

Snoring & Obstructive Sleep Apnea



*A Guide to
Better Sleep
and Health*

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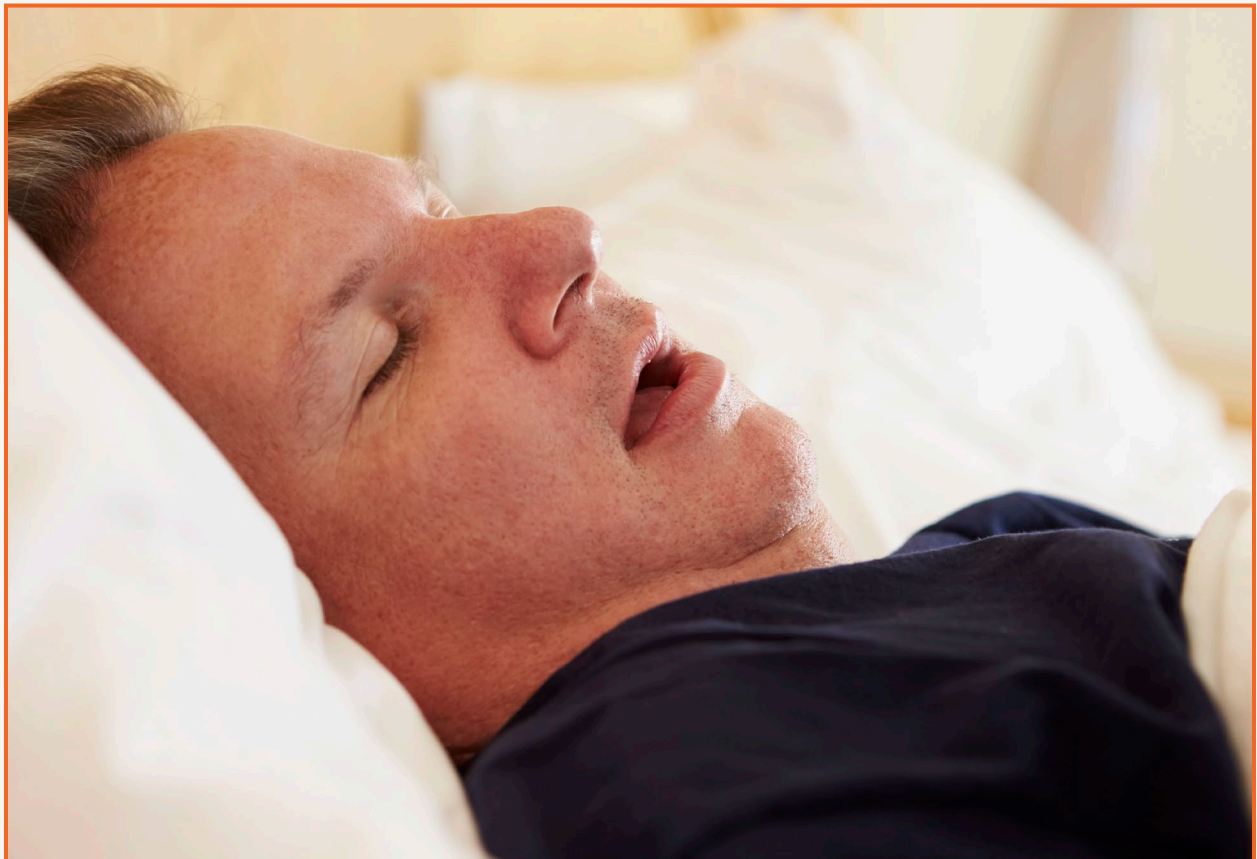
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INTRODUCTION

Have you been told that you snore? If so, you should know that snoring can be a sign of a more serious condition called obstructive sleep apnea (OSA). OSA is a potentially dangerous condition where your breathing stops briefly while you sleep. Sleep apnea is common, but it can be life-threatening if untreated. OSA increases your risk of high blood pressure, heart disease, stroke, and sudden death. If you snore loudly, you should see an ENT doctor for an OSA evaluation.



SNORING

WHAT IS SNORING?

Snoring is loud, harsh breathing that is caused by a partially blocked airway. When your breathing is obstructed, the sound you hear is made by structures in the back of your throat (the soft palate and uvula) vibrating. The narrowed airway forces your lungs to work harder to draw in air. Snoring itself is not dangerous, but it can be a warning sign for obstructive sleep apnea.

WHAT CAUSES SNORING?

EXCESS WEIGHT

An overweight person will have more soft tissue around the neck and poor muscle tone. These both contribute to the soft tissue collapse into the airway that causes snoring.

OLDER AGE

As you grow older, your tongue and throat relax more as you sleep, making you more likely to snore.

DRINKING ALCOHOL BEFORE BED

Alcohol is a muscle relaxant, so it contributes to the relaxed throat and obstructed airway that brings on snoring.

ALLERGIES AND NASAL CONGESTION

Both can cause swelling of the nasal passages that can contribute to snoring.

SLEEPING POSITION

Sleeping on your back can cause the soft tissues of your mouth and throat to collapse to the back of your throat, causing the vibrations responsible for snoring.



NASAL OBSTRUCTION

Nasal obstruction can be anything that blocks your airways and makes breathing more difficult, such as a deviated septum, nasal polyps and large turbinates. There are several conditions (along with allergies and nasal congestion) that can cause nasal obstruction and worsen snoring.

Here are some of the most common ENT obstructions contributing to snoring and OSA:

- **Enlarged tonsils or adenoids:** When you are lying on your back, large tonsils and adenoids can drop to the back of your throat and block your airway causing you to stop breathing for short periods. This is a very common cause of snoring and sleep apnea in kids and young adults.
- **Deviated nasal septum:** A deviated septum occurs when the wall of bone and cartilage between your nostrils (the nasal septum) is off-center, shifted to one side or the other. This narrows your nasal passage on one side and makes breathing more difficult.
- **Turbinate hypertrophy:** Turbinates are ridges of bone and soft tissue inside the nostrils. Their job is to filter, warm, and moisten the air you breathe. These turbinates can swell and narrow nasal passages.
- **Nasal polyps:** Nasal polyps are small fleshy growths that grow inside your nostrils and paranasal sinuses. They can develop into clusters that can restrict your airflow. You can have nasal polyps and not know it.
- **Nasal valve collapse:** This is when the sidewall of your nostrils does not have the support it needs and so collapses on inspiration during sleep. A breathe-rite strip works to support this sidewall and hence helps with snoring but this can be permanently fixed by your ENT surgeon without changing the appearance of your nose to help with snoring and OSA.
- **Floppy soft palate and uvula:** This can be reduced by your ENT surgeon, if necessary, to permanently treat snoring and OSA.

All of these forms of nasal and throat obstruction can narrow your airway and lead to OSA.

OBSTRUCTIVE **SLEEP APNEA**

WHAT IS OBSTRUCTIVE SLEEP APNEA?



OSA is a serious condition that causes you to start and stop breathing while you sleep repeatedly. It happens when the lungs can't get enough air because something is blocking or narrowing your airway from above.

WHO CAN GET OBSTRUCTIVE SLEEP APNEA?

Loud snoring is a sign of sleep apnea, but not everyone who snores has OSA. It happens most often in males, people who have a BMI of over 25, people who have a large neck size, and people with a family history of OSA. High blood pressure may also result from OSA as well as hear issueses like arrhythmias. Most sleep apnea sufferers are middle-aged.

Many people don't know they have OSA. Most of the time, a person's bed partner is the first to notice the symptoms.

WHAT CAUSES OBSTRUCTIVE SLEEP APNEA?

OSA is caused by the muscles in the back of your throat relaxing and the soft tissues “collapsing,” creating an airway obstruction. The obstruction stops your breathing from 10 to 20 seconds or more. This will happen again and again throughout the night—in some cases, several hundred times. Your brain then becomes oxygen-deprived and sends out a message to wake you up. You may gasp or choke and begin breathing again, and the cycle starts all over. More than likely, you won’t remember waking up, but you will probably feel unrested during the day.

WHAT ARE THE SYMPTOMS OF OBSTRUCTIVE SLEEP APNEA?

Loud snoring is only one of the symptoms of OSA. If you are experiencing any of the following, it may be time to contact an ENT.

- Waking up during the night with a choking or gasping sensation
- Waking up in the morning with a sore or dry throat
- Morning headaches
- Frequent urination at night
- Sleepiness or lack of energy during the day, especially at work or while driving
- Difficulty with memory or learning
- Difficulty concentrating
- Mood changes or personality changes



WHAT IS THE TREATMENT FOR OBSTRUCTIVE SLEEP APNEA?

There are a variety of treatment options for OSA. These include lifestyle changes that you can make at home. Here are a few things that may help.

LIFESTYLE CHANGES

Weight management: If you are overweight, weight loss is the most significant change you can make to improve or even eliminate your sleep apnea symptoms.

Positional therapy: If you're a back sleeper, try training yourself to sleep on your side. Attaching a tennis ball to the back of your pajamas is a low-tech solution that works for some people. Retail products are also available that can help with retraining.



Quit smoking: Smoking worsens swelling of the upper airway and makes breathing more difficult.

Avoid alcohol: Again, alcohol is a muscle relaxant that exacerbates the soft tissue swelling that causes airway obstruction.

MEDICAL AND SURGICAL TREATMENT OPTIONS

If making lifestyle changes doesn't improve your OSA symptoms, you should schedule an evaluation by an ENT to explore medical and surgical treatment options.

OSA treatment options include:

1 CPAP: Continuous positive airway pressure (CPAP) is the gold standard in treatment. CPAP is a machine that blows air into the throat through a face mask while you sleep to keep the airway open. However, many patients can't tolerate it and may be candidates for a surgical procedure especially if they have mild or moderate OSA on sleep testing.



2 Coblation: Coblation uses radiofrequency energy to remove excess tissue from areas of obstruction in the throat. These can include the soft palate, uvula, tonsils, or base of the tongue.

3 Tonsillectomy and Adenoidectomy: Enlarged tonsils and adenoids are usually the cause of obstructive sleep apnea in children and young adults. We perform routine tonsillectomy and adenoidectomy to remove the obstruction and eliminate OSA symptoms.

4 Laser-Assisted Uvulopalatoplasty (LAUP): This is a revolutionary in-office procedure that many ENT surgeons use. The surgeon will use Coblation laser to remove a rim of the soft palate and uvula, thus enlarging ones airway in the back of the throat permanently.

5 Uvulopalatopharyngoplasty (UP3/UPPP): This is an outpatient surgical procedure to widen the airway in the back of the throat with a longer recovery time. It's performed under general anesthesia and involves removing the tonsils, uvula, and rim of the soft palate. It's sometimes combined with tongue base reduction. UPPP is usually performed for cases of moderate or severe OSA in patients who have failed CPAP.

6 Tongue Base Reduction: This procedure involves using Coblation to shrink areas of the tongue base (in the back of the throat) to reduce the size of the tongue. The procedure is often performed in combination with other procedures, such as UPPP.

7 Septoplasty: Septoplasty is used to improve nasal obstruction due to a septal deviation. During septoplasty, the surgeon will straighten or remove small pieces of cartilage and bone from the deviated portions of the septum. When combined with turbinate surgery and nasal valve repair, it enlarges the nasal airway significantly and results in significant improvement in breathing.

8 Turbinate Reduction Procedures: There are several turbinate procedures your ENT may recommend. Some are in-office procedures done in combination with Balloon Sinuplasty and polyp removal and some are outpatient surgeries done in combination with septoplasty and nasal valve repair. All are designed to relieve obstruction and make breathing easier.

9 Balloon Sinuplasty, Endoscopic Sinus Surgery and Polypectomy: These are often procedures done in the office or outpatient setting to open up the nasal airways and sinuses so the nasal contribution to snoring and OSA resolves with long-lasting and permanent relief.

10 Nasal Valve Repair: This can be accomplished in the office setting under local anesthesia via the revolutionary Latera procedure in as little as 30 minutes or during septoplasty or rhinoplasty to open up the nasal airway and permanently treat nasal valve collapse.

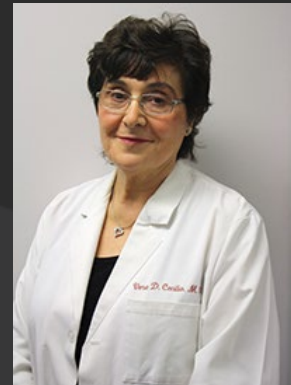
IN CONCLUSION

Snoring and obstructive sleep apnea (OSA) can be hard to live with, for you and your partner. While nonsurgical options like CPAP or oral appliances can improve your symptoms, there are some situations where a surgical procedure would be your best option, especially if you are one of the millions of patients who can't tolerate a device in your mouth or attached to your face. An ENT surgeon with expertise in this area can help you sort out your specific symptoms and determine what the best course of treatment is for you.



ABOUT C/V ENT SURGICAL GROUP

At C/V ENT Surgical Group, we take pleasure in providing unparalleled care to all our patients. Our team of ENT specialists and surgeons are highly skilled, experienced, and qualified to carry out various treatments and procedures to help patients with these conditions. Each of our physicians specializes in various aspects, including ear, nose and throat disorders, making them one of LA's finest specialists. Using our cutting-edge technology and equipment, we treat our patients with the expertise and compassion they deserve. Contact us today for a consultation with one of our ENT specialists.



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