The hyoid suspension is a common part of multilevel surgery concept and is often combined with other procedures such as genioglossus advancement or uvulopalatopharyngoplasty to treat sleep disordered breathing. Initially, hyoid suspension was designed so that the hyoid bone was suspended to the inferior border of the mandible using fascia lata. Mysteriously, the selection of the site of attachment necessitated a sequential mobilization and suspension of the hyoid bone. This technique was introduced by Riley at al. The same authors later revised the technique by securing the hyoid arch antero-inferiorly to the thyroid cartilage (hyoid-thyroid pexia) rather than to the mandible. The mobilization of the hyoid bone requires myotomy of a portion of the suprathyroid musculature and division of genioglossus advancement. Riley et al. presented an additionally modified hyoid-thyroid pexia technique. The technique was performed on 22 patients. The radius was insufficient. There was no change in BMI postoperatively. No complications related to this modification were noted.

CONCLUSION
The modified hyoid suspension is a procedure that advances the hyoid bone in order to expand the airway and its effectiveness has been proven previously. The modified hyoid suspension presented here promises similar results without the risk of serious complications as thyroid cartilage fracture.

METHODS AND MATERIALS
22 patients affected by OSAS underwent Hormann hyoid suspension. In two patients of the series the steel wire caused a fracture of the thyroid cartilage (Fig. 2). The technique was therefore modified in 20 subsequent male patients.

RESULTS
All patients had multilevel airway obstruction related to lateral wall collapse. The patients were all male, and the mean age was 47.1 years. The mean preoperative BMI was 27.45 kg/m². There was no change postoperatively (BMI 26.85 kg/m²). Mean preoperative AHI was 40. Almost two-thirds (13/19, 63%) of the patients reported excessive daytime somnolence (defined as ESS >10); mean ESS was 12.5. Preoperative sleep study was performed at a mean of 8.9 months after surgery (range, 12 months). Mean postoperative AHI was 11.7 in patients (86%) with a successful surgical outcome. There were 3 patients of the study group who did not achieve a cure rate of 80% by using the hyoid suspension as a part of the multilevel surgery concept. The same patient treated with new technique demonstrated thyroid cartilage fracture. The Hormann technique was introduced by securing the hyoid arch antero-inferiorly to the thyroid cartilage (hyoid-thyroid pexia) rather than to the mandible. The mobilization of the hyoid bone requires myotomy of a portion of the suprathyroid musculature and division of genioglossus advancement. The hyoid suspension is performed under general anesthesia. The wire is threaded through a malleable titanium miniplate placed on the surface of the thyroid cartilage. After the fixation is completed a steel wire with a sharp needle, similar to that used for laryngofissure (Fig. 3), is passed through the median upper hole of the miniplate in the anterior surface of the cartilage and pulled out on the opposite side of the neck. Then the steel wire is placed around the hyoid bone. A cricoids plate is inserted at the incision site to increase the portion of the infrahyoid musculature and division of the stylohyoid ligaments. More recently Hormann et al. presented an additionally modified hyoid-thyroid pexia technique that uses a single wire suture instead of 4 steel wires. The technique was performed on 22 patients affected by OSAS, and is called improved Hormann technique. The same patient treated with new technique demonstrated thyroid cartilage fracture. The modified hyoid suspension presented here promises similar results without the risk of serious complications as thyroid cartilage fracture. First the hyoid suspension was modified in 20 subsequent male patients (fig. 3). The wire is threaded through a malleable titanium miniplate placed on the surface of the thyroid cartilage. All patients underwent a preoperative sleep study. Figure 5. Preoperative and postoperative cephalometry. All patients had multilevel airway obstruction related to lateral wall collapse. The patients were all male, and the mean age was 47.1 years. The mean preoperative BMI was 27.45 kg/m². There was no change postoperatively (BMI 26.85 kg/m²). Mean preoperative AHI was 40. The modified hyoid suspension presented here promises similar results without the risk of serious complications as thyroid cartilage fracture.