

and you are more likely to snore.

- Do not drink large amounts of alcohol before you go to bed.
- Avoid medicines which make you more sleepy. Avoid sleeping on your back. Most people are more likely to snore if they sleep on their back. You may be able to stop yourself rolling on to your back by supporting yourself with pillows or bed wedges.

#### Medicines

There are no medicines specifically for snoring. However, if you snore because of extra mucus and congestion in your nose, there are some options which may help. Steroid nasal sprays or antihistamine tablets may help if you have hay fever or an allergy. Decongestant tablets can be helpful if the extra mucus in your nose is due to a cold. Some people find nasal sprays or drops made from saltwater (saline) help to clear the nose.

#### Operations

Most people who snore do not need an operation. Occasionally, however, an operation may be needed. The following are the types of operation which are sometimes helpful for people who snore.

- **Operations on the nose.** If you have nasal polyps, removing them may stop snoring. If the midline of your nose is crooked (nasal septum deviation) having this straightened may help.
- **Tonsillectomy.** This is most commonly of benefit for children who snore. Usually both tonsils and adenoids are removed. It is not done for snoring alone, but may be useful if the large tonsils are causing other problems - for example, OSA or regular bouts of tonsillitis.

#### • Uvulopalatopharyngoplasty (UPPP).

This is an operation done with a general anaesthetic. Parts of tissue in and around the mouth and throat are removed, creating more space. This includes removing the strip of tissue that hangs in the middle at the back of your mouth (the uvula), tonsils, and some of your soft palate. It also involves some reorganising/rebuilding of the tissues at the back of the mouth.



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# SNORING

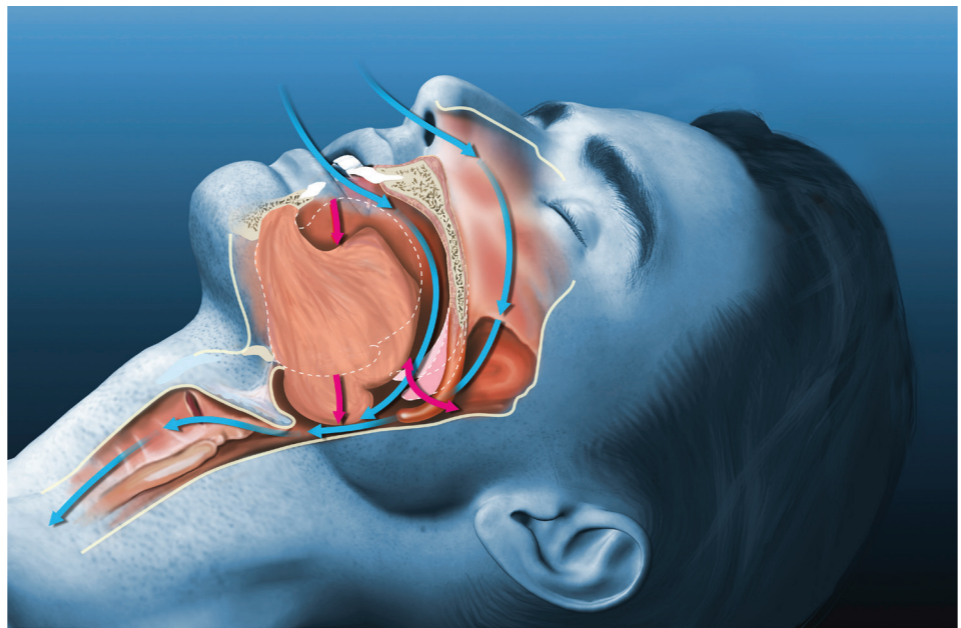
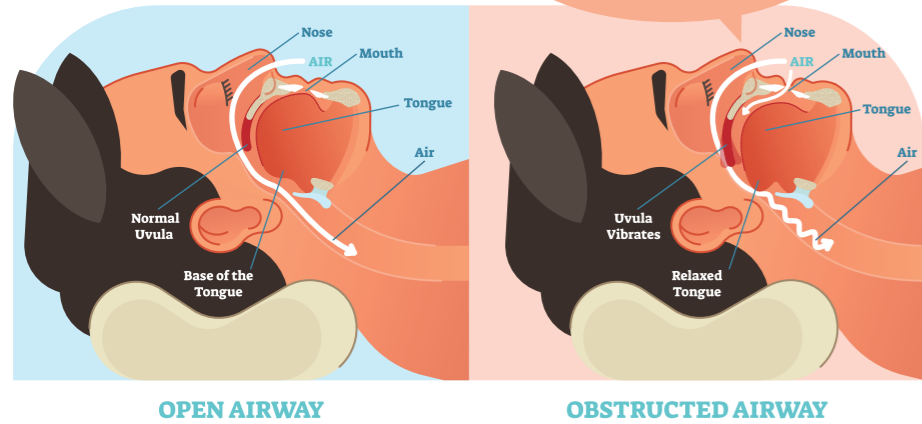


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# SNORING ANATOMY



## Disclaimer

All information and advice in this brochure is of a general nature and may not apply to you. This medical information is provided to enhance and support, not replace, individual advice from a qualified medical practitioner.

## SNORING

Snoring is a rattling noise made as we breathe during our sleep. It may not cause any problems to the person who snores, but it may be so noisy that it stops other people from sleeping. Sometimes it also interrupts the sleep of the person who snores, making them tired in the daytime. Many lifestyle factors make snoring more likely, and can be changed. If snoring becomes a problem, there are some treatments which can help. You should see an ENT Physician about snoring if it is affecting

## WHAT IS SNORING?

Snoring is a rattly sound made by

breathing whilst you are asleep. It is caused by vibrations of the tissues of your upper airway, ie your nose, mouth or throat. It is very common.

## Definitions

Simple snoring is making a rattly sound as you breathe while you are asleep. Many people snore sometimes - for example, if you have a cold or have had a lot of alcohol to drink. Habitual snoring is doing it regularly. Snoring can be quiet or extremely loud. Obstructive sleep apnea (OSA) is the term for breathing which becomes interrupted or irregular during the night. Most, if not all, people with OSA snore. If you have OSA your breathing stops for a short time. This may happen many times in the night. So you wake up still feeling sleepy. You have not got as much oxygen as you needed during the night. This is also known as obstructive sleep apnoea/hypopnoea syndrome (OSAHS) but not all experts use the definitions in the same way.

## WHY DO PEOPLE SNORE?

Snoring is due to vibrations in the soft tissues of the upper airway as we breathe. It can happen in any part of the upper airway:

- The nose.
- The soft palate. This is the part of the roof of your mouth which is right at the back of your mouth.
- The back of your tongue.
- The back of your throat. It may involve your tonsils, which are lumpy bits of tissue on either side of the back of your throat. It may involve your uvula, which is the dangly bit of flesh which hangs in the middle of the back of your throat

## WHAT MAKES PEOPLE MORE LIKELY TO SNORE?

There is no single cause for snoring. It is more likely if you have a problem which causes a blockage in your nose, mouth or throat. For example:

- Large tonsils.
  - Soft fleshy swellings in your nose (nasal polyps).
  - A deviated nasal septum. This occurs when the dividing tissue between the two sides of your nose is not straight. This may happen after an injury to your nose.
  - Hay fever, or an allergy giving you extra mucus and congestion in your nose.
  - A cold giving you extra mucus and congestion in your nose.
  - An unusually shaped mouth, nose or jaw.
  - An enlarged thyroid gland in your neck
  - Acromegaly. (This is a rare condition where your body makes too much growth hormone. This can cause the tissues in your head and face to become bigger or thicker.)
- You are also more likely to snore if you:
- Are overweight.
  - Smoke.
  - Drink a lot of alcohol.

- Take medicines which make you sleepy (sedatives).
- Sleep on your back.

Snoring can happen at any age, to children or adults. It is most common between the ages of 40 and 60. It is more common in men than in women.

## WHAT PROBLEMS CAN SNORING CAUSE?

Often the person who snores is not at all troubled by it. They are asleep and may be unaware they snore. Snoring may disturb the person they sleep with or who is near. If snoring is very loud it may even disturb people in other rooms. If you snore, this may be embarrassing. It may mean the person you sleep with wants to sleep somewhere else. This may affect your relationships.

Some people who snore feel sleepy in the day. If this is the case for you, it might affect your concentration. Occasionally, snoring can give you symptoms of anxiety or depression.

It may be that snoring makes you slightly more likely to have a stroke or heart disease. It is not sure yet whether this applies to simple snoring or only to people who snore who also have obstructive sleep apnoea. If it does apply to snoring, it only very slightly increases the risk. This is thought to be because the vibration of snoring may cause a thickening of the blood vessels in the neck.

## DO I NEED ANY TESTS?

If your snoring isn't troubling you or anybody else, you do not need to see an ENT Specialist. You should see your ENT Specialist if:

- You wake up gasping in the night regularly.
- Your partner says you stop breathing during the night.

- You are feeling tired or sleepy during the day.
- Your snoring is affecting your partner or your relationship.

Your doctor will ask you some questions and examine you. They will want to check your height and weight, and examine your nose, mouth, throat and neck. Usually no tests are needed. However, you may need:

- A blood test to check your thyroid hormone levels if your doctor thinks this may be relevant.
- A sleep test called polysomnography if your doctor thinks you may have Obstructive Sleep Apnoea.

Examination of your nose or throat. This would be done if the ENT Specialist suspects a blockage. The ENT specialist can look at your airway with a tube passed into your nose while you are either sedated or put to sleep.

## WHAT CAN I DO TO STOP SNORING?

There are lots of remedies available for snoring. However, there is not much evidence about how well any of them work. There is no one single treatment that will work for everyone. Which treatment will work for you may depend on the cause of your snoring, if there is one. In many people, this will be a combination of causes, so you may need a combination of strategies. These are some of the options:

## Lifestyle changes

If you are overweight, lose weight. This should always be the first thing to try if it is relevant for you. Losing weight results in less pressure on your upper airway and often stops snoring.

- If you smoke, stop smoking. Smoking makes your upper airway more swollen. This means there is less space for the air