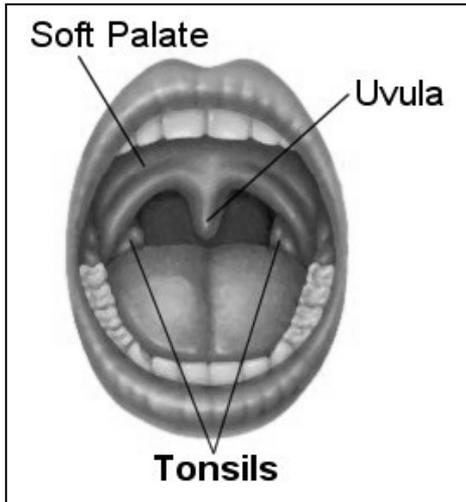


# Primary Snoring



Snoring is extremely common, occurring in up to 50% of adults, at least occasionally. Snoring is the noise when air passes the relaxed tissues in your throat causing vibrations that result in harsh or hoarse sounds. The first thing Dr Iseli will do is to ask you some questions to try to exclude a more serious condition, sleep apnea, that may be associated with snoring. Often a sleep study is necessary to completely rule out sleep apnea.

The simplest way to stop snoring may include lifestyle changes like losing weight, avoiding alcohol before bed and sleeping on your side.

Surgery is an alternative to reduce disruptive snoring if lifestyle changes do not work.

## WHAT CAUSES SNORING?

As you fall asleep, the muscles in your mouth (soft palate), tongue and throat relax. As your breathing passage (airway) narrows, airflow through the narrow area speeds up like water passing through a hose that you have your thumb partly over. The relaxed tissues may vibrate and, as airflow speeds up, snoring may become louder.

Factors that may contribute to snoring include:

- A narrow throat due to large tonsils or a long uvula (see picture above)
- Nasal blockage due to a deviated septum (partition between right and left sides) or swelling on the nasal lining which results in mouth breathing
- Alcohol consumption causes relaxation of the muscles of the throat.

## TREATMENT

The first step in all cases is to try to use healthy diet and exercise to maintain an ideal weight- your GP can help you with this. Many snorers may be assisted by avoiding sleeping on one's back (try sewing a tennis ball into back of pyjamas). You should avoid central nervous system depressants - this includes alcoholic beverages, sedatives, and narcotics. For people with significant nasal congestion, medications including saline spray and nasal steroids may be prescribed to reduce nasal swelling. Nasal strips (eg Breath-rite ®) are often helpful and can be reused

Consider trying an oral appliance (eg Sleep-pro ®) or custom-made mandibular advancement splint (like a mouth guard which stops your lower jaw dropping back). Your dentist can assist you with having a custom splint made. These are safe and effective for snoring but many patients find them uncomfortable.

## NASAL SURGERY

Surgery may be considered for patients with nasal blockage to improve the nasal airway if medications that shrink the nasal lining do not help enough. Surgery aims to improve narrowing of the airway due to anatomical defects (straighten the septum and/or trim turbinate tissue).

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## UVULOPALATOPHARYNGOPLASTY (UPPP)

This is surgery to remove the uvula, tonsils and tighten the tissue that vibrates at the back of your throat. It is highly effective at stopping snoring (>90%) but less effective at correcting sleep apnea (50% overall, higher in selected patients).

The risks of surgery are similar to those of tonsillectomy but with some additional risks:

- A sensation of mucous sitting at the back of your throat (removing the uvula interrupts the normal mucous draining from the nose)
- Velopharyngeal insufficiency (rare): scarring may result in a small amount of liquid or even food going up into your nose.

## TONGUE BASE REDUCTION

The back of the tongue is a common site of obstruction in adults. Tongue base reduction may be considered for sleep apnea for those who have failed UPPP. Although you may not miss part of the back of your tongue, it is a painful procedure that carries similar risks to tonsillectomy.



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