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## **Informed Consent for the Treatment of Sleep Disordered Breathing**

You may have been diagnosed by your physician as requiring treatment for sleep disordered breathing (snoring and/or sleep apnea). This condition may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels which in turn may result in the following: excessive daytime sleepiness, irregular heart rhythm, high blood pressure, heart attack or stroke.

### **What is Oral Appliance Therapy?**

Oral appliance therapy for snoring/obstructive sleep apnea attempts to improve breathing during sleep by keeping the tongue and jaw in a slightly forward position during sleeping hours. Oral appliance therapy has effectively treated many patients. However, there are no guarantees that it will be effective for you since everyone is different and there are many factors influencing the upper airway during sleep. It is important to recognize that even when the therapy is effective, there may be a period of time before the appliance will give you maximum relief of symptoms. An overnight sleep study will likely be necessary to confirm the effectiveness of treatment. This must be obtained from your physician.

### **Side Effects and Complications of Oral Appliance Therapy**

Published studies show that short term side effects of oral appliance use may include excessive salivation, difficulty swallowing (with appliance in place), sore jaws, sore teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth, and changes in the bite. There are also reports of dislodgment of ill fitting dental restorations. Most of these side effects are minor and resolve quickly on their own or with minor adjustment of the appliance. Long term complications include changes in the bite that may be permanent resulting from tooth movement or jaw joint repositioning. These complications may or may not be fully reversible once appliance therapy is discontinued. If not, restorative dental treatment or orthodontic intervention may be required for which you will be responsible.

Follow up visits in our office are mandatory to insure proper fit and allow an examination of your mouth and jaw to assure a healthy condition. If unusual symptoms or discomfort occur that fall outside the scope of this consent, or if pain medication is required to control discomfort, it is recommended you cease using the appliance until you are evaluated further.

### **Alternative Treatments for Sleep Disordered Breathing**

Other accepted treatments for sleep disordered breathing include behavioral modifications, continuous positive airway pressure (CPAP), and various surgeries. It is your decision to have chosen oral appliance therapy to treat your sleep disordered breathing and you are aware that it may not be completely effective for you. It is your responsibility to report the occurrence of side effects and to address any questions to the doctor. Failure to treat sleep disordered breathing may increase the likelihood of significant medical complications.

If you understand the explanation of the proposed treatment and have asked the doctor any questions you may have about this form of treatment, please sign and date this form below. You will receive a copy.

Signed \_\_\_\_\_ Date \_\_\_\_\_