

When snoring becomes a real problem

If your condition is associated with choking and a drop in oxygen levels during sleep, it may signal obstructive sleep apnoea, says senior consultant ENT surgeon and sleep specialist Ignatius Mark Hon Wah



Excessive snoring may affect your sleeping partner and also be a sign of a more serious medical condition. PHOTO: GETTY IMAGES

For most people, snoring is a mild disturbance that can cause interrupted sleep. However, if the snoring is associated with choking, daytime sleepiness or fatigue, it could suggest the presence of a medical condition known as obstructive sleep apnoea (OSA). Mount Alvernia Hospital's senior consultant ear, nose and throat (ENT) surgeon Ignatius Mark Hon Wah discusses various OSA treatment options.

Q What is OSA and how is it different from chronic snoring?

In people who snore, the upper airway is narrow. When awake, the airway muscles keep air passages open but during sleep they relax, causing collapse. Intermittent collapse while breathing creates vibration, or snoring.

OSA is a condition where there is repeated upper airway closure during sleep, causing choking and a drop in oxygen levels. This is sensed by the brain, which will wake you up to open the airway. But once asleep again, this cycle repeats, causing poor sleep quality.

Symptoms such as loud snoring may indicate OSA but are not enough to diagnose it. This can only be confirmed through an overnight sleep study, where wires on the body record brain waves, eye movements, muscle tone, breathing pattern, heart rhythm, oxygen level, sound level and body movements.

Q What are the treatment options available and can OSA be completely cured?

Behavioural and lifestyle measures like losing weight if obese or stopping smoking are part of OSA management. Other measures include avoiding alcohol, as this relaxes muscles that keep the airway open. A regular sleeping schedule may also help.

Specific OSA treatments include Positive Airway Pressure (PAP) therapy, dental splints and surgery. In PAP therapy, a person's airway is kept open by wearing a mask over their face during sleep. The mask is

connected via a hose to a programmable air pressure generating machine to deliver air pressure to the upper airway to stent it.

Also worn during sleep are dental splints – oral devices that protrude the lower jaw to enlarge the air space behind the tongue and pull the air passage walls into greater tension, keeping the airway open.

Q When should I consider surgery for my OSA?

As there are usually multiple obstruction sites in the airway, multiple surgical procedures are usually needed. Surgery should only be considered when:

- There is a simple pattern of obstruction in the airway that can be removed with a straightforward procedure. This is usually done for children with large obstructing tonsils or adenoids. Most adults with OSA do not have this pattern of obstruction.
- There is upstream obstruction in the airway that interferes with non-invasive treatment. An example of this is severe nasal obstruction that prevents PAP therapy or dental splint use.
- Treatment with conservative measures such as PAP therapy has failed.

There are also minimally invasive surgical procedures such as radiofrequency ablative treatment that can be performed under local anaesthesia. These are usually more effective for simple snoring and mild OSA.



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