

DENTAL PRACTICE

INFORMED CONSENT FOR THE TREATMENT OF SNORING AND/OR OBSTRUCTIVE SLEEP APNOEA WITH ORAL APPLIANCES

Snoring and obstructive sleep apnoea are breathing disorders that occur during sleep due to narrowing or total closure of the airway. Snoring is a noise created by the partial closure of the airway and may often be no more problematic than the noise itself. However, consistent, loud, heavy snoring has been linked to medical disorders such as obstructive sleep apnoea. Obstructive sleep apnoea is a serious medical condition where the airway totally closes many times during the night and can significantly reduce oxygen levels in the body and interrupt sleep. In varying degrees, this can result in excessive daytime sleepiness, irregular heartbeat, high blood pressure and occasionally heart attack and stroke.

As sleep disordered breathing may potentially represent a health risk, all individuals are advised to consult with their physician or sleep specialist for accurate diagnosis of their condition before treatment can be started. Oral appliances may be helpful in the treatment of snoring and sleep apnoea. Those diagnosed with mild or moderate sleep apnoea are better candidates for improvement with this therapy than those severely affected. Oral appliances are designed to assist breathing by advancing the lower jaw thus keeping the tongue forward and opening the airway space in the throat.

While documented evidence exists that oral appliances have substantially reduced snoring and sleep apnoea for many people, there are no guarantees this therapy will be successful for every individual. Several factors contribute to the snoring/apnoea condition including nasal obstruction, narrow airway space in the throat, skeletal factors and excess weight.

Since each person is different and presents with unique circumstances, oral appliances will not reduce snoring and/or apnoea for everyone. Furthermore, some people may not be able to tolerate the appliance in their mouth. Many individuals will develop temporary adverse side effects such as excessive salivation, sore jaw joints, sore teeth and a slight change in their "bite". However, these usually disappear within an hour after appliance removal in the morning and diminish with time. On rare occasions, a permanent "bite" change may occur requiring restorative therapy. Oral appliances can wear and break and if this occurs in the mouth the possibility that these parts may then be swallowed exists.

UNUSUAL OCCURRENCES: As with any form of medical or dental treatment, unusual occurrences can and do happen. Broken or loosened teeth, dislodged dental restorations, mouth sores, periodontal problems, root resorption, muscle spasms, and ear problems, are all potential risks. Most of these complications are thankfully rare. Additional medical and dental risks that have not been mentioned may occur. Good communication is therefore essential for the best treatment results. Please contact the Dentist if you have any questions.

It is advised that your mouth and appliance are checked at least twice a year for the first 2 years, then yearly thereafter to ensure proper fit and that oral health is not compromised. If any unusual symptoms occur, it is recommended that appliance wear is discontinued until the dentist can evaluate the situation.

Individuals who have been diagnosed as having sleep apnoea may notice that after sleeping with an oral appliance they feel more refreshed and alert during the day. This is only subjective evidence of improvement and may be misleading. The only way to accurately measure whether the appliance is keeping the oxygen level sufficiently high to prevent abnormal heart rhythms is to have a consultation with the sleep specialist and a follow-up sleep test while wearing the appliance. This is essential for patients suffering from moderate/severe obstructive sleep apnoea.

Please sign below indicating that you have read, understand and accept the limitations involved with oral appliances for the treatment of snoring and/or apnoea, that you are willing to accept any and all involved risks, both known and unknown and that you will return when requested for follow up review appointments.

You will receive a copy of this disclaimer.

Patient Signature _____ Date _____