

## What are some of the surgical treatment options for Snoring and Mild Obstructive Sleep Apnoea?

### Nasal Septoplasty

The nasal septum is the partition that separates the nose into two halves. It is made up of cartilage and bone. As many as 15% of the population will have a deviation of the nasal septum causing restriction in breathing through one or both sides of the nose. A straight-forward day case surgical procedure known as a septoplasty can address problems with a septal deviation and may have an effect on certain individuals with problems with snoring.

### Tonsillectomy or Tonsillotomy

If an individual is confirmed to have obstruction or narrowing of the airway caused by large tonsils, then removal (tonsillectomy) or reduction in size of the tonsils (tonsillotomy) may be indicated. Surgery is performed as a day case procedure and is often performed in conjunction with another surgical procedure such as palatal surgery.

### Laser or Diathermy assisted Uvulopalatoplasty

If an individual has a palatal cause of snoring confirmed on sleep nasal endoscopy then surgery to the palate may be suggested. Uvulopalatoplasty is a procedure in which part of the uvula and palate are surgically resected using either a laser or a precise electrical current. The surgery involves careful calculations to ensure that just the right amount of tissue is removed resulting in an improvement in snoring while also minimising complications.

### Radio-frequency ablation of the tongue base

If the cause of snoring relates to the tongue base, then modern surgical methods such as radio-frequency ablation can be used to cause scarring in the tongue base and thereby reduce its size.



## ENT SURREY



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## SNORING & SLEEP NASAL ENDOSCOPY



This leaflet is designed to provide patients with background information about snoring and the diagnostic procedure known as sleep nasal endoscopy. It is not intended as a replacement for the detailed discussion between you and your surgeon.



### **What is snoring and why does it happen?**

Snoring is the sound made by vibrations of the soft tissue of the airway (mouth, nose and throat). It is caused by turbulent airflow that occurs during inspiration when there is a partial obstruction or narrowing anywhere from the tip of the nose to the voice box. When an individual is awake, there is muscular tone holding the airway open. This reduces during sleep and explains why snoring is not present when an individual is awake.

### **What are the risk factors for snoring?**

**Weight.** Weight gain is a significant factor in the development of snoring. In men an increase in collar size can result in snoring particularly if greater than 16.5 inches.

**Sleeping position.** Many people find that snoring is worse when they are sleeping on their back. In this position, the tongue, chin and any excess fatty tissue under the chin can relax back and squash the airway.

**Alcohol consumption.** Alcohol slows brain responses and reduces muscular tone in the airway. It can also cause nasal irritation and congestion.

### **Are there any simple measures that can help?**

**Lose weight.** Try and reduce your BMI to less than 25.

**Alter sleeping position.** Try to avoid sleeping on your back.

**Alter the time of your evening meal,** making it earlier in the evening.

**Stop smoking.**

**Reduce alcohol intake,** particularly before bedtime.



### **What are the different forms of snoring?**

**Primary / Simple Snoring** can be a social nuisance and a cause of embarrassment but individuals rarely awake feeling unrefreshed and are not at risk of any serious health problems.

**Upper Airways Resistance Syndrome (UARS).** Individuals are often tired despite adequate sleep but there is no evidence of reduced oxygen levels on an overnight sleep study.

**Obstructive Sleep Apnoea (OSA).** Individuals have problems with periods of obstruction of the airway during sleep. This affects the amount of oxygen getting to the bloodstream from the lungs. Individuals do not get refreshing sleep and are at increased risk of problems like raised blood pressure (hypertension), depression, accidents and strokes. The diagnosis is confirmed by undertaking an overnight sleep study or polysomnogram.

### **What is a Sleep Nasal Endoscopy and how is it performed?**

Sleep nasal endoscopy is a diagnostic procedure performed under deep sedation using anaesthetic medicines. It is carried out in an operating theatre setting with an anaesthetist present. During the procedure the individual is sedated to the point that they begin snoring and a small endoscopic camera is inserted into the nasal airway. The endoscope allows visualisation of the whole airway while the individual is snoring and helps to identify the source of obstruction/narrowing. By accurately diagnosing the source of the snoring, it is possible to provide bespoke treatment options for the individual. This significantly increases the chance of curing the problem.



### **What are the risks of Sleep Nasal Endoscopy?**

Sleep nasal endoscopy is a very quick and safe procedure. The only risk is related to the administration of sedative medicines which wear off very quickly. The whole procedure lasts only ten to twenty minutes. Patients are discharged from hospital after just 2 hours. Individuals can return to work and driving the following day.



Fig 1. A flexible nasal endoscope

### **What are the some of the non-surgical treatment options for snoring and Sleep Apnoea?**

**CPAP** (Continuous Positive Airways Pressure) is a device that uses mild air pressure to keep the airways open. It utilises a mask that fits over the nose or nose and mouth and is the only treatment for individuals with confirmed moderate or severe OSA.

**Mandibular Advancement Splints** are useful for individuals with a confirmed tongue base cause for their snoring. Many different options are available and are usually obtained from an orthodontist. Useful links are listed below

<http://www.sleeppro.com>

<http://www.somnowell.com>

<http://www.britishsnoring.co.uk>

