**Example Nexus Letter for Sleep Apnea Secondary to Deviated Septum**

**[Your Full Name, M.D.]**  
**[Your Medical Practice Name]**  
**[Address]**  
**[City, State, ZIP Code]**  
**[Phone Number]**  
**[Email Address]**  
**[Date]**

**Department of Veterans Affairs**  
**[Regional Office Address]**  
**[City, State, ZIP Code]**

**Subject:** Independent Medical Opinion for [Veteran's Full Name, Date of Birth, and VA File Number] – Sleep Apnea is caused or aggravated by the veteran’s current service-connected Deviated Septum.

**To Whom It May Concern:**

I am writing at the request of [Veteran's Full Name] to provide a medical nexus opinion regarding the relationship between his service-connected deviated nasal septum and his diagnosis of obstructive sleep apnea (OSA). I am a board-certified [Your Specialty, e.g., Otolaryngologist] with [Number] years of experience in diagnosing and treating sleep-related breathing disorders.

**Veteran's Medical History:**

* **Deviated Nasal Septum:** [Veteran's Full Name] was diagnosed with a deviated nasal septum on [Date], confirmed by [Diagnostic Method, e.g., nasal endoscopy]. He underwent septoplasty on [Date] to correct the deviation. The Department of Veterans Affairs (VA) granted service connection for the deviated septum on [Date].
* **Obstructive Sleep Apnea:** The veteran underwent a polysomnography on [Date], which confirmed a diagnosis of moderate OSA. Symptoms include loud snoring, witnessed apneas, and excessive daytime sleepiness. He has been prescribed continuous positive airway pressure (CPAP) therapy since [Date].

**Medical Literature Supporting the Connection:**

1. **Nasal Obstruction and Sleep Apnea:** A study published in *Chest* reported significant clinical improvement in patients with obstructive sleep apnea following surgical correction of a deviated nasal septum, indicating a direct link between nasal obstruction and OSA.
2. **Impact of Nasal Obstruction on Airflow:** The Mayo Clinic Proceedings noted that partial or total nasal obstruction could cause snoring and OSA due to increased airway resistance and disrupted sleep architecture.
3. **Anatomical Factors in OSA:** Research in *Sleep Science* found a high incidence of posterior nasal cavity obstruction, such as septal deviation, in patients with OSA, suggesting that nasal anatomical abnormalities contribute to sleep-disordered breathing.

**Board of Veterans' Appeals (BVA) Decisions:**

1. **Case Citation Nr: 1520878:** The BVA granted service connection for sleep apnea secondary to a service-connected postoperative deviated septum, recognizing the causal relationship between the two conditions.
2. **Case No. 15-3139:** The United States Court of Appeals for Veterans Claims acknowledged that secondary service connection might be awarded when a disability is proximately due to or the result of a service-connected disease or injury, supporting the linkage between a deviated septum and subsequent OSA.

**Independent Medical Opinion and Nexus Statement for Service Connection:**

Based on the veteran's medical history, current symptoms, and supporting medical literature, it is my professional opinion that [Veteran's Full Name]'s obstructive sleep apnea is "at least as likely as not" (a 50% or greater probability) caused or aggravated by his service-connected deviated nasal septum. The nasal obstruction resulting from the deviated septum has likely increased airway resistance during sleep, contributing to the development and persistence of OSA.

**Rationale:**

* **Anatomical Impact:** The deviated septum caused significant nasal obstruction, leading to increased airway resistance and mouth breathing during sleep, both of which are known risk factors for OSA.
* **Symptom Onset Correlation:** The veteran's OSA symptoms manifested following the diagnosis of the deviated septum, suggesting a temporal relationship between the two conditions.
* **Post-Surgical Improvement:** Although septoplasty was performed, the persistence of OSA symptoms indicates that the deviated septum had already contributed to the development of sleep apnea, which may not be fully reversible post-surgery.

**Conclusion:**

Considering the veteran's clinical history and corroborating medical research, it is my professional opinion that [Veteran's Full Name]'s obstructive sleep apnea is "at least as likely as not" secondary to his service-connected deviated nasal septum and therefore meets the VA’s requirement for secondary service connection.

**Signature:**

[Your Full Name, M.D.]  
[Your Specialty]  
[Medical License Number]  
[State of Licensure]

**Attachments:**

1. [Veteran's Polysomnography Report]
2. [Relevant Medical Literature]
3. [BVA Decision Excerpts]

*Note: This independent medical opinion is based on my evaluation of the available medical records in the veteran’s VA Claims File (VA C-File), current medical literature, and BVA decisions. It is provided to assist in the determination of service connection for the veteran's obstructive sleep apnea as a secondary condition.*