

Snoring - The Options

Self help

Sleep position

Many snorers only snore, or are worse, when sleeping on their backs. If this is the case, try to train yourself to sleep on your side and use pillows to keep this position. Sleep in the 'recovery position' with the upper leg bent up with a pillow wedged between your legs to prevent rolling onto your back. Sew a pocket into the back of a 'T' shirt and put something into it, a tennis ball, or even wear a bra back to front with 2 tennis balls. At least if you roll onto your back it will wake you up not your partner!

Gadgets

There are a number of commercially available devices that may work for some people.

Nosevent: small plastic inserts inserted into the front of the nose which may slightly improve the nasal airway.

Breatheright strips: adhesive plastic strips applied to the outside of the nose which pull the airway open or stop it collapsing.

Snores: a spray for the throat which may help to lubricate the palate.

Snore Calm Strips: Adhesive strips to prevent the mouth falling open.

Pillows: these may help by keeping the neck in the best position to stop the airway collapsing.

Weight

Increase in weight, above the ideal, is probably the single most important factor in snoring. Make a serious effort to achieve an ideal weight; if you are not sure what this is, your GP will tell you. This alone may make a significant difference to your snoring and make any other measures unnecessary and will, of course, have many other health benefits. It is possible that your specialist will advise this before other treatments are considered, *so do it now*.

Smoking

Smoking may cause congestion of the nasal airways and thickening of the tissues of the pharynx.

Alcohol

As most of you will know, alcohol makes snoring worse. This is because it relaxes the muscles of the throat causing the tissues to become floppier. At best this will make your snoring worse and at worst it will cause episodes of apnoea where you may stop breathing for a short period until the drop in oxygen levels cause you to partially wake up. This may add to your tiredness the following day.

Treatments

The choice and recommendations of the specialist will depend on the results of the examination and possibly a Sleep Study and/or sleep nasendoscopy. A first hand report of your snoring by a partner may be useful.

Mandibular Advancement Device (prosthesis/splint (MAD, MAP or MAS)

These are devices worn over the teeth which help to prevent the jaw slipping back or bring the jaw forward slightly. The result of this is that the back of the tongue doesn't cause narrowing of the airway. The simplest and cheapest devices are like the gum shields worn by sportsman and self fitted after softening in hot water. More expensive but individually fitted and adjustable devices fitted by orthodontists and some dentists are also available but the simplest devices can be obtained from

The British Snoring and Sleep Apnoea Association www.britishsnoring.co.uk

Nasal Surgery

If you have significant blockage of your nose then simple nasal surgery to remove the obstruction may be helpful. Such surgery may include septoplasty or submucous resection (SMR) to correct deformities of the nasal septum, reduction of inferior turbinates by trimming or submucous diathermy and removal of polyps. This surgery is performed under general anaesthesia and usually involves 1 night in hospital as a pack is placed in the nose overnight to stop bleeding. Postoperatively, there is moderate discomfort with occasional pain for a few days. You are usually advised to take 1 – 2 weeks off work depending on the nature of your job.

If the obstruction is limited to the inferior turbinates, a new procedure, radiofrequency turbinate reduction may be appropriate. This is carried out under local anaesthesia as a day case with minimal discomfort and requires no time off work.

Tonsillectomy

Significantly enlarged tonsils may be a factor in snoring; if this is the case simple tonsillectomy may help. This is performed under general anaesthesia and involves an overnight stay. Post operatively, the degree of discomfort varies from moderate to moderately severe and lasts 7 – 10 days.

Adenoidectomy

Occasionally even in adults the adenoids remain enlarged and removal may be advised. Again performed under general anaesthesia this may be done as a day case and involves only mild discomfort.

Uvulopalatopharyngoplasty (UPPP, UVPP)

This operation has been performed for snoring for over 20 years and involves removing the tonsils, trimming the palate and uvula and stitching the edges of the palate. This is quite a radical procedure and is 80 – 90% successful in the short term but after 5 years this degree of success drops to 45 – 55% although there may be other factors involved such as increased weight. The degree of pain varies from moderate to severe and may last from 2 – 6 weeks. Interference with swallowing is quite common in the short term and occasionally occurs in the long term. Other long term effects may be alteration of voice and sensation of a lump in the throat.

Laser Assisted Uvulopalatoplasty (LAUP)

This is a less radical procedure which may be carried out in several stages under local anaesthesia but is more usually performed as one stage under general anaesthetic as each stage is accompanied by much the same degree of discomfort as though one stage procedure. This may be severe and last up to 2 weeks or very occasionally longer. The procedure involves removal of tissue of the palate and shortening of the uvula. Success rates in appropriate patients may be up to 70% but again the long term efficacy drops to 50%.

Radiofrequency Palatoplasty (RFPP) (also Somnoplasty, coblatoplasty)

This is a relatively new treatment using a probe to produce scarring of the palate by locally raising the temperature of the tissues using radiofrequency waves. The procedure may be done under general or local anaesthesia and takes only a few minutes. Usually 6 – 10 punctures are required causing minimal discomfort. The procedure is performed on a day surgery basis and the patient is usually fit to return to work the following day. The immediate effect may be an increase in snoring which gradually diminishes. For the full effect a repeat treatment is usually required after 6 weeks. Results are promising in the short term but the long term results are not known.

Comparison of palatal surgery treatment

<u>Effectiveness</u>	<u>UPPP</u>	<u>LAUP</u>	<u>RFPP</u>
Short term	80%	80%	60 – 70%
Long term	50	50	?
<u>Pain</u>	9-10/10	8-9/10	2-4/10
<u>Pain duration</u> (days)	2 – 6 weeks	3-4 weeks	2 – 3
No. of treatments	1	1	1 – 3
Hospital stay	1 night	1 day	1 day
Off work	2 – 4 weeks	1 – 2 weeks	1 day
NHS availability	Y	Y	Not yet
<u>Side effects</u>			
Swallowing difficulty	Sometimes Long term	Few days	No
Sensation of lump	Occasionally	Occasionally	No