

**Erfolgsrate und Komplikationen der primären, laserassistierten Uvulopalatoplastik (LAUP) bei Patienten mit Rhonchopathie.  
Success rate and complications of primary, laser-assisted uvuloplasty in patients with snoring**

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**MATERIALS AND METHODS:** We performed primary laser-assisted uvulopalatoplasty (LAUP) with a CO<sub>2</sub> laser (20 W) on 152 patients (group C, M:145, F:7, mean AHI 9) with snoring under local anesthesia (group C1, laser CW mode: n = 101 and group C2.1, laser WDH mode: n = 31) and under intranasal intubation anesthesia (group C2.2, laser WDH mode: n = 20). The indication was based on recently established classification criteria (CC). In group C2.2 the correction was made in ten cases using the new version of LAUP (TR, tangential reduction). The follow-up examination ensued 1 year after the operation.

**RESULTS:** Serious and lasting complications did not arise. The mean length of pain was 7.8 days and was less when using the laser in the WDH mode (pulse 0.4 s, pause 0.2 s, 20 W) (group C2.1, 6.9 days; group C2.2, 5.1 days). The patients reported no bothersome snoring in 88% of the cases and no snoring in 43% of the cases. The rate of no snoring was considerably higher in patients of the C2 groups (60%).

**CONCLUSION:** The results show that by strict adherence to the new classification criteria, using lasers in the WDH mode, and using the TR method under intranasal intubation anesthesia better effects could be achieved than those published in the current literature. Significant complications did not occur. Under these conditions, a broader indication for LAUP as a so-called secondary LAUP as an integral part of step-by-step combination therapy with nCPAP and/or a mandibular protruding device has been verified and can be seen as therapeutically effective