

Frequently Asked Questions

1. What is an oral appliance?

It is a piece of plastic or silicone that fits completely or partially within the mouth and holds oral structures in a position that allows easier breathing when you sleep.

2. Is there only one available?

There are many appliances commercially available. Several of them are accepted by the Food and Drug Administration for the treatment of obstructive sleep apnea. Many dentists make their own appliances, few of which have been tested for efficacy.

3. Will an oral appliance help me?

This is difficult to answer easily. Research shows that certain patients respond better to oral appliances. Characteristics that are favorable are normal weight or moderately overweight, age between 18 and 65, healthy teeth, being "buck toothed" with a small chin, a jaw line parallel with the floor, patients who have failed throat surgery and patients with mild to moderate obstructive sleep apnea. Even though there are many successful oral appliance users who do not fall within these guidelines, the fewer positive characteristics a patient has, the less successful the treatment will be.

4. Do they all work the same?

To this point there has been very little research which compares one custom fitted FDA accepted oral appliance to another. They have compared appliances which are custom fitted to those that are prefabricated and fit "while you wait." It was found that those which were custom fitted were more comfortable, didn't fall out as much and used with more comfort so they worked much more often than those that were prefabricated. Studies that compare two different custom fitted devices showed that both devices tested were statistically equal in effectiveness, but patients did have preferences based on design.

Keep in mind that the appliances are designed differently and have hardware in different positions. While the underlying effect of one appliance may be the same as the other, you may not be able to use a certain appliance because of the anatomy of your mouth or an allergic

reaction to one of the components in the appliance. You should work with a dentist who has knowledge of many different appliances.

5. How do I choose the correct appliance for me?

Our job is to help guide the patient to selecting an appliance that fits their lifestyle and their anatomy. Some appliances allow you to speak easily, others make it impossible. Not all of them allow you to breathe through your mouth if you nose is stuffy. They are like houses; one style is not right for everyone.

6. How do I know it's working?

The real answer would be to have another sleep study, which would prove how effective the oral appliance is. Most patients will wait to be retested until their snoring stops and their symptoms go away.

7. How do I take care of my appliance?

The best way to clean your appliance would be to soak it every morning with Efferdent or Polident tablets. You should get a 3 minute or 5 minute soaking solution. After soaking the appliance, you should remove it from the solution, rinse it and store it in the supplied case. An alternative to the Efferdent or Polident is Denta-Soak, distributed by Great Lakes Orthodontics Limited at 1-800-828-7626.

8. Are there side effects from wearing these appliances?

Of course; short term side effects include excessive salivation, dry mouth, tooth pain and joint pain. All of these are easily corrected with time or adjustment of the appliance by your dentist. Long term side effects are much more of a problem. The literature reports that as many as half of all patients wearing an oral appliance long term will have changes in the position of their teeth and sometimes their jaws. If you stop wearing the appliance in the first six months of use, most of these changes are self correcting. After that it may require orthodontic therapy to put things back where they started. This is not to say that these changes must be corrected. You must balance the positive effects of the appliance against the negative side effects and determine which is more of a concern to you. You should let your dentist know immediately if you think there are any adverse changes.

9. Why do I have to come back so many times?

The follow up visits extend over the 3 month period during which side effects are fully reversible. If during that 3 month period, the patient is having real trouble maintaining their jaw in the original bite position, that patient must decide whether or not to continue using the oral appliance or to alternate its use with CPAP therapy.

10. How long a process will this be?

Original fabrication of the device takes 2 visits and about 4 weeks to construct. Follow up evaluation will be over the next 3 months. You will be seen every 6 months for the first 2 years of use and annually thereafter as long as you use your device. These follow up visits are billed separately from the fabrication fee and may not be covered by your medical insurance carrier.

11. Will my insurance pay?

That depends. Oral appliance therapy is considered medical treatment and only medical insurance will pay for this. Many employers have insurance contracts with specific clauses denying coverage for oral appliance therapy. Most major insurers now cover oral appliance therapy unless an employer asks to delete the benefit.

12. I have dental insurance. Why do you need my medical insurance information?

Because sleep apnea is considered a medical condition, only medical insurance will cover the treatment, whether that treatment involves a physician or a dentist.