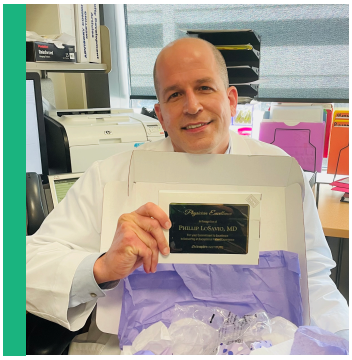
RUSH

Faculty Achievements

Important milestone in sleep surgery innovation



Phillip LoSavio, MD, was recognized for providing exceptional patient care by the Inspire Institute.

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- Rush University Medical Center's Phillip LoSavio, MD, completed his 100th Inspire Implant procedure and was recognized for physician excellence for providing exceptional care to our patients by the Inspire Institute.

Dr. LoSavio's career with Rush began as a Medical College student in 1998. Dr. LoSavio completed his otolaryngology residency at Rush. In addition to being Rush's current section head of sleep surgery, he is now RUMC's otolaryngology residency program director.

Rush University Medical Center was the first academic center in Illinois to perform the Inspire Implant procedure in 2014. Prior to training on this procedure, Dr. LoSavio read the results of the New England Journal of Medicine's clinical trial results and felt it was a promising treatment option for his sleep apnea patients. Since bringing the Inspire to Rush, the medical center has become a national leader in treating sleep apnea cases.

"Sleep surgery is still a young field compared to other ENT subspecialties," says Dr. LoSavio. "Part of working at an academic center like Rush is being innovative and doing new things."

- Most patients use a CPAP device, but there are some who are unable to tolerate the device. Patient circumstances including health issues, sleep disturbance, and lifestyle conflicts can make CPAP use incompatible with an individual.

The implant surmounts this challenge as a minimally invasive, surgical alternative to treating sleep apnea. The Inspire device is implanted in the patient and is connected to the hypoglossal nerve, sending signals to trigger the throat tissues and keep them from collapsing while the patient sleeps. The two-hour procedure requires only two incisions to place the device, one in the chest and one in the jaw, and patients may return home the same day. One month after the surgery, the patient is scheduled to learn to program the device via remote and it is officially activated, with follow ups every six to eight weeks to fine tune the device settings.

Not every patient is a good fit for the procedure.

"There are certain criteria we look at alongside with FDA recommendations to determine the best candidates," LoSavio says. "We're always trying to figure out who are the best patients to respond to this surgery. We want to have a 100% success rate or at least as close as possible, so we continue examining factors that are tied to patients doing better."

Currently, the procedure criteria include a BMI requirement below 45 for patients of any age and sleep apnea severity must fall within a range of severity determined by a sleep study. An additional sleep endoscopy assists in determining the anatomic cause of the sleep apnea. A recent study showed that patients who are over 65 have a higher rate of surgical success and patients with lower BMI also have a higher rate of success with this procedure.

"It's a paradigm shift in how to treat a problem and so it's going to open up similar types of technologies that could treat other parts of the throat that are effected by sleep apnea," LoSavio says, noting that he is hopeful about the next advances in his field. "There could be other stimulation technologies that come out in the near future."