

DR JOHN ELOFF SLEEP CONSULTANT

B.Ch.D. (Pret), M.Ch.D (Ort. Stell)

DATE:.....

NAME: LAST.....FIRST.....TITLE.....

DATE OF BIRTH:/...../..... AGE:..... HOME LANGUAGE:

HOME ADDRESS:.....

EMAIL:.....CELL:.....

REFERRING PHYSICIAN:.....

MEDICAL / DENTAL HISTORY

ARE YOU IN GOOD HEALTH? YES NO

ARE YOU AT PRESENT GOING UNDERGOING MEDICAL TREATMENT? YES NO

IF SO, GIVE DETAILS

LIST ANY ALLERGIES.....

DO YOU HAVE OR HAVE EVER BEEN TOLD YOU HAVE

- | | | |
|--|---|--|
| <input type="checkbox"/> SNORING | <input type="checkbox"/> HIV | <input type="checkbox"/> RHEUMATIC FEVER |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HEPATITIS | <input type="checkbox"/> HEART DISEASE |
| <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> TEETH GRINDING | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> BLEEDING TENDENCY | | |
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ACCOUNT PARTICULARS

RATES ARE CHARGED AT PRIVATE TARIFFS – DR ELOFF IS CONTRACTED OUT OF MEDICAL AID SCHEMES ACT.
WE DO NOT SUBMIT ACCOUNTS TO MEDICAL AID. CONSULTATION FEES ARE DUE ON THE DAY OF CONSULTATION

PERSON RESPONSIBLE FOR ACCOUNT

NAME:.....

MAILING ADDRESS OR P.O. BOX:.....

.....POSTAL CODE:.....

MEDICAL AID.....MEDICAL AID NUMBER:.....

MAIN COMPLAINT

1. What is your main sleep complaint?
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2. How long has this been a problem?
3. Have you had a sleep study or home screen? YES NO
- If so, how long ago?..... Where?
4. Have you ever used Nasal CPAP?
- Started when?..... If so, how long ago?.....
5. Your weight?kilos Your height?m.....cm Collar size?.....
6. Weight gained in last 12 months: kilos
7. What other doctors have you seen about your snoring and what did they advise?.....
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-
8. Do you drink caffeinated beverages at night (coffee, tea, cola)?How much?day/wk/mo

THE EPWORTH SLEEPINESS SCALE (ESS)

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

SITUATION: DURING THE DAY	CHANCE OF DOZING (0 TO 3)
Sitting and reading	
Watching TV	
Sitting, inactive in public space (e.g. theatre or meeting)	
As a passenger in a car, for an hour without a break	
Lying down to read in the afternoon, when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE:	

How would you rate your overall sleepiness?	None	Mild	Moderate	Severe
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While asleep do you:	Never 0	Sometimes 1	Often 2	Always 3
Snore?				
Been told you stop breathing?				
Suddenly awaken choking or gasping for breath?				
Grind your teeth?				
Wake up with headaches?				
Have you been taking sleeping pills or non-prescription sleeping aids on a nightly basis for more than 3 weeks?				

SLEEP HABITS

1. How many hours of sleep do you get in a typical night?

2. How do feel in the morning? Very sleepy? Sleepy, but wake up soon Wide awake, ready to go

THREE MAJOR TREATMENT OPTIONS

- ORAL APPLIANCE
- CPAP
- SURGERY

ORAL APPLIANCE

These appliances are designed to move the lower jawbone forwards and with it the tongue (as the tongue is connected behind the middle of the lower jawbone). This forward movement of the tongue opens the airway space results in a reduction in snoring and sleep apnea. The appliances are most effective in cases where the problem is a retruded tongue position during sleep.

Several different appliances are used, some claiming to cure snoring and sleep apnea. They cannot cure but can prevent or reduce snoring and sleep apnea. They have the common effect of holding the lower jaw forwards during sleep. The oral appliances need to conform to SPECIFIC CRITERIA to be safe and effective. There is **no guarantee** that oral appliances will be successful for every patient. There is not enough scientific evidence to predict the outcome of the appliance, but it has been shown to substantially reduce snoring and sleep apnea in many cases. They most definitely have a place in the treatment of disruptive snoring and mild to moderate cases of sleep apnea

PROBLEMS ASSOCIATED WITH ORAL APPLIANCES – mostly temporary

- temporary excess salivation
- sore jaw or sore muscles
- sore teeth
- back teeth may not touch for a short period on awakening
- minor ulcer (appliance easily adjusted)
- temporo-mandibular joint (TMJ) pain

ADVANTAGES OF ORAL APPLIANCE

- comfortable
- easy to use
- relatively simple
- reversible
- cost effective
- significant impact on quality of life

RESULTS OF ORAL APPLIANCE

- Patients feel more refreshed during the day
- Increased performance at work and sport
- Eliminate/reduce snoring /sleep apnea
- Happy bedroom partner

CPAP

Continuous Positive Airway Pressure

A nose mask is connected by a tube to a special compressor that pumps air into the nose.

SURGERY

- Surgical (or laser assisted) removal of excess palatal tissues. UPPP or LAUP
- Surgical advancement of the lower jawbone
- Surgical reduction of the tongue

TREATMENT OF SNORING

It is estimated that approximately 60% of men and 40% of women between the ages of 40 and 60 years of age snore

CAUSE OF SNORING

Most often by loose, weak or “collapsed” muscle tissues at the back of the mouth; or a tongue which falls back in the mouth and partially blocks the airway during sleep. Air is forced through these collapsed and shrunken airways producing vibrations in the back of the throat. These vibrations cause the snoring sounds

AGGREGATING FACTORS

- Reduction of muscle tone
- Narrow airway space in the throat
- Excess patient weight

OBSTRUCTIVE SLEEP APNEA

In more severe cases the tongue falls back and blocks the airway completely. This results in periods when the person stops breathing for long periods at a time. This causes them to gasp for breath and sleep is temporarily disrupted.

EFFECTS OF OBSTRUCTIVE SLEEP APNEA

Excessive daytime sleepiness. This could affect work performance or safety while driving a car. Some patients complain of inability to concentrate, morning headaches, restless sleep, irritability

SEVERE MEDICAL COMPLICATIONS (potentially life threatening)

- Arrhythmias-irregular heart beat
- Hypertension-high blood pressure
- Heart attacks
- Strokes

Each time breathing stops, the amount of oxygen in the blood stream falls and the body reacts by increasing the heart rate to circulate more blood. This in turn increases blood pressure and may lead to irregular heart beat

TREATMENT

Most patients who suffer from sleep disorders would benefit from;-

- Loss of excess weight
- Regular exercise
- Avoiding alcohol and heavy meals before bedtime

It is advisable to consider having a polysomnogram before selecting a treatment option.

POLYSOMNOGRAM- To evaluate sleep

- Records brain activity EEG
- Records eye movement REM
- Muscle activity EMG
- Electrocardiogram ECG
- Oxygen saturation in the blood
- Respiration
- Periods of restlessness

ALL PATIENTS ARE ADVISED TO CONSULT WITH THEIR
DOCTOR / PHYSICIAN / PULMONOLOGIST / SLEEP
DISORDER SPECIALIST
FOR A
SLEEP TEST
(POLYSOMNOGRAM)
PRIOR TO THE FABRICATION OF ANY ORAL APPLIANCE

GETTING STARTED WITH THE ORAL APPLIANCE

Referral to / from physician

First appointment: Medical history and sleepiness scale forms
Clinical examination and consultation
Upper and lower impressions of the teeth

Second appointment: (can be arranged to be included with first appointment)
Check the fit and comfort of mouth piece
BITE REGISTRATION

Third appointment: Fit and check appliance (approximately a week after the impressions)
Instructions as to cleaning and caring of the appliance

Follow-up visits: (1 week to several months)
Check the appliance and complete sleepiness scale form
Check optimal bite position and adjust if necessary
Refer back and follow-up sleep study

WE RECOMMEND THAT YOU CONSULT A PHYSICIAN ABOUT YOUR SPECIFIC MEDICAL CONDITION

We advise that you YouTube the video "Understanding Sleep Disordered Breathing"
And visit the following sites:

Sleep Disorders Dentistry: www.sleepdisordersdentistry.com/

The American Academy of Dental Sleep Medicine (AADSM): www.aadsm.org/

British sleep society: <http://www.sleepsociety.org.uk/>

APPLIANCE COST : Snorex 2015

SLEEP APNEA			
	DETAILS	QTY	COST
8801	Consultation	1	650.00
8858 K07.1	Functional Oral Appliance Therapy Bite	1	1800.00
9301	LAB: Casting of model R55.00ea)	2	110.00
9571	LAB: Basic Charge (R567.00 ea)	2	1134.00
9647 Z46.4	Mandibular posturing appliance	1	585.00
8803	Subsequent Consultation	1	N/C
	TOTAL		R4279.00