

INFORMED CONSENT FOR THE TREATMENT OF SLEEP-DISORDERED BREATHING WITH ORAL APPLIANCES

You have been diagnosed by your physician as requiring treatment for a sleep-related breathing disorder, such as snoring and/or obstructive sleep apnea (OSA). If you have not been diagnosed with OSA by your physician, please understand that we will not proceed with treatment without an overnight sleep study in a sleep lab and a diagnosis of OSA by the attending sleep physician.

Snoring and OSA 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. Consistent, loud, heavy snoring has been linked to medical disorders, such as high blood pressure. Obstructive Sleep Apnea is a serious medical condition where the airway totally or significantly closes many times during the night, reducing oxygen levels in the body and disrupting sleep. OSA may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels. This condition can increase a person's risk for excessive daytime sleepiness, driving and work-related accidents, high blood pressure, heart disease, stroke, diabetes, obesity, memory and learning problems, and depression.

Oral appliance therapy may be helpful in the treatment of snoring and sleep apnea. Oral appliances are designed to assist breathing by keeping the jaw and tongue forward, thereby opening the airway space in the throat, with some appliances opening the nasal airway as well. While 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 the snoring/apnea condition including nasal obstruction, narrow airway space in the throat, and excess weight. Because each person is different and presents with unique circumstances, oral appliances may not reduce snoring and/or apnea for everyone.

A post-adjustment sleep study is necessary to objectively assure effective treatment. This must be obtained from your physician.

RISKS: Some people may not be able to tolerate the appliance in their mouths. Short-term side effects of oral appliance therapy include excessive salivation, difficulty swallowing (with appliance in place), sore jaws or teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth, and short-term bite changes. There are also reports of dislodgement 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.

Other risks include moderate or severe TMJ dysfunction; headaches; backaches; neck aches; pain on chewing; facial pain; popping and noise in the jaw; sore teeth; dental decay; gum (periodontal) disease; gingivitis; worsening of periodontal pockets; tooth loss; loosening of teeth; dry mouth or excess saliva; fracturing or loosening of dental fillings, crowns or bridges; short-term or long-term bite changes; and shifting of teeth. These complications may or may not be fully reversible once appliance therapy is discontinued. If not, restorative, orthodontic, and/or surgical treatment may be required for which you

are responsible.

Oral appliances can wear and break. The possibility that broken parts may be swallowed or aspirated exists.

LENGTH OF TREATMENT: The oral appliance is strictly a mechanical device to maintain an open airway during sleep. It does not cure snoring or sleep apnea. Therefore, the device must be worn nightly to be effective. Over time, simple snoring may develop into sleep apnea. Sleep apnea also may become worse. Therefore, the appliance may not maintain its effectiveness.

The oral appliance needs to be checked at least twice a year to ensure proper fit, and the mouth examined at that time to assure a healthy condition. Additionally, recall appointments should be kept with your general dentist on a three-month schedule for the first year to evaluate your dental hygiene and gums and check for decay. Failure to maintain these follow-up appointments will constitute a lack of compliance with the treatment plan and may be cause for dismissal from the practice.

If any unusual symptoms occur, you are advised to schedule an office visit to evaluate the situation. 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 and other problems is to be examined by a physician.

ALTERNATIVE TREATMENTS: Other accepted treatments for sleep-disordered breathing include behavior modification, weight loss, constant positive airway pressure (CPAP), and surgery. These alternatives have been explained, and you have chosen oral appliance therapy to treat your particular condition and are aware that it may not be completely effective for you.

Good communication is essential for the best treatment results. Please call or come to the office if you have any questions or problems regarding treatment.

If you understand the explanation of the proposed treatment, have asked this provider any questions you may have about this form or treatment, and consent to performance of oral appliance therapy, please sign and date this form below. You will receive a copy.

Patient: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____