



Jeffrey S. Leider, M.D., P.C.

24001 Orchard Lk. Rd. \* Suite 170 \* Farmington, MI 48336

Telephone: 248-615-4368

Fax: 248-615-4342

## **SLEEP APNEA**

When a person has sleep apnea, the throat becomes blocked during the night, stopping their breathing for short periods of time. If you have sleep apnea, your partner may hear you alternate between snoring very loudly and being very quiet. You may even gasp or snort in your sleep. Other symptoms of sleep apnea are:

- Waking up tired, even after a full night's sleep
- Waking up with a headache,
- Feeling very sleepy or falling asleep at inappropriate times (i.e., while driving a car or while at work),
- Irritability and short temper,
- Problems with concentration or memory

Sleep apnea can leave you with a feeling of being constantly tired. Also, it can be associated with health problems such as high blood pressure, heart attack, and stroke.

### **NORMAL BREATHING DURING SLEEP APNEA**

When you breathe in, air passes through your throat on its way to your lungs. This air travels past soft tissue structures in your throat such as the soft palate (roof of mouth), uvula (the “punching bag”), tonsils, and tongue. During the day, the muscles that hold the structures are taut so that they do not block the air passages. During sleep, the muscles relax, but normally the passage in your throat stays clear enough for air to flow freely.

However, if the structures completely block the throat, air cannot flow to the lungs. This is called APNEA. When the lungs do not get fresh air, the brain tells the body to wake up enough to tighten the muscles to unblock the airway. Then, there is a loud gasp when breathing begins again. This cycle repeats over and over again making your sleep fragmented, The lack of fresh air and sleep puts a strain on your lungs, heart, and brain.

## HOW WE DETERMINE IF YOU HAVE SLEEP APNEA

First, we will examine your mouth, throat, and nose for enlarged or crowded structures or other problems that may cause sleep-related breathing problems. Also, a flexible scope may be passed through your nose after it has been numbed up to see if we can see where you are obstructed.

Monitoring your sleep during an overnight sleep study is usually the only way to tell whether or not you truly have sleep apnea. A SLEEP STUDY or polysomnogram records your lungs, heart, or other parts of your body function while you sleep. This is usually done in a sleep laboratory while a technician watches the recording. If you have severe sleep apnea during the night, the technician may provide you with a device called CPAP.

## TREATMENT OF SLEEP APNEA

Lifestyle Changes: There are some changes you can make that may improve your sleep apnea:

- Sleep on your side. This can relieve pressure on your air passage by alleviating extra weight from your stomach, neck, and chest.
- Avoid alcohol and certain medications. Sedatives, sleeping pills, and antihistamines as well as alcohol can make breathing slower and shallower. They can also make the muscles in your throat more relaxed.
- Lose weight. Losing enough weight to come close to your ideal body weight (within 5%) may even cure sleep apnea. Extra weight can put pressure on your neck and chest.
- Exercise regularly. This helps in losing weight and toning your muscles.
- Unblock your nose. Medications or surgery may be required to alleviate blockages from allergies, polyps, or a deviated septum in your nose. Quit smoking, as this can irritate nasal passages

Air Pressure Devices: The most common type of air pressure device is called Continuous Positive Airway Pressure (CPAP). It works by connecting a small air blower to a face mask by a flexible hose. The air pressure keeps the structures from collapsing. The pressure must be adjusted according to your individual needs. Because CPAP does not cure the condition, it must be worn all night, every night...forever.

Surgery: If other treatments are not successful we may recommend surgery. The procedure called uvulopalatopharyngoplasty (UPPP) is the most common type of surgery for sleep apnea and snoring. This procedure involves removing the uvula, part of the soft palate, and the tonsils (if you still have them) from the throat. It is very successful in stopping the throat structures from rattling and causing snoring and it removes and tightens up tissue in your throat that blocks your breathing. Usually after surgery a follow-up sleep study is required to tell how much your condition is improved.