

Snoring, Upper Airway Resistance Syndrome and Apnoea: are all related conditions. However, the consequences of each are different.

Snoring is the noise produced by vibrating tissue as air goes through the throat while the person is asleep.

Upper Airway Resistance Syndrome (UARS) is a condition halfway between pure snoring and sleep apnoea. A person with UARS needs to make an extra effort to breathe because the airways are narrow. This extra effort during sleep often makes the person feel tired the next day.

Apnoea means stopping breathing. Sleep apnoea refers to a condition which involves snoring and stopping breathing regularly while the person is asleep. The oxygen levels in the body may drop because the person is not breathing properly.

"It is a delicious moment, certainly, that of being well-nestled in bed and that you shall drop gently to sleep. The good is to come, not the past; the limbs are tired enough to render the remaining in one posture delightful; the labor of the day is gone."

- Leigh Hunt



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SNORING



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TREATMENT

Snoring is very common.

Habitual Snoring:

Which is snoring that occurs almost every night is found in approximately 20% of the population. This means that about 1 out of every 5 people snore almost every night. Snoring is more common in men (1 in 4) than in women (1 in 6).

Snoring tends to increase after the age of 30 up to approximately 65 years of age. However, it tends to diminish after 65 years of age.

Factors in which snoring is more likely to occur:

Being overweight, large tonsils, a small receding chin, drinking alcohol in the evening, having a blocked nose, sleeping tablets and sleeping on your back.

Does snoring lead to other medical conditions?

In most cases snoring does not cause ill health. High blood pressure is more common amongst snorers than non snorers, however, it is not known if snoring actually causes high blood pressure. In some heavy snorers the noise itself can lead to disrupted sleep and the person feels tired the next day.

From a practical point of view, snoring does not bring about ill health. It is often only a problem when it is a nuisance for the people around the snorer. As snoring is not really a health problem, the person may decide not to do anything about it. Weight reduction, avoidance of alcohol in the hours before going to bed and not sleeping on your back are steps which can help reduce snoring (see the "Positional Treatment" pamphlet).

Surgery

Surgery to the palate and the tongue is available but the success rate is very low. The experience with different surgical interventions over 20 years suggests that surgery should only be undertaken after other treatments have been considered and only in special circumstances.

There are a few techniques widely used in the past by ear, nose and throat (ENT) surgeons (the specialists who do the surgery).

They have complex names such as :
uvulopalatopharyngoplasty (UPPP)
and laser uvulopalatopharyngoplasty.

Uvulopalatopharyngoplasty (UPPP)

The surgeon removes the tonsils, if present, and reshapes the palate reducing the amount of soft tissue in the throat.

Laser Uvuloplatopharyngoplasty

Laser treatment may be performed under general anaesthetic or local anaesthesia. A strip of soft palate is treated with a laser beam which causes inflammation and scarring. This usually makes the floppy part of the throat more stiff which reduces snoring. Both procedures can be painful for a few days after treatment.

Mandibular Advancement Surgery

This is another surgical operation that is sometimes undertaken. It involves the repositioning of the jaw in a more forward position in people who have a very short jaw or a small receding chin. It also involves orthodontic treatment.

Glossoplasty - this procedure refers to reduction in the size of the tongue, particularly the back portion of the tongue. It may be performed on its own or together with the Uvuloplatopharyngoplasty.