

**INFORMED CONSENT  
FOR THE TREATMENT OF SLEEP DISORDERED BREATHING  
WITH ORAL APPLIANCES**

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Snoring and obstructive sleep apnea are both 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 high blood pressure. Obstructive sleep apnea is a serious condition; the airway totally closes many times during the night and can significantly reduce oxygen levels in the body and disrupt sleep. This could even be present in the occasional snorer. In varying degrees, this can result in varying daytime sleepiness, irregular heartbeat, high blood pressure, reflux, depression, occasionally heart attack and stroke.

Because any sleep disordered breathing may potentially represent a health risk, all individuals will be tested by an overnight sleep recorder in their home or by a polysomnogram in a sleep laboratory.

Oral appliances may be helpful in the treatment of snoring, upper airway resistance syndrome (UARS), and obstructive sleep apnea. Oral appliances are designed to assist breathing by keeping the jaw and tongue forward, thereby opening the airway space in the throat. While documented evidence exists, oral appliances have substantially reduced snoring and obstructive sleep apnea. There is no guarantee this therapy will be successful for all individuals. Several factors contribute to the snoring/apnea condition including nasal obstruction, narrow airway space in the throat and excess weight. Because each person is different and presents with unique circumstances, oral appliances will not reduce snoring and/or apnea for everyone. Post testing needs to and will be done to assure effective treatment.

**POSSIBLE COMPLICATIONS**

Some people may not be able to tolerate the appliance in their mouths. Also, some individuals will develop temporary adverse side effects such as excessive salivation, sore jaw joints and/or jaw muscles, sore teeth, and a slight change in bite. However, these usually diminish within an hour after the appliance has been removed in the morning. On a rare occasion, a permanent bite change may occur due to jaw joint and muscle changes and/or tooth movement. Generally, this can be prevented with modifications to the appliance. These complications may or may not be fully reversible once appliance therapy is discontinued. If not, restorative, orthodontic, and/or surgical treatment may be required for which you

are responsible. Oral appliance can wear and break. The rare possibility that the appliance itself and its broken parts may be swallowed or aspirated exists. For patients with sleep apnea, the device must be worn nightly. Discontinuation of use is a hazard to your health and can lead to a heart attack, stroke, and even death. See your prescriber before discontinuing use and for any recommendations of alternative therapy such as PAP and/or surgery.

### **LENGTH OF TREATMENT**

The oral appliance is strictly a mechanical device to maintain an open airway during sleep. It does not cure snoring or obstructive sleep apnea. Therefore, over time, the device must be worn nightly for a lifetime to be effective. Over time, simple snoring may develop into sleep apnea. Sleep apnea also may become worse. Therefore, the appliance may not maintain its effectiveness. The oral appliance needs to be checked at least twice a year to ensure proper fit and the mouth examined at that time to assure a healthy condition. If any unusual symptoms occur, you are advised to schedule an office visit to evaluate the situation.

Individuals who have been diagnosed as having obstructive sleep apnea may notice that after sleeping with an oral appliance they feel 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 and other problems is to be retested with a home sleep recorder or a polysomnogram

### **ALTERNATIVE TREATMENTS**

Other accepted treatments for sleep disordered breathing include behavior modification, weight loss, constant positive airway pressure, and surgery. You have chosen oral appliance therapy to treat your particular problem and are aware that it may not be completely effective for you.

### **UNUSUAL OCCURANCES**

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, non-vital teeth, muscle spasms, and ear problems are all possible occurrences.

Most of these complications and unusual occurrences are infrequent. Additional medical and dental risks that have not been mentioned may occur. Good communication is essential for the best treatment results. Please call or come to the office if you have any questions or problems regarding treatment.

**TREATMENT CONSENT**

I consent to taking photographs and x-rays before, during and after treatment, and their use in research, scientific papers and demonstrations.

I certify that I have read, or had read to me, the contents of this form. I realize and accept any risks and limitations involved, and do consent to treatment.

I understand that the only way to measure the efficacy of an intraoral snoring/ obstructive sleep apnea appliance is via follow-up polysomnograph, which I agree to do following fitting and adjustments.

**PATIENT (print):** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT (signature):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Dr. Guy A. Spinner**