



제 56차 대한악안면성형재건외과학회 종합학술대회 및 정기총회

The 56th Congress of the Korean Association of
Maxillofacial Plastic and Reconstructive Surgeons
November 3(Fri) – 4(Sat), 2017 | Global Convention Plaza, Seoul



Symposium 2



Prof. Stanley Yung Liu

Stanford University School of Medicine

Dr. Liu is as an Assistant Professor of Otolaryngology in the Division of Sleep Surgery. He serves as co-director of the Stanford Sleep Surgery Fellowship Program. He is a member of the American Association of Otolaryngology – Sleep Medicine committee. He is also this year's Stanford Biodesign Faculty Fellow.

He received his medical and dental degrees from the University of California-San Francisco (UCSF). He was a former Howard Hughes Medical Institute (HHMI) Research Scholar (Cloister Program). After maxillofacial surgery residency at UCSF, Dr. Liu completed his sleep surgery fellowship with the Department of Otolaryngology at Stanford, mentored by Dr. Robert Riley.

Dr. Liu practices the full scope of sleep apnea surgery including nasal, palatal, hypoglossal nerve stimulation, genioglossus advancement, distraction osteogenesis maxillary expansion (DOME), and maxillomandibular advancement (MMA). He is also routinely referred patients with complex maxillofacial deformity and facial trauma. In that capacity, he also serves as a preceptor for the Stanford Oculoplastic Surgery Fellowship.

Dr. Liu lectures extensively in the U.S. and internationally on sleep apnea surgery. His active areas of research include dynamic airway examination of OSA, virtual surgical planning for precision facial skeletal surgery, and neuromodulation of the head and neck. He has published over 50 scientific articles and medical texts, with original scientific work on MMA, maxillary expansion, and hypoglossal nerve stimulation.

KAMPERS 2017 Secretariat

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How does DOME and MMA Address Flow Limitation & Increase Pharyngeal Critical Pressure?

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The physiologic parameters that surgeons treating patients with sleep-disordered breathing can address include flow limitation and pharyngeal critical pressure. Establishment of nasal breathing and pharyngeal muscle stability during sleep are markers for success in any intervention. Using dynamic airway observations including sedation endoscopy and sleep MRI, I will demonstrate airway morphologic changes under effective treatment with CPAP, maxillomandibular advancement (MMA), and hypoglossal nerve stimulation (HGNS). While vastly different interventional methods, they all confer stability of the lateral pharyngeal wall when effective in treating OSA. I will also contrast that with distraction osteogenesis maxillary expansion (DOME) which primarily addresses flow limitation. The combination of physiologic and anatomic parameters, coupled with appropriate surgical skills, should help the sleep achieve treatment success beyond the AHI.

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