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Oral Device Care Instructions

VIDEO AND INSTRUCTIONS: <http://lidentalsleepmedicine.com/patient-resources>

Congratulations on the delivery of your new FDA cleared oral device to address your obstructive sleep apnea!

What to expect: Initially when wearing your oral device, you may experience minor temporary side-effects such as: excess salivation, morning dry mouth, sore teeth, mild mucosa irritation and temporal mandibular joint and muscle discomfort. Commonly, morning masseter muscle stiffness/tightness and mild ache in TMJ area. 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 jaw area, cheek and neck areas. This can occur initially, as well as after adjustments. Exercises and morning repositioning are helpful.

Exercises/Morning Repositioner Very often patients find that they are unable to close their teeth completely in the morning immediately after removing the device. The muscles surrounding your TMJ may be tight, stiff and sore. This is normal and is due to a temporary jaw joint change. This feeling will generally resolve within 10 or 20 minutes on its own as the joint drifts back into normal position. After removal of your oral device, jaw exercises are helpful to re-establish jaw position and proper tooth contact. This can be accomplished by using your Morning Re-positioner. **DO THIS EVERY MORNING** (watch the video on our website)

- Take your appliance out in the morning, and go about your normal morning routine.
- Give yourself AT LEAST 5-10 minutes **before** using the morning repositioner.
- Chew the morning repositioner by GENTLY AND SLOWLY closing your teeth into the device. Gently squeeze into the device over and over until you feel your back teeth touching normally.
- **You MUST gently clench/release on your Morning Re-positioner for a minimum of 5 minutes EVERY morning. This is important to retain muscle memory and is your BEST defense in preventing tooth and jaw positioning changes.**

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. Please note: one morning repositioner is provided with your oral device, additional will incur a fee of \$45.00 not covered through medical insurance.

Care of Oral Device Oral devices must be cleaned regularly. Each morning, simply brush your device with a toothbrush and mild soap or mouthwash and **cool** water. Rinse with cool water thoroughly. Some Oral Devices must be stored in tap water, please consult individual manufacturers' recommendation. You may disinfect your Oral Device by soaking it in non-oxygen containing retainer/partial cleanser (**PoliDent, Efferdent**) and **cool** water as needed for 3-15 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 device may distort. Inspect your oral device frequently for plaque and bacterial build up.

Dental Treatment **SAVE YOUR ORIGINAL MODELS/RECORDS FOR REFERENCE. WHEN COMPLETING ANY RESTORATIVE DENTAL WORK, YOU SHOULD BRING THEM WITH YOU TO DENTAL VISITS** Your oral device 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. Jeffrey Rein and/or Dr. Neal Seltzer if you have any dental treatment planned or have any changes to your dentition. This may affect the fit of your device. Dental changes causing a need to remodel your device may incur cost which you will be responsible for. If 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 sleep apnea is not a cure. The dental device must be worn every night for it to be effective. Your progress with the oral device should be monitored over time to ensure that the device continues to do its job in providing relief of sleep apnea and to ensure that you remain as symptom free as possible. **Please note: snoring is a symptom often experienced along with sleep apnea. Snoring is a subjective noise. The primary goal is treating your sleep apnea effectively, this may help to reduce snoring, however, snoring is not always eliminated.** ****Laser Snoring Therapy is an additional option offered as an adjunct to manage snoring, however, does NOT treat sleep apnea.**

The dental sleep team 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 your oral device and any areas of discomfort will be addressed. Your personal feedback 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 device achieves therapeutic benefit. We will continue to monitor your progress over a six month or one-year visit; depending on your individual case.



In addition to monitoring your progress, we will continue communication with your primary health care providers to insure multidisciplinary wellness care and share reports throughout the course of your care with us.

Recording symptom progress Your feedback is very important to the success of your continuous open airway therapy. Please keep notes in the Sleep Log provided and record any changes in symptoms or side-effects you encounter. *Feedback to track: device compliance, hours you are sleeping, frequency of awakenings, daytime energy levels, jaw or tooth 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 device for any reason. **Remember, mild discomfort and muscular soreness is common during the initial phase of wearing your oral device.** Oral devices are only effective when worn so it's important that you wear your dental device every night.

Phone or Text to: [\(516\) 741-6202](tel:5167416202) -or- email: info@longislandsmile.com -or- email Gina directly: gina@longislandsmile.com

Special Instructions:

Moist heat compress regimen: Evening: Place appliance in mouth, use moist heat 5 minutes. Morning: Remove appliance, MOIST HEAT for 5 minutes. Massage cheek and jaw areas for 5 minutes, then Ice pack 5 minutes, then use MR for 5-10 minutes.

Most services are covered as previously discussed, however, there may be fees for the following services which are not included in the initial payment (fees for services listed below will be quoted at the time when needed based on laboratory costs, materials, labor costs, etc.)

- Replacement of lost appliance: one or both components
- Repair from unusual or unnecessary damage
- Damage from self - adjusting by the patient or from another dentist
- Improper cleaning causing damage to the device
- Subsequent dental treatment
- Compliance recording/data analysis

*****Please note that your device is custom made to fit exactly to the configuration and shape of your teeth. If you require dental care that may interfere with the fit of the device, you must call Long Island Dental Sleep Medicine and inform us of the dental work you are planning to receive before you commence with treatment. It may be necessary for your dentist to speak with us before concluding dental treatment. This is not usually necessary for new dental fillings, but is recommended for new crowns, extractions, dental implants, cosmetic veneers, and Invisalign or other orthodontic treatment.**

*****ALWAYS BRING YOUR ORIGINAL MODELS/RECORDS WITH YOU WHEN HAVING DENTAL RESTORATIVE TREATMENT**

If you do receive dental treatment that may disturb the fit, particularly emergency dental therapy, please do not allow your dentist to adjust the sleep apnea oral device, or the warranty of your device may become invalid. Please call our office and we will be happy to schedule an appointment for you.

Your oral device is a medical device to treat the medical condition of your sleep breathing disorder, Obstructive Sleep Apnea. It is not a dental prosthetic. Adjustment and titration of the oral appliance requires specialized knowledge and skill. Additionally, all the adjustments and titrations made by Long Island Dental Sleep Medicine are recorded as part of your medical records. Please do not adjust the device yourself or allow your dentist to alter it in any way.

Thank you, *Your Dream Team, Dr. Rein, Dr. Seltzer, Gina RDH, C.ACSD and Aimee RDH, C.ACSD*



Patient Name: _____ Device: _____

- Sleep and Comfort Diary: Please log your sleep experience for the first thirty days.**
- 5. Excellent Comfort-able to sleep entire night without a problem
 - 4. Good Comfort-able to sleep most of the night without discomfort
 - 3. Fair Comfort-able to wear device and sleep a little, but prefer to take device out
 - 2. Poor Comfort-wore device but unable to sleep with it
 - 1. Need Assistance-unable to wear device, even while awake

Night	Date	Sleep Notes	Comfort	Hours Worn	# Awakenings	Wake rested? Yes/No
1.			5 4 3 2 1			
2.			5 4 3 2 1			
3.			5 4 3 2 1			
4.			5 4 3 2 1			
5.			5 4 3 2 1			
6.			5 4 3 2 1			
7.			5 4 3 2 1			
8.			5 4 3 2 1			
9.			5 4 3 2 1			
10.			5 4 3 2 1			
11.			5 4 3 2 1			
12.			5 4 3 2 1			
13.			5 4 3 2 1			

14.	DATE	SLEEP NOTES	COMFORT 5 4 3 2 1	HOURS WORN	AWAKENING	RESTED?
15.			5 4 3 2 1			
16.			5 4 3 2 1			
17.			5 4 3 2 1			
18.			5 4 3 2 1			
19.			5 4 3 2 1			
20.			5 4 3 2 1			
21.			5 4 3 2 1			
22.			5 4 3 2 1			
23.			5 4 3 2 1			
24.			5 4 3 2 1			
25.			5 4 3 2 1			
26.			5 4 3 2 1			
27.			5 4 3 2 1			
28.			5 4 3 2 1			
29.			5 4 3 2 1			
30.			5 4 3 2 1			
31.			5 4 3 2 1			

UPPER IN FIRST...LOWER OUT FIRST