

MEDICAL & DENTAL TREATMENT

CONDITION TREATED

SNORING



TREATMENT INFORMATION

POSITIONAL DEVICE (ANTI-SNORING CUSHION)

Most bed partners know that snoring is worse on the back. In fact, research studies show that **a high percentage of snorers and about 49% of people with mild sleep apnea have symptoms only when they sleep on their back.** Therefore, treatments to keep them on their side or stomach during the night can be very effective in resolving the problem. A positional device can be successful when used alone or in conjunction with other treatment for snoring or obstructive sleep apnea.

OBSTRUCTIVE SLEEP APNEA



CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) TREATMENT

Currently, this is the primary treatment for people with moderate to severe obstructive sleep apnea. The device has a small air blower connected by a flexible hose to a cushioned plastic mask that covers your nose or nose and mouth. The blower forces air through the hose and mask into your nose and throat to keep the air passage open during sleep.

SNORING AND OBSTRUCTIVE SLEEP APNEA



ORAL APPLIANCE THERAPY

An oral appliance is a small acrylic device that fits over the upper and lower teeth or tongue (similar to an orthodontic retainer or mouth guard). **This device slightly advances the lower jaw or tongue, moving the base of the tongue forward to open the airway.** This improves breathing and reduces snoring and obstructive sleep apnea (OSA). The appliance is customized for each patient by a dentist experienced in the treatment of snoring and OSA. This therapy is effective for treating people with snoring and mild to moderate obstructive sleep apnea (and certain cases of severe OSA) and is usually well-tolerated by patients.

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SURGERY

Surgery is usually targeted at the site of the airway obstruction. There are several surgical approaches that range from treatments of the soft palate or uvula to advancement of the upper and lower jaw.

One of the surgical procedures for treating snoring is the **Uvulopalatopharyngoplasty (UPPP)**. This technique is done in the hospital and removes all of the uvula and about one-third of the soft palate. It requires about two weeks of healing time, and it can be effective in treating people with snoring and mild sleep apnea. It is less effective in treating moderate or severe sleep apnea. A variation of this technique uses a laser and is done in the office with local anesthesia.

Somnoplasty (radio frequency surgery) is a minor surgical procedure completed in the surgeon's office using local anesthesia and a customized electrode that delivers radio frequency energy to stiffen the soft palate and/or tongue.

Inspire therapy is an implanted pacemaker-type device that assesses your breathing pattern and delivers a gentle stimulation to key airway muscles which keeps the airway open. This therapy is considered when CPAP and/or oral appliance therapy are not effective or appropriate for patients with moderate or severe obstructive sleep apnea.

Telegnathic surgery is jaw surgery that advances the upper and lower jaw to open the airway and manage significant apnea conditions that have not been effectively managed by non-surgical treatments. This treatment can be effective for moderate or severe sleep apnea.

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