
PATIENT INFORMATION AND CONSENT FORM

INFORMED CONSENT FOR THE TREATMENT OF SNORING AND/OR OBSTRUCTIVE SLEEP APNEA WITH ORAL APPLIANCES

1. 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 many medical disorders such as high blood pressure, sleepiness etc. Obstructive Sleep Apnea is a serious condition where the airway totally closes many times during the night and can significantly reduce oxygen levels in the body and disrupt sleep. In varying degrees, this can result in excessive daytime sleepiness, irregular heartbeat, high blood pressure and occasionally heart attack and stroke.
2. Because any sleep disordered breathing may potentially represent a health risk, all individuals are advised to consult with their physician and/or sleep specialist for accurate diagnosis of their condition before treatment can be started. This consultation is mandatory in our office!
3. Oral appliances may be helpful in the treatment of snoring and Sleep Apnea. Those diagnosed with mild or moderate Sleep Apnea are better candidates for improvement with this therapy than those severely effected. Oral appliances are designed to assist breathing by keeping the tongue forward, thereby opening the airway space in the throat. While documented evidence exists that oral appliances have substantially reduced snoring and Sleep Apnea for many people, there are no guarantees this therapy will be successful for every individual. Several factors contribute to each person is different and presents with unique circumstances, oral appliances will not reduce snoring and/or apnea for everyone. Furthermore, occasionally some patients may not be able to tolerate the appliance in their mouth. Also, many individuals will develop temporary adverse side effects such as excessive salivation, sore jaw joints, sore teeth and a slight change in their "bite". However, these usually diminish within an hour after appliance removal in the morning. It has been suggested in the literature that, on a very rare occasion, a bite change is a possibility. The literature also suggests this is usually reversible (within a couple of minutes), however, with long-term wear some minor permanent distortion of the bite may also occur. The significance of this bite change (if permanent) is in doubt and must be weighed against the life-threatening possibilities of not wearing the appliance.
4. It is advised that the oral appliance be checked at least three times a year to ensure proper fit and that the mouth and jaw joint be examined at that time to assure a healthy condition. If any unusual symptoms occur, it is recommended that the appliance not be worn until an office visit is scheduled to evaluate the situation.
5. Individuals who have been diagnosed as having Sleep Apnea may notice that after sleeping with an oral appliance they feel more 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 is to have a consultation with the sleep specialist and a follow-up sleep test while wearing the appliance. This is mandatory for apnea patients.

6. In order to diagnose and treat this condition correctly, as a dental specialist, I will need to obtain and correlate some “baseline” records eg. plaster models of teeth and jaw joints, photos etc.
7. These conditions are complex and require a multi disciplinary “team” approach to achieve the “best” result. As a patient you may be involved with consultation and treatment with many specialists eg. sleep specialist, ENT specialist, oral/maxillofacial surgeon, orthodontist etc. etc. Whilst this may be time-consuming it is in your best interest and we would ask for your patience to allow us to deliver the level of excellence of care you deserve.

As an additional option (with related fees), it is occasionally advisable to consider (in addition to appliance therapy) “injection palatal scleroplasty”. This is the slight thickening (by scarring) of the palate to help prevent snoring/OSA. This is carried out by one or two simple and reversible injections that are comparable to those received in “dental freezing”

Additional investigations/therapies may involve:

- Medications prescribed by family physician
- Eliminating / reducing alcohol intake
- Major weight reduction
- Hybrid CPAP appliance
- Surgical Follow Up / Procedures with ENT or Oro-Facial Surgery

I understand that dealing with sleep apnea is complex issue and that an oral appliance is (in approximately 5% of all cases – despite our best efforts) only the first step.

Please sign below indicating that you have read and understood this information concerning oral appliances for the treatment of snoring and/or Apnea.

You will receive a copy of this consent form.

PATIENTS NAME:

DATE:
