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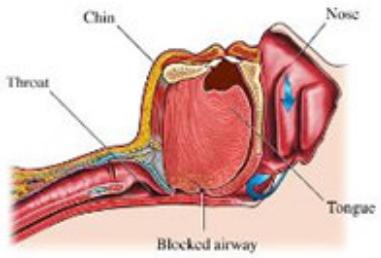
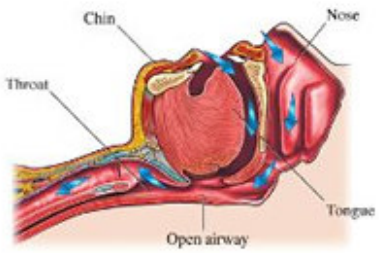
Ear, Nose and Throat – Head and Neck Surgeon

SNORING
A guide for Mr Watson's patients



BLOCKED AIRWAY



NORMAL OPEN AIRWAY

Snoring is a problem mostly for the partner of the person who snores. The partner that is kept awake suffers from sleep deprivation and daytime tiredness. As a result, the relationship can be stressed and suffers. Snoring is often associated with poor sleeping by the patient. The patient may also have obstruction sleep apnoea (periods where patient stops breathing). As a result, snoring and obstructive sleep apnoea (OSA) can have serious health effects.

Snoring occurs at three levels. The first level is the nose, the second is the throat and the third is the body shape of the patient. To understand how these levels cause snoring is essential to understand how we breathe. The nose is designed for breathing and it is normal to breathe through the nose rather than the mouth. From the nostrils there are two tunnels that run back to the back of the nose to an area called the posterior nasal space.

The posterior nasal space communicates with the back of the throat and in this way breathing via the nostrils allows air to pass through the nasal tunnels and down the back of the throat to the airways and lungs. As the air passes over the soft palate, it can vibrate and cause some snoring.

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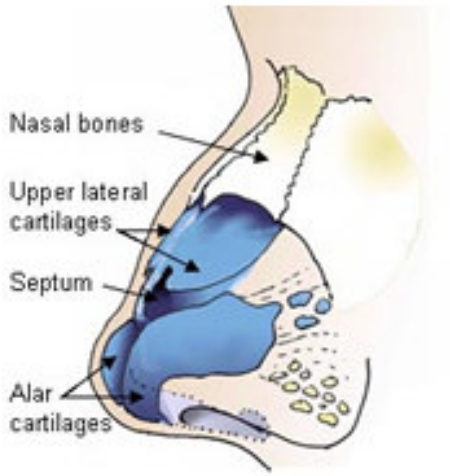
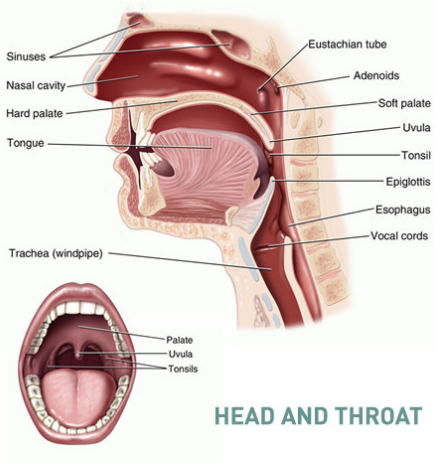
During sleep, the body muscles relax and become more floppy. As a result the tissue of the pharynx and larynx moves inwards and the tongue falls backwards. This leads to partial collapse and in drawing of the airway tissues.



As these tissues suck inwards, breathing becomes more difficult and noisy. The palate which is part of the soft tissues of the throat now vibrates extensively with each breath and snoring gets worse.

In children this occurs, however the trouble is somewhat different to adults. The head is small size compared to the body tissues within, especially the tonsils and the adenoids.

The adenoids are in the posterior nasal space.



As the child grows this space enlarges and therefore the adenoidal tissue becomes smaller. As adults, it is unusual to have persistent adenoidal tissue.

The tonsils are behind the tongue in the throat and together the tonsils and the adenoids can block the airway of a child. This causes snoring, mouth breathing and obstructive sleep apnoea (pauses in breathing) whilst asleep. In children, this problem is solved with the removal of tonsils and adenoids.

Alternatively adenoids may be removed alone, but this depends on the severity of the problems. (Please see handout on Adenoidectomy and Adenotonsillectomy).

Adults

In adults, the problem of snoring and obstructive sleep apnoea (OSA) is more complicated. As mentioned, the third level of obstruction is the body shape. When the patient is overweight, snoring is more of a problem and also sleeping is more of a problem. Where there is an excess of fat around the neck, the body tissues squash inwards during sleep, narrowing the airway further while sleeping. An overweight abdomen pushes the stomach contents towards the chest cavity while sleeping and once again this causes difficulty in sleep and possible sleep apnoea. A loss of weight therefore is essential to reduce snoring and improve sleep particularly in patients who have obstruction sleep apnoea. Further body shape changes of the head and neck affect sleep. A retracted lower jaw (Retrognathia) means that the lower jaw teeth are behind the upper jaw teeth.

Since the tongue is attached to the lower jaw, it will lie further back in the throat on sleeping. Once again, this will cause troubles with snoring and sleep apnoea. This can be treated by a splint that attaches to the teeth pulling the lower jaw forward while sleeping. Alternatively, a machine called a CPAP (Continuous Positive Airway Pressure) can be provided to a patient. This pump allows air into the airway through a facial mask worn at night.

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If the jaw retraction is severe enough, surgery may be performed to bring it forward and help with the sleeping and obstructive sleep apnoea (jaw advancement).

The second level of obstruction is the throat. Large tonsils and a redundant palate will cause vibration and troubles of sleeping. This is treated with a Tonsillectomy alone or alternatively a UPPP (Uvulopharyngoplatoplasty) – see handout on website.

Investigations

Investigations include an examination of the nose and throat by way of nasendoscopy. This is a flexible telescope that goes into the nose and looks at the areas of concern. The telescope passes through these areas and the patient can see these areas on the television screen as the test is being done.

A sleep study is also often done. This is to investigate obstructive sleep apnoea. The patient sleeps overnight in a laboratory which monitors the patient to determine the degree of sleep apnoea. Sometimes this may be done in your home.

Treatment Summary

If the patient has severe obstructive sleep apnoea, then weight loss and a CPAP machine is probably the best option, as operation alone has a low success rate of curing severe obstructive sleep apnoea. For other patients surgery is an option.

Children

Children require removal of tonsils and adenoids or alternatively adenoids alone. This solves the trouble of snoring and obstructive sleep apnoea (please see website handouts on Adenotonsillectomy and Adenoidectomy).

Adults

1 Usually Septoplasty, Inferior Turbinectomy or Septoplasty, Rhinoplasty, Inferior Turbinectomy initially cures about 85% of snoring.
2 If still problems, then proceeding to second level of snoring, that is the throat, with UPPP/Tonsillectomy is an excellent option (see handouts on website regarding UPPP and Tonsillectomy).
3 Weight loss.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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