



Informed Consent for the Treatment of Sleep Disordered Breathing

You have been diagnosed by your physician as requiring treatment for sleep-disordered breathing (snoring and/or obstructive sleep apnea). This condition may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels, which in turn, may result in the following: excessive daytime sleepiness, irregular heartbeats, high blood pressure, heart attack or stroke.

What is Oral Appliance Therapy?

Oral appliance therapy for snoring/obstructive sleep apnea attempts to assist breathing during sleep by keeping the tongue and jaw in a forward position during sleeping hours. Oral appliance therapy has effectively treated many patients. However, there are no guarantees that it will be effective for you, since everyone is different and there are many factors influencing the upper airway during sleep. It is important to recognize that even when the therapy is effective, there may be a period of time before the appliance functions maximally. During this time you may still experience the symptoms related to your sleep disordered breathing. A post-adjustment polysomnogram (sleep study) is necessary to objectively assure effective treatment. This must be obtained through your physician.

Side Effects and Complications of Oral Appliance Therapy

Published studies show that the short-term side effects of oral appliance use may include excessive salivation, difficulty swallowing (with appliance in place), sore jaws, sore teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth and short-term bite changes (how the upper and lower teeth come together). There are also reports of dislodgement of ill-fitting dental restoration. Most of these side effects are minor and resolve quickly on their own or with minor adjustment of the appliance. Long-term complications include bite changes that may be permanent resulting from tooth movement or jaw joint repositioning. These complications may or may not be reversible once appliance therapy is discontinued. If not, restorative treatment or orthodontic intervention may be required for which you will be responsible.

Follow up visits with the provider of your oral appliance are mandatory to ensure proper fit and allow an examination of your mouth to assure a healthy condition. If unusual symptoms or discomfort occur that fall outside the scope of this consent, or if pain medication is required to control discomfort, it is recommended you cease using the appliance until you are evaluated further.

Alternative Treatments for Sleep Disordered Breathing

Other accepted treatments for sleep-disordered breathing include behavioral modifications, positive airway pressure and various surgeries. It is your decision to have chosen oral appliance therapy to treat your sleep-disordered breathing and you are aware that it may not be completely effective for you. It is your responsibility to report the occurrence of side effects and to address any questions to this provider's office. Failure to treat sleep disordered breathing may increase the likelihood of significant medical complications.

If you understand the explanation of the proposed treatment, have asked this provider any questions you may have about this form or treatment, please sign this form below, we will make you a copy for your records.

Patient or Responsible Party

Date

*Diplomate, American Board of Dental Sleep Medicine
Diplomate, American Board of Orofac.ial Pain
Diplomate, American Academy of Pain Management
Fellow, Academy of Craniofacial Pain*