

INJECTION SNOREPLASTY



**CHARLOTTE EYE
EAR NOSE & THROAT
ASSOCIATES, P.A.**
Established 1923

What is Injection Snoreplasty?

Injection Snoreplasty is a recently developed treatment for snoring involving the injection of a chemical (Sotradecol) into the soft palate. The procedure takes just a few minutes in the physician's office and requires only a topical numbing spray for anesthesia. As compared to other office-based snoring procedures, Injection Snoreplasty has the advantages of equal efficacy, less pain and lower cost. While it is effective in treating snoring, this procedure has not been demonstrated to help with obstructive sleep apnea.

How exactly does Injection Snoreplasty work?

The roof of your mouth is bony and hard in the front (i.e. the hard palate), and fleshy and soft in the back (i.e. soft palate). The uvula, which dangles in the back of your mouth, is one part of your soft palate. Studies indicate that snoring usually results from vibrations of the soft palate. As such, stiffening the soft palate and making it less floppy will often result in decreasing the loudness of snoring. Sotradecol, the chemical injected with Injection Snoreplasty, safely stiffens the soft palate which can result in less snoring.

How effective is Injection Snoreplasty?

Current data indicates that Injection Snoreplasty has equal success to the variety of other methods previously utilized to stiffen the soft palate. Studies show that palatal procedures initially help snoring in 80-90% of cases. Of patients that initially benefit from these procedures, approximately one-third of them will redevelop bothersome snoring over the next few years. Overall, a palatal procedure seems to provide long-term snoring relief in approximately 50% of cases. Fortunately, repeat treatments to the palate are usually beneficial for those patients that initially respond to stiffening of the palate, but then have recurrence of disruptive snoring.

How safe is Injection Snoreplasty?

Although Sotradecol does not have FDA approval in the treatment of snoring, it does have a long tract record of being safely injected into the mouth and skin for other conditions. In addition, the initial group of patients undergoing Injection Snoreplasty had no long-term complications. As such, even though Sotradecol injection into the soft palate for snoring is relatively new, long-term problems are not anticipated.

How painful is the procedure?

The procedure itself is relatively painless and can be accomplished with just a topical numbing spray. Immediately after the injection, there is moderate pain with an intense burning sensation that lasts an hour or so. After that, the pain for the next few days tends to be mild and controlled with medications. In addition to some discomfort, there is usually a sensation of fullness in the back of the mouth. While that swelling can disrupt sleep for a few nights, patients are usually still able to eat, drink and work without significant limitations.

What are the other treatment options for snoring?

Other palatal procedures that stiffen the soft palate have utilized lasers, electrocautery or Somnus units. Unfortunately, these other methods either have more pain or are more expensive.

Improving nasal breathing can usually be accomplished with medication and/or surgery. Unfortunately, even though most snorers are mouth-breathers while sleeping, eliminating nasal obstruction helps snoring in only 20 percent of cases. Snoring usually results from throat obstruction and not nasal obstruction. As such, nasal surgery for snoring is usually only recommended if the patient is also bothered by difficulty breathing through the nose during the daytime or if his/her snoring improves with a brief trial of a nasal decongestant spray used at bedtime for a few nights.

Weight loss and avoidance of sedatives, including alcohol, are proven methods of helping snoring and even obstructive sleep apnea. Unfortunately, these options may be difficult to sustain long term.

Positional maneuvers during sleep that keep you on your side, instead of your back, may be beneficial. Options include placing a large, wedge-shaped pillow behind you or even wearing a stuffed backpack to bed.

Cervical pillows that keep your neck in a neutral position have been shown to reduce snoring in some cases. Regular pillows flex the neck, which can contribute to airway obstruction and snoring.

A dental device to be worn while sleeping may be the best alternative to palatal surgery. By positioning your chin forward, this custom-fitted “mouthpiece” improves snoring in 80-90 percent of cases. The main drawback is compliance as it must be worn every night and may cause some discomfort. Dental devices are fitted by dentists and oral surgeons and range in cost from a few hundred to a couple thousand dollars.

Am I a candidate for Injection Snoreplasty?

Injection Snoreplasty is for snoring, not obstructive sleep apnea. Obstructive sleep apnea (OSA) refers to episodes where you stop breathing in your sleep due to collapse in your throat. While snoring is primarily a social problem, OSA is a medical problem as it can lead to excessive daytime sleepiness and heart problems. OSA requires more aggressive treatment than Injection Snoreplasty.

How do I know if I have obstructive sleep apnea?

While nearly all individuals with OSA snore, not all snorers have OSA. In addition to snoring, individuals with OSA tend to have:

- moderate to severe obesity
- collar size greater than 17
- awakenings with associated choking sensation or shortness of breath
- witnessed choking or gasping episodes during sleep, as reported by spouse or others
- sense of not feeling well rested in the morning, despite an adequate amount of sleep
- excessive daytime sleepiness, fatigue, or inability to concentrate

If you do not have any of the above factors, then the chance of you having significant OSA is low but still possible.

Can I be tested for obstructive sleep apnea?

The standard way to determine the presence and severity of OSA is to undergo a sleep study performed in the hospital or a sleep lab. Screening sleep studies or pulse oximetry studies done at home are also available. While at-home studies are not as accurate as evaluations done in a sleep lab, a normal at-home study does significantly reduce the chance of having moderate or severe OSA.

Is a sleep study required before getting Injection Snoreplasty?

Yes. Since Injection Snoreplasty should not be performed in patients with significant OSA and since your symptoms and physical exam cannot reliably eliminate the possibility of significant OSA, some type of sleep study is appropriate prior to the procedure. Our physicians determine, on a case by case basis, whether that study should be a screening at-home study or a more definitive study performed in a sleep lab.

How do I arrange for Injection Snoreplasty?

A visit with one of our physicians or physician assistants is required to determine if you are a candidate for Injection Snoreplasty and to determine the type of sleep study to be obtained. If the subsequent sleep study suggests that no significant OSA exists, the first Injection Snoreplasty treatment can be performed. If needed, a second injection can be performed a couple of months later.

Is Injection Snoreplasty covered by insurance?

The initial physician evaluation should be covered by your insurance. As with any office visit, you are responsible for obtaining any necessary authorizations and for paying co-payments, deductibles and co-insurance.

With regards to the sleep study, insurance coverage varies greatly. As such, the costs of it will need to be discussed on an individual basis.

Once it has been determined that you have snoring without OSA, insurance companies will not cover any subsequent treatment. They consider snoring a social problem, not a medical one. As such, the actual Injection Snoreplasty procedure will not be covered by insurance. If you elect to have Injection Snoreplasty, the cost will be discussed with you ahead of time.

We are aware how bothersome and disruptive snoring can be. As such, we are happy to assist you and your bed partner in improving this problem.