Dear Editor:

We appreciate the opportunity to contribute this response.

The authors of “The Incredible Effect of OSA Surgery on Blood Pressure: Too Good to Be True?” acknowledge that reductions in blood pressure on CPAP therapy (which requires strict patient compliance) with a combined weight loss program have been significant and encouraging, with maxilla-mandibular advancement surgery producing similar significant results.

One of the primary goals of the original study was to assess the impact of upper airway surgery on blood pressure. All the patients in the study were instructed to purchase a digital automatic blood pressure recorder and to record their blood pressure readings minimum once per day (at home) for a duration of a minimum 2 week period post-surgery, for up to 2 years and/or beyond (depending on patient’s compliance and enthusiasm). The mean blood pressure readings were then obtained. We believe that these measurements done at home are a more realistic reflection of the patient’s real-life state. We concur that the postsurgery blood pressure readings should not be a one-off reading in the clinic or office setting in order to avoid the white-coat hypertension situation.

The management of all patients with OSA would require a holistic approach; whereas it would be ideal (and perhaps naive) to investigate only the effect of upper airway surgery on each individual patient’s blood pressure readings, it would not be ethical to omit dietary advice and counseling on lifestyle modifications for these patients who have a systemic disease called obstructive sleep apnea (that potentially has serious deleterious effects on multiple organs). Hence, we could not morally omit the very crucial dietary advice and lifestyle modifications for these patients.

We also concur that there is an effect of the reduction in BMI on the overall significant reduction of the blood pressure postsurgery. A Cohen effect of less than 0.2 may be a statistically a small effect; however, it does not exclude a relevant clinical effect on the final outcome measured.

Finally, we would have to disagree with the authors’ usage of “strict dietary control is not standard of care following such surgery”; we cannot fathom performing such intricate and invasive multi-level surgery on our patients if we do not include simple but crucial dietary regime advice as standard of care in our practices.

The authors’ comments about the need for larger prospective research is heartily agreed with. We welcome their leadership in setting up such a multi-center trial.

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