## Chase Dental Sleep Care



Nassau/Suffolk/Queens/Manhattan

Phone: (516) 506-0000

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www.ChaseDentalSleepCare.com

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## **Oral Appliance Care instructions**

\*\*Insert upper first > Then lower

\*\*Remove lower first > Then upper

What to expect Initially when wearing your oral appliance, you may experience minor temporary side-effects such as: excess salivation, morning dry mouth, sore teeth, and temporal mandibular joint and muscle discomfort. These side-effects are transient, common and typically resolve in a few weeks. To relieve dryness, keep water with a straw or a sports bottle by your bedside. Over the counter (OTC) products like Biotene or XyliMelts for dry mouth can help. These will coat your mouth and help prevent dry mouth. Morning muscle soreness is common and may occur in TMJ area, cheek and neck areas. This can occur initially, as well as after adjustments. Exercises and AM repositioning are helpful.

**Exercises/AM Repositioner** Very often patients find that they are unable to close their teeth completely in the morning immediately after removing the appliance. This is normal and is due to a temporary jaw joint change. This will generally resolve within 10 or 20 minutes on its own as the joint drifts back into normal position. After several minutes, jaw exercises are helpful to re-establish joint position and proper tooth contact. This can be accomplished by using your AM Re-positioner. You may gently clench/release on your AM Re-positioner (soft plastic exercise tab) for a minimum of 5 minutes every morning. This is important to retain muscle memory. Additional massaging of the cheek muscles and warm moist compresses can help to reduce muscle soreness. Ice/Heat therapy can help with tight muscles or spasms.

<u>Care of Oral Appliance</u> Oral appliances must be cleaned regularly. Each morning, simply brush your device with a toothbrush and non-alcohol mouth rinse or mild soap and water. Rinse with cool water thoroughly. <u>Some Oral Appliances must be stored in tap water, please consult individual manufacturers' recommendation.</u> You may disinfect your Oral Appliance by soaking it in an OTC denture cleanser and cool water 1 time per week for 15 minutes. Be sure it is up and out of the way, where no curious dogs can chew on it! Also avoid extreme temperatures, especially heat, since the appliance may distort. Inspect your oral appliance frequently for plaque and bacterial build up.

<u>Dental Treatment</u> Your oral appliance has been custom designed for you and has a precise fit. All devices are under limited warranty according to their individual manufacturer. Please notify Dr. Chase if you have any dental treatment planned or have any changes to your dentition. This may affect the

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fit of your device. Dental changes causing a need to remodel your device may incur cost which you will be responsible for. Today you were given your original impressions and models, please store them in a safe place in case they are needed.

Monitoring Progress Like CPAP, continuous open airway therapy (COAT) with a dental device for snoring and sleep apnea is not a cure. The dental device must be worn every night for it to be effective. Your progress with the oral appliance should be monitored over time to ensure that the appliance continues to do its job in providing relief of snoring and sleep apnea and to ensure that you remain symptom free. The doctor will carefully follow and guide your progress throughout your treatment. You will be seen in the office several times to ensure acceptance, comfort and effectiveness of the therapy. Instructions will be given on proper adjustment of the appliance and any areas of discomfort will be addressed. Your personal feedback and several simple in-home dental sleep studies will provide guidance. Once active therapy is completed you will be advised to follow up with your physician for evaluation of your sleep breathing disorder and confirmation that your oral appliance achieves therapeutic benefit. We will continue to monitor your progress over a six month or one year visit; depending on your individual case.

<u>Recording symptom progress</u> Your feedback is very important to the success of your continuous open airway therapy. Please use the note book provided to record changes in symptoms or side-effects you encounter. Feedback to track: device compliance, hours you are sleeping, frequency of awakenings, daytime energy levels, TMJ or jaw discomfort, etc...

When to call the office Please feel free to call the office anytime you have a concern that you feel needs personal attention by the doctor or the staff. Please let us know immediately if you have jaw pain, difficulty closing your teeth together or if you cannot wear your appliance for any reason. Oral appliances are only effective when worn so it's important that you wear your dental device every night.

Special Instructions:					
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