

## Main Article

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# Technical update of barbed pharyngoplasty for retropalatal obstruction in obstructive sleep apnoea

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## Abstract

**Background.** Barbed pharyngoplasty aims to reduce lateral retropalatal obstruction by pulling up the soft palate anterolaterally. However, barbed pharyngoplasty can be less efficient in some cases of obstructive sleep apnoea, especially in the presence of an elongated uvula with redundant tissues over it. This paper describes an attempt to overcome this drawback by modifying barbed pharyngoplasty, using a single continuous suture technique.

**Methods.** Thirty-four patients were assigned to two groups based on the surgical procedure performed. Those with an elongated uvula were treated with modified barbed pharyngoplasty ( $n = 17$ ); the others were treated with barbed pharyngoplasty ( $n = 17$ ). Pre- and post-operative quality of life questionnaires, and questionnaires concerning diet, pain and return to activity, were completed. Pre- and post-operative polysomnography was performed as an objective measurement.

**Results.** There was no significant difference between barbed pharyngoplasty and modified barbed pharyngoplasty in terms of outcomes. However, reductions in the apnoea/hypopnea index, Epworth Sleepiness Scale and snoring visual analogue scale scores were greater in the modified barbed pharyngoplasty group.

**Conclusion.** Modified barbed pharyngoplasty is a safe and feasible method, and eliminates the need for surgical resection of the redundant soft tissues around the uvula while lifting up the uvula base.