

	Pillar Procedure	CPAP	LAUP	UPPP	RF Ablation	Sclerotherapy
<b>PATIENT EXPERIENCE</b>						
Pain or discomfort	Low	Low/Medium	Very High	Very High	Low/Medium	Low/Medium
Potential side-effect, most reported complication	Partial extrusion (<1%) <sup>1</sup>	Nocturnal awakenings (46%), nasal congestion and dryness (44%) <sup>2</sup>	Transient VPI* (27%) <sup>3</sup>	Transient VPI* (20%+) <sup>4</sup>	Mucosal ulceration and breakdown (22%) <sup>5</sup>	Mucosal ulceration and breakdown (18%) <sup>6</sup>
Sedation	Local	None	Local/general	General	Local	Local
Recovery time	24 hours or less	N/A	7 days	Up to 2 weeks	24 hours or less	24 hours or less
Reversible treatment	Yes	Yes	No	No	No	No
Reimbursement (OSA)	In process	Yes	No	Yes	No	No
<b>FDA CLEARANCE</b>						
OSA	Yes	Yes	N/A <sup>7</sup>	N/A <sup>7</sup>	No <sup>8</sup>	No
Snoring	Yes	No	N/A <sup>7</sup>	N/A <sup>7</sup>	Yes	Yes
<b>PHYSICIAN EXPERIENCE</b>						
Physician specialist	ENT	Pulmonologist	ENT	ENT	ENT	ENT
Patient visits	One	Multiple	Multiple	One	Multiple	Multiple
Physician time	Low	Low	High	High	Medium	Medium
Specialized capital equipment	No	No	Yes	No	Yes	No

These comparisons are based on currently published information. For full documentation and clinical study results, ask your Pillar Procedure representative or visit [www.pillarprocedure.com](http://www.pillarprocedure.com).

\* VPI: velopharyngeal insufficiency (a poor seal between the pharynx and the soft palate thereby causing regurgitation of food and water when swallowing and adversely affecting speech).

<sup>1</sup> Reported commercial complication rate; does not include the complication rates from our early clinical studies.

<sup>2</sup> Hoffstein V. et al. Treatment of obstructive sleep apnea with nasal continuous positive airway pressure. Patient compliance, perception of benefits, and side effects. *Am Rev Respir Dis.* 1992 Apr; 145 (4 Pt 1): 841–5.

<sup>3</sup> Rombaux P. et al. Postoperative Pain and Side Effects After Uvulopalatopharyngoplasty, Laser-Assisted Uvulopalatoplasty, and Radiofrequency Tissue Volume Reduction in Primary Snoring. *Laryngoscope.* 2003 Dec; 113: 2169–2173.

<sup>4</sup> Katsantonis G. Limitations, Pitfalls, and Risk Management in Uvulopalatopharyngoplasty. In *Snoring and Obstructive Apnea* edited by D. Fairbanks et al. Raven Press, New York. 1994; 147–162.

<sup>5</sup> Pazos G. et al. Complications of radiofrequency ablation in the treatment of sleep-disordered breathing. *Otolaryngol Head Neck Surg.* 2001 Nov; 125(5):462–6.

<sup>6</sup> Brietzke S. et al. Injection snoreplasty: how to treat snoring without all the pain and expense. *Otolaryngol Head Neck Surg.* 2001 May; 124(5): 503–10.

<sup>7</sup> FDA clearance is not required for surgical procedures.

<sup>8</sup> Cleared for treatment of tongue-base OSA only.