

SNORING, SLEEP APNOEA and SNORING SURGERY

Snoring

Snoring is very common, and all ages and both sexes are affected, but there are some things which make you more likely to snore.

What makes the noise?

The only floppy segment of the airway is between the back of the nose and the entrance to the voice box (the larynx) and the throat (the pharynx). It is here that the airway collapses and vibrates when snoring happens. The noise is generated by the soft palate (the soft part of the roof of the mouth) or by the back of the tongue or both.

Why do some people snore when others don't?

1. The airway in people who snore is narrowed either by tissue blocking it, such as a blocked nose making it harder to breathe, or big tonsils and adenoids in children, or because a thick neck is pressing on the airway, or because the tongue drops backwards when the person snoring lies on the back.
2. The airway is too floppy and so it tends to collapse and vibrate. Things which reduce the tone of the muscles of the pharynx make snoring worse – increasing age, excess tiredness, sedative medications and alcohol.

Who snores?

- Men snore 3 times more than women. They tend to have fatter necks and there may be a hormonal effect too.
- People who are overweight snore 3 times more than those who are of normal weight for their height.
- Snoring tends to increase with age.
- Alcohol is a major contributor to snoring. Even a small amount will tend to make the snoring worse.

What is Obstructive Sleep Apnoea (OSA)?

When the floppy segment does not just vibrate and make a noise, but actually collapses and blocks off the airway, breathing is topped or obstructed, and this is obstructive sleep apnoea.

- OSA can affect the heart, and this can raise the blood pressure and cause abnormalities of heart rhythm.

What should you do if you have a snoring problem?

- Remember you are not alone! There are millions with the same problem, and for many, snoring is irritating but it can be helped by sensible alteration in your lifestyle.
- If you are overweight, getting down to a sensible weight is very likely to help, and may make the problem tolerable. If you do lose the weight, and the snoring is better, this is an excellent reason for staying thinner.
- If you drink alcohol, even in small quantities, try stopping. This is very likely to improve matters. It may help to control your weight too.
- If you take no exercise your muscles lack tone, and so start to exercise sensibly and tone yourself up a bit. Again this will help with your weight if that is a problem.

- Avoid getting overtired, and avoid any sedatives near bed time.
- If your snoring is worse when lying on your back, try to sleep on your side. Sometimes tipping the head of the bed up helps too.
- If your partner cannot go to sleep because of the snoring, let her or him go to bed and to sleep first.
- Remember that one person's snoring may not have got worse, it may be that the other person has become a lighter sleeper. We tend to sleep less deeply and for less long as we get older. If these things don't help, or you think you have Obstructive Sleep Apnoea, seek medical advice.

What can be done for you?

- If you are overweight, the first thing any doctor is going to tell you is that you should lose it.
- If you drink alcohol, the second thing any doctor is going to tell you is that you should try stopping it.
- Do you have a blocked nose? If you have significant nasal blockage, clearing it will help about half of sufferers. This may mean seeing an ENT surgeon and having an operation. A trial of a simple nasal decongestant (such as Otrivine) may indicate whether or not nasal surgery will help.
- If it seems likely that you have Obstructive Sleep Apnoea, you need a sleep study to confirm the diagnosis and to see how bad it is. This involves a night in hospital being observed.

Snoring Surgery

If you are a bad snorer and none of the simpler measures can help you, surgery to the palate (uvulopalatoplasty) can cure a proportion of patients.

This surgery is not to be undertaken lightly because: -

- It does not always work
- It can be painful depending on the type of surgery for at least 2 weeks after the operation
- It can have complications
- If you put on additional weight following surgery, the snoring can return.

If you have Obstructive Sleep Apnoea, you may be made much better by wearing a mask at night which blows air into your pharynx through your nose and this stops the airway collapsing and allows you to sleep well. This is called Continuous Positive Airway Pressure or CPAP.

Uvulopalatoplasty (UPPP)

What is a uvulopalatoplasty?

This is an operation to remove a small segment of the soft palate. It is sometimes combined with removal of the tonsils if they are large.

There are a variety of surgical techniques. Some use cold steel instruments, diathermy (cauterises the tissues), the laser or coblation (radiofrequency). There is no great difference between various techniques in the outcome. All surgical techniques are designed to reduce palatal vibration by reducing the size of the soft palate and causing fibrosis in the remaining soft palate, reducing its tendency to vibrate in a turbulent airflow.



Uvulopalatoplasty

What happens after the operation?

You will stay overnight in the hospital ward. Your doctor will prescribe you pain killers to make you comfortable and you will be encouraged to eat and drink as soon as possible.

How long do I need to be off work?

Your doctor will usually advise you to take 2 weeks off work.

What are the risks of this operation?

- There is a slight risk of bleeding and infection. This is usually treated conservatively with antibiotics. If the bleeding doesn't stop your doctor may have to take you to theatre. However, this is rare to happen.
- You will experience some pain for a few weeks after the surgery. Your doctor will prescribe you regular pain killers and encourage you to eat and drink as this helps healing. Some patients experience a regurgitation of food or fluid through the nose whilst eating. This is rare to happen and usually improves with time. Some patients also complain of dryness of the mouth or a sense of a lump in the throat.
- The vocal sounds effected by vibrating of the uvula can be lost. This affects German speakers and also those speaking celtic languages eg, Welsh, but does not occur in English speakers
- As highlighted earlier, the operation doesn't work for everyone and snoring may recur if you put one weight in the future.

What is the Outcome/Prognosis?

Whichever technique is used 70-80% of patients report marked initial benefit. This figure drops to around 50% after 5 years as patients put on weight and the soft tissues of the pharynx loosen up again.

Any further questions?

Your doctor will be happy to answer any further questions you have. You can also visit the web site of the British Snoring and Sleep Apnoea Association at <http://www.britishsnoring.demon.co.uk/>