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Dr Terry M Sands
Illawarra Sleep Medicine Centre
47 Kenny Street
Wollongong NSW 2500

**RE: Master Aiden Masi DOB: 23/01/2011 M/c 2481658976 3 Your ref/MRN:
7 Odenpa Road, CORDEAUX HEIGHTS NSW 2526 Mobile: 0421 185 547 H.**

ENT Diagnoses:

- 1. Moderate obstructive sleep apnoea**
- 2. Elevated body mass index with insulin resistance**
- 3. Ready to undergo orthodontics**

Plan:

- 1. Either proceed with orthodontics plus weight loss first and reconsider surgery or**
- 2. Surgery (adenotonsillectomy and sleep endoscopy) followed by orthodontics and ongoing weight loss**
 - mum likely to choose the latter but either pathway reasonable in the clinical setting (see below)**

Dear Terry

It was a pleasure to see Aiden, an almost 11 year old boy finishing year 5 who has been diagnosed with Insulin resistance and borderline Ferritin by yourself.

He has been seeing a dietician Julie Landon.

Aiden is a very loud snorer. He can be heard from his mother's room. There are no other noises noted. He sweats in his sleep, is restless, thrashes around and kicks the sheets and blankets off. He initiates sleep very easily between 20:30 and 21:00.

Aiden gets out of bed at 06:00 and gets immediately onto his iPad (we discussed getting outside and getting good natural light and good circadian rhythm).

He very rarely has any nasal symptoms (in the past he had had nose bleeds) and there is nil atopy or asthma in his mother's or father's side of the family.

Aiden was scheduled to start orthodontics in the near future.

He's had a sleep study which confirms OSA, with an AHI of 11, a mix of apnoea and hypopnea but desaturation to a relatively reasonable nadir of 89%.

Clinical evaluation demonstrates a well developed young man with orthognathic issues particularly setback maxilla and malocclusion cross bite.

He has size II tonsil but on induced gag there is some tonsillar generated collapse.

His anterior nasal airways is normal. His ears are pristine and his neck assessment normal.

In terms of personalised or precision medicine for Aiden, he could proceed straight through the orthodontic process and weight loss (with dietician and exercise input) and then assess whether he is suitable for "primary" treatment (which as you know is traditionally surgery), or he could proceed to adenotonsillectomy which would have some limitations in terms of its benefit but potentially would do better with a combination of orthodontics and weight loss.

As such I have detailed the risks, benefits and technical considerations related to this and allowed mum to decide whether Aiden proceeds to surgery in the first instance and delays the commencement of his orthodontics by one to two months or whether we await the orthodontic and weight loss therapy first and I review him in nine months time.

I'm happy with either approach and I have explained this to Aiden's mum.

Yours sincerely



Dr Stuart MacKay

Electronically signed

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ASOHNS
MEMBER

THE AUSTRALIAN SOCIETY
OF OTOLARYNGOLOGY
HEAD AND NECK SURGERY



FRACS
Fellow of the
Royal Australasian College of Surgeons

This letter is only intended for the addressee and those listed on the cc's

cc: Dr Muhammad S Sharif, Centre Health Medical Centre - Unanderra, Shop 11, 102 Princes Highway, UNANDERRA NSW 2526

cc: Dr Peter Hoang, SMILE Team, 10 College Avenue, SHELLHARBOUR CITY CENTRE NSW 2529

cc: Julie Landon, Julie Landon Nutrition, WOLLONGONG NSW 2500