



SURGERY FOR SNORING

SNORING IS A COMMON PROBLEM. IT'S THE SOUND THAT'S PRODUCED FROM vibrations of the structures in the upper respiratory tract passage. This passage runs from our nostrils to the level of the base/posterior aspect of the tongue.

Beyond the tongue base the airway leads to the voice box that serves primarily to protect our lungs from inhaling food and liquid. It secondarily allows us to vocalize.

Most time snoring is predominantly from the vibrations of the soft palate and uvula, which forms the roof of the mouth.

Snoring causes sleep deprivation to the snorer and those around them, as well as daytime drowsiness, irritability, lack of focus and decreased libido. It can cause significant psychological and social damage to the sufferer. Multiple studies reveal a positive correlation between loud snoring and risk of heart attack (about +34% chance) and stroke (about +67% chance).

There is a significant medical and biochemical changes associated with sleep apnoea – the cessation of airflow during sleep for more than 10 seconds or hypopnea, the impairment of airflow with subconscious arousals, occurring in snorers.

In the management of snoring, in particular, if it's very loud and persistent and associated with gasping and choking, it's important to do a sleep study. This will establish if there is sleep apnoea or upper airway resistance, with respiratory disturbance. These conditions are associated with the medical risks mentioned above.

All patients are counseled about the surgical and non-surgical treatment of sleep apnoea. Non surgical treatment would include the use of Continuous Positive Airway Pressure (CPAP) devices, which are now much quieter and portable, with or without the use of intra-oral devices that keep the tongue forwards.

Dependent on the how bad the snoring is – medically speaking (i.e. with or without sleep apnea or arousals) – the surgical treatment can be considered:

Relatively young and for older fit adults or children, without severe obesity (a BMI of above 40), can be in general considered for surgery. In the average middle aged patient, there is usually more than one level of obstruction,

The levels of likely airway obstruction during sleep is accessed as an out-patient and then a sleep study is done also as an out-patient, at the patient's home or hotel room if he is from abroad.

Surgery done is dependent on the severity of the medical condition associated with the snoring (degree of sleep apnoea or nocturnal arousals), and the site of obstruction noted pre-operatively.

Young adults and children have snoring as a result of nasal obstruction and or enlarged oral & tongue tonsils, which are easily managed by surgery.

Nasal obstruction can be due to external or internal nasal valve obstruction that may require a rhinoplasty for surgical correction. This tends to occur in the older adult.

The adult male with receding chin and large tongue for his mouth, may have to consider radiofrequency tongue channeling to reduce the tongue bulk – a minimally invasive procedure, to more invasive procedure like midline glossectomy or even the mandible & maxillary advancement procedures.

Again the extent of surgery is dependent on the severity of the OSA and the individual site of obstruction during sleep. ■

