increased with abdominal compression (*D*: 34.3 ± 7.3, *I*: 36.9 ± 9.0 and *M*: 50.2 ± 6.4 events per h, cuff effect, $P = 0.031$). Abdominal compression reduced EELV in *study 1* (0.53 ± 0.24 L, $P = 0.045$) while there was a trend for decreased EELV in *study 2* (*I* versus *D*: 0.41 ± 0.22 L, *M* versus *D*: 0.56 ± 0.30 L, cuff effect, $P = 0.09$).

Discussion: These data suggest that increased IAP increases UA collapsibility and OSA severity and further support that effects of central/abdominal obesity importantly influence UA function in sleep.

S18

Sleep and nursing, what does the future hold?

T. E. WEAVER

University of Illinois at Chicago, Chicago, IL, USA

There are over 80 different sleep disorders listed in the current version of the International Classification of Sleep Disorders; some produce transient symptoms e.g. jet lag, while others such as narcolepsy are life-long conditions that can significantly affect the individual's quality of life. Advanced practice nurses in many specialities will encounter patients with sleep disorders and therefore play an important role in the identification and treatment of common sleep disorders and their management. In practice, nurses also help patients understand the changes in sleep at different states in life and the impact on sleep of age and chronic illness. In particular, advanced practice nurses working in sleep clinics are often instrumental in identifying sleep disorders, implementing, monitoring, or evaluating treatment initiatives such as cognitive-behavioral therapy continuous positive airway pressure therapy. This presentation will describe the roles, practice, and opportunities of nurses involved in sleep practice in the United States.

S19

Update of sleep medicine education for nurses in Australia

S. ROWLAND

Adelaide Institute for Sleep Health, Adelaide, SA, Australia

Covering the current status of sleep medicine education for nurses in Australia.

Including education in tertiary institutions and profession status of nurses working in sleep medicine.

S20

Current status of sleep medicine education for nurses in New Zealand

S. POWELL

Canterbury District Health Board, Christchurch, New Zealand

This presentation will consider the current status of sleep medicine education for nurses in New Zealand. There will be discussion of strategies to enhance the profile of sleep medicine in nursing education.

S21

Sleep medicine and nursing – where to from here?

Current and future strategies to improve sleep medicine education for nurses

D. STEWART

SleepSmart Australia, North Sydney, NSW, Australia

Currently there is little, if any, sleep medicine taught in nursing courses throughout Australia and New Zealand. Recently we have set up a nursing group within the Australasian Sleep Association in an effort to formulate a strategy to improve the level of sleep medicine education for nurses.

The current strategies include both short and long term goals. Initially, publication of a clinical update on sleep medicine in the Australian Nursing Journal, and providing speakers at nursing conferences would be pursued. Nursing in Australia has recently come under the umbrella of the Nurses Federation, which is a national organisation, and nurses are now required to obtain continuing education credits to maintain their registration. This leads to the possibility of developing accredited online education courses for nurses in sleep medicine.

Nursing led research is another method that should increase awareness of sleep medicine in nursing, and there are possibilities of international collaborations.

The main long term goal is to develop a sleep medicine component in the nursing curriculum at tertiary institutions.

It is hoped that this session will enhance discussion of ideas and between all ASA/ASTA members, and aid in the development of firm objectives and timelines.

S22

Sam Robinson memorial lecture

E. WEAVER

University of Washington, Seattle, WA, USA

Dr Sam Robinson was a genuine sleep surgical pioneer. His brilliance and dedication had been widely recognised prior to his sad passing on 16th October 2010.

Dr Stuart MacKay will introduce Dr Ed Weaver, from Washington Seattle USA, to deliver the Australasian Sleep Association's Sam Robinson Memorial Lecture in which he will aptly reflect innovations and the future of sleep surgery, of which Sam was at the forefront.

S23

Multicentre outcomes for modified UPPP and multichannel radiofrequency tongue

S. MACKAY[1,2], C. WOODS[3], S. CARNEY[3], S. ROBINSON[3] and N. ANTIC[4]

[1]Illawarra ENT Head and Neck Clinic, NSW, Australia, [2]University of Wollongong, NSW, Australia, [3]Flinders Medical Centre, SA, Australia, [4]Adelaide Institute of Sleep Health, SA, Australia

After Friedman, some adult patients with sleep disordered breathing have been considered suitable for Uvulopalatopharyngoplasty (UPPP) with bilateral tonsillectomy. Since the evolution of multichannel radiofrequency tongue ablation, efficacy of treatment has improved. We present the outcomes of prospectively collected multicentre (Flinders, Memorial, Wollongong/Bulli, Figtree Private, Shellharbour Private Hospitals) patients who have undergone modified Robinson UPPP and multichannel radiofrequency tongue ablation between 2008 and 2010. Data including preoperative tonsil size and tongue grade, formal polysomnogram and sleep questionnaires were collected and analysed pre and post operatively. All patients were thoroughly assessed clinically by two separate dedicated sleep apnoea airway reconstruction surgeons.

Polysomnographic data was derived from a variety of laboratories. All patients underwent their pre and post-operative studies in the same laboratories. At the time of abstract submission, all data is set to be re-analysed be a single sleep physician to ensure congruity in scoring technique.

This presentation will demonstrate the significant physiological parameter improvements achievable in carefully selected surgical patients undergoing modified UPPP with multichannel radiofrequency tongue.