

# Jaw Surgery from Infancy to Adolescence

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Could jaw surgery help you sleep better?

This interdisciplinary clinic at Children's Mercy brings in orthodontics, sleep medicine and plastic surgery and focuses on a surgical orthodontic treatment of obstructive sleep apnea and other jaw deformities.

Hear Dr. Michael Lypka detail jaw surgeries from airway obstruction in the neonate to definitive jaw surgery in the adolescent.



Featured Speaker:

**Michael Lypka, MD**

Michael A. Lypka, DMD, MD, is a double certified surgeon in Oral and Maxillofacial surgery and Plastic and Reconstructive surgery at Children's Mercy and Assistant Professor of Pediatrics at the University of Missouri-Kansas City School of Medicine. He is fellowship trained in pediatric plastic and craniofacial surgery. He is a Fellow of the American College of Surgeons and American Academy of Pediatrics. He is an Assistant Professor of Pediatric Surgery at the University of Missouri-Kansas City School of Medicine.

**[Learn more about Michael A. Lypka, DMD, MD](#)**

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Transcription:

Dr. Michael Smith (Host): All right, so our segment today is, "Could Jaw Surgery Help You Sleep Better?" My guest today is Dr. Michael Lypka. He is a double-certified surgeon in oral and maxillofacial surgery and plastic and reconstructive surgery at Children's Mercy. He's also the assistant professor of pediatrics at the University of Missouri, Kansas City School of Medicine. Dr. Lypka, welcome to the show.

Dr. Michael Lypka (Guest): Thank you.

Dr. Smith: So, your clinic has an interesting name, right? The Children's Mercy JAWS Clinic [LAUGHTER]. When I see that it reminds me of the movie, right?

Dr. Lypka: Right.

Dr. Smith: Tell us a little bit about the JAWS Clinic and how it's unique in your field.

Dr. Lypka: The JAWS Clinic, what it stands for is Jaw Deformities and Sleep Clinic. We have a multidisciplinary clinic, which is made up of myself, a plastic surgeon, oral surgeon, one of our sleep medicine doctors, Dr. Ehsan, who has a special interest in jaw deformities as it relates to sleep. We have an orthodontist, as well, in the clinic. We also have an ENT doctor involved, so with all these specialists involved we can evaluate the airway, look at the teeth and bites, and come up with the best plan as needed for a patient with obstructive sleep apnea and potential jaw deformities as related to that.

Dr. Smith: Right, so it's really a clinic of convenience, right? You have everybody there, the patient and the family gets to see all the doctors at once. How do the families like this?

Dr. Lypka: Well, I think it's a big advantage. Normally, when I would see a patient before, and we'd have to refer them to sleep medicine to get a sleep study to determine, well, do they have an obstruction? How severe is it? Then we have to get ENT involved to do an airway evaluation, so sometimes it's multiple appointments, and the sleep study can be delayed many months. Now, with one clinic, with all the specialists there, we can come up with a plan and really treat people more efficiently.

Dr. Smith: So Dr. Lypka, the title of this segment is, "Could Jaw Surgery Help You Sleep Better?" So, what's your answer?

Dr. Lypka: Well, it definitely can, and in the pediatric population that can start right from the neonate in infancy all the way up into teenage years into adulthood. I think most people are familiar with obstructive sleep apnea in the adult population and a lot of people wear CPAP, and sometimes jaw surgery is a very definitive way of curing obstructive sleep apnea. When we start as an infant – some infants are born with a very small jaw, and it causes their tongue to fall back in their airway and cause a significant obstruction that can be really life-threatening. There's a whole spectrum from mild to severe, and in some cases by doing jaw surgery at a young age, by moving the lower jaw forward, we can move the tongue out of the way and really relieve obstruction in the neonate. That would be an example early on in life.

A more common reason for obstructive sleep apnea would be enlarged tonsils, which the ENT doctor can address by removing tonsils or adenoids. And then going on into the later years, we see a lot of patients with cleft lip and palate. When you've had multiple surgeries on the lip, and the palate that can cause a lot of growth restriction with the upper jaw and patients can end up with a significant under bite. Sometimes they also have obstructive sleep apnea problems. Some of our patients with craniosynostosis have an associated syndrome associated with that and results in a significant deficiency in their upper jaw. These are all problems that can be really addressed with jaw surgery later on by moving the jaw – advancing the upper jaw or advancing the lower jaw in the deficient state to really improve the airway, but also to improve the bite at the same time.

Dr. Smith: So what helps you to make that decision of whether a patient needs surgery or not?

Dr. Lypka: Well, I think it's, again, a multidisciplinary approach, so the patient will often get a sleep study and determine how severe is their obstruction? If this is a fairly mild – a mild case often won't require any surgical intervention or any intervention at all, to the more severe cases. And it depends on how the patient presents. If they clearly have a severe deficiency of their lower jaw, for instance, causing a base of tongue obstruction, that would be an ideal patient where you can move their jaw forward and improve their airway. There's other treatments, however, sometimes CPAP or Continuous Positive Airway Pressure is a medical therapy that's very effective for sleep apnea, and that may be appropriate in certain cases. Unfortunately, a lot of children are not able to wear CPAP masks. We really want to have surgical interventions that can potentially resolve their obstruction definitively.

Dr. Smith: A lot of general practitioners and general pediatricians listen to the show. What's your best advice to them, if they have a patient with a potential obstruction, is that a patient they should send

right away to the JAWS Clinic and get that patient into the hands of a specialist?

Dr. Lypka: Yeah, absolutely, it should be. A basic screening exam as to how children are sleeping, you can ask the parents, too. Are they snoring at night? Do they have sleepiness during the day? Are they having behavior problems? These can all be indications of potential sleep problems. There's different causes for obstruction and sleep disorders, certainly, but referral to the JAW Clinic if there is – certainly a potential that it could be jaw-related in any way, absolutely, a direct referral because having obstructive sleep apnea is a problem for the patient medically long-term. It can cause a lot of problems.

Dr. Smith: Right. Well, Dr. Lypka, I want to thank you for the work that you're doing at the JAWS Clinic at Children's Mercy and thank you, for coming on this show today. You're listening to Transformational Pediatrics with Children's Mercy, Kansas City. For more information, you can go to [ChildrensMercy.org](http://ChildrensMercy.org), that's [ChildrensMercy.org](http://ChildrensMercy.org). I'm Dr. Mike Smith. Thanks for listening.

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