



UCI Medical Center's Sleep Disorders Center



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UNIVERSITY OF CALIFORNIA, IRVINE

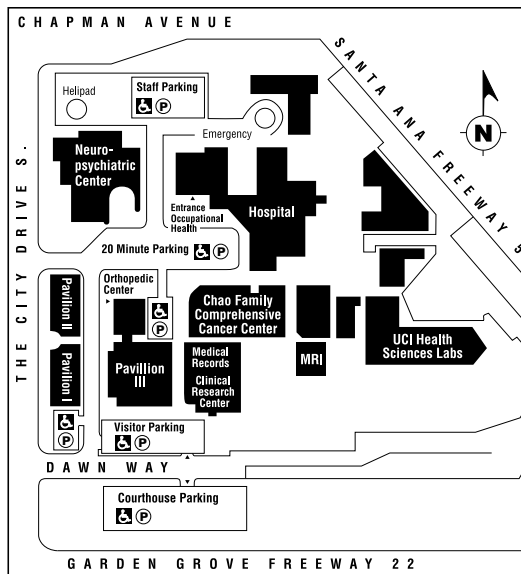
A Passion for Care. The Power to Cure.

Sleep Disorders Center



*For more information,
contact UCI Medical Center's
Sleep Disorders Center
at 714-456-7122.*

www.ucihealth.com/snoringandsleepdisorders



101 The City Drive South
Orange, California 92868
www.ucihealth.com

UCI Medical Center's
Sleep Disorders Center
has managed more than
1,000 patients with
snoring, obstructive
sleep apnea or both.
The following
information is based
on our extensive
experience with treating
these disorders.



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Many people snore. It has been estimated that from 30 to 50 percent of Americans snore at some time or another.

Snoring that can be heard from more than two bedrooms away is known as "heroic" snoring, a condition that may cause:

- **Marital discord**
- **Sleep disturbances** (from spousal prodding)
- **Waking episodes** (from one's own snoring)
- **Obstructive Sleep Apnea Syndrome (OSAS)**

By itself, snoring is a social problem, not a physical disorder. Though many people who snore loudly never have sleep apnea, many others risk serious health problems or even death because of this potentially life-threatening condition.

Obstructive Sleep Apnea

Obstructive Sleep Apnea Syndrome (OSAS) is characterized by significant interruptions of breathing (airway obstructions) during sleep. These cessations of breathing may be associated with a substantial decrease in blood oxygen levels and cardiac arrhythmia (irregularities in the heart's normal beating pattern), and are thought to be a cause of sudden death. OSAS is a serious disorder and can cause significant lung and heart disease over time.

Since sleep apnea is often found in people who snore loudly, such snorers should be aware of this association

and their spouses should monitor their sleeping for apneic episodes in which breathing stops for 10-20 seconds. If breathing stops for more than 10 seconds, significant OSAS may be present.

Symptoms of sleep apnea include:

- *Excessive daytime tiredness*
- *Napping during work hours*
- *Falling asleep while driving*
- *Sore throats*
- *Unexplained hypertension (high blood pressure)*
- *Headaches*

Most loud snorers should have a polysomnogram (PSG) or sleep test performed. This is an overnight test usually performed in a sleep laboratory, where you simply fall asleep, while the lab monitors important processes in your body, including heart rhythm (EKG), blood oxygen levels, and the number and duration of apneic spells.

Based on the results of the PSG, you may be classified as a snorer only or as a person with snoring and OSAS. Either way, you have a number of treatment options.

Non-surgical treatments for snorers include weight loss and positional changes (keeping the snorer off his/her back). Radio frequency procedures, such as Somnoplasty and Coblation, may also be advised.

For those suffering from OSAS, treatment options generally include:

- *Weight loss*
- *Positional changes while sleeping*
- *Continuous Positive Airway Pressure (CPAP)*
- *Uvulopalatopharyngoplasty (UPPP or UP3)*
- *Hyoid advancement surgery*
- *Upper and/or lower jaw advancement procedures*



CPAP is the first line of defense in the treatment of OSAS. Pressurized air is administered by way of a face mask worn during sleep. Adequate air pressure is maintained to overcome airway obstructions. In this way, most apneic episodes are eliminated.

While wearing this device, patients experience a better night's sleep. Some patients find, however, that the CPAP device is cumbersome and difficult to use. Some use CPAP for a year or two and then opt for surgical therapy. CPAP, however, remains the best non-surgical treatment for OSAS.

Somnoplasty and **Coblation** are outpatient procedures for mild to severe snorers without OSAS. Both use radio frequency to shrink or tighten snore-producing tissue in the throat, tongue or back of the mouth.

Uvulopalatopharyngoplasty (UPPP or UP3) has been the mainstay in the surgical treatment of OSAS and severe snoring for more than a decade. Thousands of patients have been effectively treated with this technique. Though UPPP does not cure all OSAS, it does significantly reduce the degree of OSAS in 50 to 60 percent of patients, and typically eliminates or significantly reduces snoring.

If you are interested in any of these treatment modalities, contact UCI Medical Center's Sleep Disorders Center at 714-456-7122.

Additional information is available at www.ucibealth.com/snoringandsleepdisorders