality of human life. The immeasurable misery of excessive daytime drowsiness, family dysfunction, loss of life and property, disabilities secondary to psychologic and behavioral malfunction, and cere-

brovascular and gastrointestinal complications is an all too real fact of life in the world of sleep deprivation. The gentle prod to “sleep tight” is obviously not granted automatically. We are simply not biologically prepared to handle interruptions in sleep.

So, with increased awareness of the importance of sufficient sleep, more Americans than ever are seeking treatment for sleep disorders. As a surgeon, the gratification of treating patients with sleep-related breathing disorders is incomparable to any other aspect of my practice. To witness the restoration of a patient’s quality of life is a gift to a surgeon; as I listen to a patient’s expression of gratitude I am struck by how significant a role medicine has played in that person’s literal reawakening to the full spectrum of life enjoyment.

Thus, the term “sleep surgeon” gives added dimension to a microsubspecialty that is indeed a multidisciplinary culling from numerous surgical specialties. The evolution of the sleep-related breathing disorder surgeon is still in progress. It is clear that future data collection is imperative to continued surgical success. As surgical techniques evolve, it is incumbent upon each surgeon to share and disseminate knowledge to perfect the interdisciplinary expertise that is necessary to advance the field.

This publication coalesces a multidisciplinary approach in the treatment of sleep-disordered breathing (SDB). The commitment of the authors to unify their

diverse expertise brings forth a unified successful treatment of sleep-related breathing disorders. Although there is no universally accepted treatment protocol, site specific surgical reconstruction of the upper airway is generally accepted. Let it be our goal to continue to bring the knowledge of science, experience, and treatment of complications to publication to advance our specialty in the successful treatment of SDB.

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