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اگر آپ کو اس کے ترجمے کی ضرورت پیش ہو تو آپ ہم سے رجوع فرمائیں۔

আপনার যদি এই পত্রের অনুবাদের দরকার হয়,  
তাহলে দয়া করে যোগাযোগ করুন :

**Patient Advice and Liaison Service (PALS)**  
**01932 723553**

## MANDIBULAR ADVANCEMENT SPLINT

Department of Oral & Maxillofacial Surgery

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**St. Peter's Hospital** Guildford Road, Chertsey, Surrey, KT16 0PZ

Telephone **01932 872000** Facsimile **01932 874757**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

## PATIENT INFORMATION



## FURTHER INFORMATION

Information or advice regarding this splint can be obtained by contacting St. Peter's Hospital – telephone **01932 87200** ext. 2493 or Ashford Hospital – telephone **01784 884009**.

Additional information can also be obtained by logging on to <http://www.baoms.org.uk/sitemap.asp?id=20>

### Other web links

National Institute of Dental and Craniofacial Research  
Patient.co.uk

## WHAT IS A MANDIBULAR ADVANCEMENT SPLINT?

A mandibular advancement splint is custom made to fit over your upper and lower teeth at the same time. It has been constructed to bring your lower jaw forward during sleep and this in turn will open your upper airway to allow air to flow more freely. It is thought to work by reducing the air turbulence and hence reducing the “snore”. The device **DOES NOT** move your jaw forward permanently, it will only hold your jaw forward during sleep. Most patients wish to try this device as it is the most conservative (non-surgical) form of treatment.

You have been supplied with this type of splint to treat your sleep related disorder, that can range from simple snoring to mild/moderate obstructive sleep apnoea.

## HOW WILL I GET USED TO IT?

**Do NOT** try to sleep with the device initially. Wear it for an hour or so for a period when you are relaxed e.g. watching TV. This will allow a period of acclimatisation, during which time you may notice that your saliva production increases dramatically. This is quite normal and will reduce in time.

## WILL IT STAY IN ALL NIGHT?

Some people have a strong lower jaw and can dislodge the device from the lower teeth. Application of a thin layer of denture adhesive such as “Polygrip” to the inside of the splint tends to overcome this.

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Some individuals remove the device subconsciously during sleep. There is no way of overcoming this.

### **WILL I BE ABLE TO BREATHE NORMALLY WITH THE DEVICE IN PLACE?**

You will notice the breathing hole in the front of the device. You will be able to breathe quite normally. Don't worry, you will NOT be able to swallow this device!

### **ARE THERE ANY SIDE EFFECTS?**

Apart from the increase in saliva production, you may notice that when you wake in the morning you have a minor ache in the muscles at the side of your lower jaw. This again is quite normal. For the first week or so you may need to take a simple painkiller such as Paracetamol.

If you continue to have morning pain after a couple of weeks you should discontinue wearing your device until after your planned review at the hospital.

You may notice a slightly dry mouth/ lips in the morning. In order to avoid this, apply a copious layer of Vaseline to your lips prior to sleep.

### **ARE THERE ANY ALTERNATIVES AVAILABLE?**

CPAP (positive pressure to the airways) can be tried under the supervision of a respiratory physician.

Surgery to the soft palate is sometimes recommended. This would be done by an Ear, Nose and Throat surgeon.

### **HOW DO I LOOK AFTER IT?**

The device is thermoplastic. This means heat will distort it. **Do NOT** use hot water to clean it; use cold water and a soft brush. Some patients use products such as "Retainer Brite" or "Steradent". Remember to use cold water only.

Keep in a cool/ safe place. If you have also been given your casts, then store the device on them as it is difficult to lose the complete set.

The life span of this device is about 18 months and usually fails due to de-bonding of the upper and lower segments. It will then be replaced.

### **HOW SUCCESSFUL ARE THEY?**

Not everybody can tolerate this device. Approximately 70-80% of patients are able to tolerate them and of that figure a significant proportion gain varying degrees of relief.