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Chercher

**Cancer / Surgery / Sleep**

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**The Velumount® device to treat obstructive sleep apnoea: does it work ?**

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Programme personnel

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Introduction: The Velumount is a non approved device developed to reduce snoring and obstructive sleep apnoea (OSA). It is applied intraorally during night and is targeted to remove the soft palate from the dorsal pharyngeal wall. Despite an almost total lack of published medical data, due to an intensive media campaign, this device is widely used in Switzerland.

Methods: I collected data from all sleep apnoea patients of our clinic, known to have tried the Velumount. I asked for general acceptance of the device, side effects, reduction of snoring and daytime sleepiness. In addition, nocturnal oximetry was performed and the results were compared with the baseline data.

Results: 42 patients of our clinic tried the Velumount device. Information was available from 39 patients. All 39 patients were diagnosed with OSA syndrome (AHI  $26 \pm 11$  / h, desaturation index (DI) =  $23 \pm 12$  / h, Epworth Sleepiness Score (ESS) =  $12.2 \pm 4.2$  points). 19 patients were not able to tolerate CPAP, 20 patients used CPAP but wanted to try an alternative treatment.

Compared with baseline, at the time of data acquisition under Velumount treatment, these 39 patients had lost  $3.1 \pm 3.0$  kg of weight. 17 of these 39 patients (44 %) were not able to tolerate the Velumount. 22 patients were able to use the Velumount device at least 4 hours per night. In these 22 patients the ESS fell from  $12.5 \pm 5.3$  to  $9.6 \pm 4.7$  points ( $p = 0.02$ ). All patients but one reported a clear reduction in snoring. In 15 of these 22 patients a nocturnal oximetry under velumount treatment was performed: the DI fell from  $22 \pm 11$  at baseline to  $16 \pm 10$  / h ( $p = 0.04$ ). However, in 12 of these 15 patients the DI under CPAP was  $4 \pm 4$  / h.

Conclusions:

1. Approximately 40 % of patients do not cope with the Velumount.
2. Those who manage to use the Velumount feel a significant and relevant reduction of sleepiness and a clear reduction in snoring.
3. Though statistically significant, the Velumount does not improve overnight oximetry results relevantly.
4. The changes from baseline described above could be in part due to a weight loss of approx. 3 kg.
5. Considering the discrepancy between subjective improvement in sleepiness and only small changes in oximetry, it seems likely, that some of the beneficial effects of the Velumount are due to a placebo effect.
6. In conclusion, these scarce data do not support the use of the Velumount as a sufficient alternative therapy to CPAP.