



OBSTRUCTIVE SLEEP APNEA (OSA)

Sleep apnea is a disorder of breathing during sleep. Typically it is accompanied by loud snoring. Apnea during sleep consists of brief periods throughout the night in which breathing stops. People with sleep apnea do not get enough oxygen during sleep. Untreated apneas can greatly affect daytime functioning. Upon awakening there can be a fierce headache, which lessens in an hour or two. The person with OSA may remain irritable and forgetful, often finding it difficult to concentrate for the rest of the day. Depression may occur. Interest in sex may wane. There is little energy to exercise. Weight gain may increase the OSA. Apneas may wake the person briefly, sometimes for hundreds of time a night. Usually there is no memory of these awakenings. There are 2 types of apnea: Obstructive sleep apnea is the most common type & is due to obstruction of the throat during sleep. A pause for 10-60 sec between loud snores is common. Narrowing of the upper airway can results from several factors including: physical characteristics, excess weight, & alcohol consumption before going to sleep. Central sleep apnea is caused by a delay in the signal from the brain to the center of the brain that controls breathing.

SYMPTOMS OF SLEEP APNEA

- Loud snoring
- Waking up un-refreshed and having trouble staying awake during the day
- Waking up with headaches
- Waking up night with the sensation of choking
- Waking up sweating

A SIMPLE TEST FOR SLEEP APNEA

- Are you a loud, habitual snorer, disturbing your companion?
- Do you feel tired and groggy on awakening?
- Are you overweight?
- Do you experience sleepiness and fatigue during waking hours?
- Have you been observed to choke, gasp, or hold your breath during sleep?

If the answer is YES to any of the above questions, you may have sleep apnea. A sleep study may be ordered to screen for OSA.

TREATMENT OPTIONS

Treatment may consist of avoiding sleeping on one's back_ for those with nasal obstruction, nasal decongestants may be ordered. Weight reduction may be recommended, and avoidance of alcohol or hypnotic/sedative drugs at bedtime. A mouth guard may be ordered by oral surgeons to prevent the tongue and soft palate from obstructing the airway during sleep. Severe OSA patients will benefit from a treatment called Continuous Positive Airway Pressure (nasal CPAP). CPAP uses a small mask held to the nose. The mask is attached to a quiet motor that regulates the amount and pressure of air sent into the nose, exerting pressure to keep the nasal passages open. CPAP is worn during sleep.



Surgical options may include a tonsillectomy and uvulopalatopharyngoplasty (UPPP). The uvula and part of the soft palate tissue are removed, opening up the air space. Patients without tonsils who have mild sleep apnea, or who are snorers only without apnea, may benefit from a palatoplasty or radiofrequency done as a clinic procedure. Persons with certain jaw or tongue shapes and sizes may benefit from a combined Oral surgery and ENT surgical approach for OSA. Somnoplasty, another treatment alternative, is not available at this hospital. Persons with nasal obstruction may benefit from a

septoplasty/turbinate reduction operation. Each patient is unique, and the treatment will be tailored.