



## WHAT ARE ORAL APPLIANCES?

Oral appliances are one of the options that you can use to treat mild or moderate obstructive sleep apnea, as well as snoring. They are also called Mandibular Advancement Splints (MAS) or Mandibular Advancement Devices (MAD) or Mandibular Repositioning Appliances (MRA).



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# Oral Appliances

for Snoring and  
Sleep Apnea



## HOW DO ORAL APPLIANCES WORK?

They look a bit like a mouth guard and at night, before you go to bed, you put it in your mouth. They work by pushing your lower jaw forward, which opens up your airway and lessens the risk that it will vibrate (snore) or obstruct.

There is no need to wear it during the day.

## HOW WELL DO THEY WORK?

As with all treatments, some people respond better than others. The oral appliance will work best if you have:

- Mild to moderate sleep apnea
- If your sleep apnea improves when you lie on your side rather than when you lie on your back
- If you are not overweight

Until you have tried it, no one can say for sure how well it will work for you. If your oral hygiene or dentition is not suitable (e.g. periodontitis) then using an oral appliance is not recommended.

## HOW WELL DO THEY WORK COMPARED TO CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)?

CPAP will stop sleep apnea straight away in almost all people who use it.

An oral appliance will usually improve your sleep apnea, but it may not completely stop it. So if you have moderate to severe sleep apnea, CPAP may be a better option.

If you are currently grinding your teeth or wearing a splint or orthotic you may receive added benefits from using an oral appliance or Mandibular Advancement Splint (MAS).

## DOES IT HAVE ANY SIDE EFFECTS?

If fitted correctly, it should be comfortable most of the time. Because it pushes your jaw forward, some people feel discomfort initially, but this tends to get better with prolonged use. Mostly, any discomfort is in the joint at the back of your jaw, just in front of the ear. This should soon go away when you take the appliance out in the morning.

Other people find that it causes saliva to build up in the mouth, or makes the teeth feel tender. Again, these symptoms settle quickly with continuing use. Over the long term, there may be tooth movement, changes in your bite or problems with the joint and muscles of the jaw. It is important to have a regular check up with the dentist who supplied the appliance to detect these problems early so they can be dealt with.

Jaw exercises are also very important for successful treatment.

## HOW CAN I GET ONE?

Your GP can refer you to a sleep specialist to firstly determine if you have sleep apnea or not. They will perform the sleep tests first. After the overnight sleep study, you will have another appointment with your sleep specialist to talk about which treatment will be best for you. If you decide on an oral appliance, your sleep specialist will refer you to a dentist who has experience in providing this treatment or focuses on sleep disordered breathing. You will continue to be looked after by both the sleep specialist and the dentist.

## DOES IT NEED TO BE SPECIALLY FITTED FOR ME, OR IS THERE A ONE SIZE FITS ALL ORAL APPLIANCE?

Each person has a different mouth and jaw shape, so you should have one made to fit you. Your dentist will take an impression of your teeth and send the mould away for the appliance to be made. This usually takes 2 or 3 weeks.

When it is fitted into your mouth, it will be adjusted so that it moves your jaw forward to a position where it will be effective but is still comfortable. The device will have a screw adjustment to allow further fine tuning of the position over the next few weeks. Your dentist will help supervise this.

There are some kinds of dental devices that you can buy over the counter or via the internet. These are cheaper, but may not be as effective as a made-to-measure device in reaching the maximum treatment potential.

You will be wearing an appliance for a long time, so it is best to have one fitted especially for you. This will make it work better and help avoid any side-effects. After the appliance is fitted, follow-up visits with your dentist or sleep specialist will be needed.

## HOW SHOULD I LOOK AFTER AN ORAL APPLIANCE?

You should brush and floss your teeth before you put it in each night. Plaque can build up on an appliance just like on your teeth, so you need to wash it carefully each day. Keep it stored fully immersed in denture cleansing solution. Also keep it in a place where children and pets can not get at it.

## I AM USING ONE, BUT I DON'T THINK IT WORKS AS WELL AS IT USED TO. WHAT SHOULD I DO?

Perhaps you have started snoring again, or feel tired during the day. If so, then you need to have it checked out. Your dentist might be able to adjust the appliance further. If it comes out when you are asleep, then you should have it looked at. It might not be fitted correctly. After a number of years some people using an oral appliance find they need to consider other treatments for their sleep apnea. It is common to have a sleep study with the splint in place during sleep to make sure it is working. It is also common for splints to wear out and need replacing.

## HOW MUCH DO THEY COST?

We advise that you consult your dentist first. There are charges for the initial consultation, x-rays, treatment to any loose teeth or gum problems, dentition impressions and for the splint itself. Check the prices before you commit.

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