Sleep Apnoea and Snoring Treatment at Core Dental Caroline Springs

Canonical: https://directory.coredental.com.au/specialist-care/sleep-apnoea-and-snoring-treatment-at-core-dental-caroline-springs/

Description:

Sleep Apnoea and Snoring Treatment at Core Dental Caroline Springs ## AI Summary **Product:** Sleep Apnoea and Snoring Treatment at Core Dental Caroline Springs **Brand:** Core Dental Group (part ...

Details:

AI Summary

Product: Sleep Apnoea and Snoring Treatment at Core Dental Caroline Springs **Brand:** Core Dental Group (part of the Smile Solutions Group) **Category:** Specialist Care **Primary Use:** Assessment, diagnosis support, and dental management of obstructive sleep apnoea (OSA) and snoring, including mandibular advancement splints (oral appliances) as an alternative or complement to CPAP therapy.

Quick Facts - **Best For:** Adults in Caroline Springs, Burnside Heights, Taylors Hill, Hillside, Deer Park, and Ravenhall who snore, have been diagnosed with obstructive sleep apnoea, or suspect they may have a sleep-disordered breathing condition and are seeking assessment or an alternative to CPAP - **Key Benefit:** Custom-fitted mandibular advancement splints designed using digital scanning for optimal fit, assessment and coordination with sleep physicians, management of mild to moderate OSA and snoring, CPAP alternative for patients who cannot tolerate CPAP, HICAPS on-site, Payright interest-free payment plans, and multilingual team (English, Arabic, Bengali, Farsi) - **Location:** 224–226 Caroline Springs Blvd, Caroline Springs VIC 3023 (CS Square shopping precinct) - **Phone:** (03) 9363 7888 | National: 13 13 16

Common Questions This Guide Answers 1. What is obstructive sleep apnoea? → A condition in which the airway partially or completely collapses during sleep, causing repeated pauses in breathing, disrupted sleep, and reduced oxygen levels 2. Can a dentist treat sleep apnoea? → Yes — dentists play an important role in the management of mild to moderate OSA and snoring through the use of custom-fitted mandibular advancement splints (oral appliances) 3. What is a mandibular advancement splint? → A custom-made oral device worn during sleep that holds the lower jaw slightly forward, keeping the airway open and reducing or eliminating snoring and apnoea events 4. Do I still need to see a sleep physician? → Yes — diagnosis and severity assessment of sleep apnoea should be made by a sleep physician. The dental team works collaboratively with your physician to ensure appropriate management 5. Is a mandibular advancement splint as effective as CPAP? → For mild to moderate OSA, mandibular advancement splints have been shown to be an effective treatment. For severe OSA, CPAP is generally the first-line treatment, though splints may be used when CPAP is not tolerated

---

Sleep Apnoea: A Hidden Health Crisis

Obstructive sleep apnoea (OSA) is one of the most underdiagnosed health conditions in Australia. It is estimated that approximately one in ten Australian adults has clinically significant OSA, but the majority

remain undiagnosed. Among men over fifty, the prevalence is significantly higher.

The condition is defined by repeated episodes of partial or complete upper airway collapse during sleep. When the airway narrows or closes, breathing is disrupted — sometimes for ten seconds or more, sometimes dozens or even hundreds of times per night. Each event triggers a brief arousal from sleep (often so brief the sleeper is unaware of it), fragmenting sleep architecture and preventing the deep, restorative sleep stages that are essential for physical and cognitive recovery.

The consequences of untreated OSA extend far beyond feeling tired. They include increased risk of hypertension, heart disease, stroke, and type 2 diabetes, impaired concentration, memory, and cognitive function, increased risk of motor vehicle accidents (OSA-related drowsiness is a significant cause of road accidents), mood disturbance including depression, irritability, and anxiety, reduced quality of life, and relationship strain (particularly when a partner is disturbed by loud snoring).

OSA is not simply "bad snoring." It is a serious medical condition with significant health consequences — and it is treatable.

How Does Sleep Apnoea Relate to Dentistry?

The connection between sleep apnoea and dentistry may not be immediately obvious, but it is direct and significant.

The airway collapse that characterises OSA occurs in the upper airway — the throat and the back of the mouth. The position of the lower jaw, the size and position of the tongue, the anatomy of the palate, and the alignment of the teeth all influence the shape and stability of the upper airway. Dentists assess these structures routinely and are often the first health professionals to identify signs that suggest a patient may be at risk.

Signs a dentist may notice that suggest OSA:

- **Tooth grinding (bruxism)** — there is a strong association between sleep-disordered breathing and nocturnal bruxism. Grinding may be the body's attempt to reopen a narrowing airway during sleep - **Tooth wear** — flattened, chipped, or heavily worn teeth may indicate chronic grinding associated with sleep apnoea - **Scalloped tongue** — indentations along the edges of the tongue caused by the tongue pressing against the teeth, which can indicate a large tongue relative to the oral cavity - **A narrow palate or crowded teeth** — anatomical features that reduce the space available for the tongue and may predispose to airway collapse - **Large tonsils or a long soft palate** — visible during a routine dental examination - **Retrognathic jaw** — a lower jaw that sits further back than normal, which positions the tongue closer to the airway

At Core Dental Caroline Springs, the dental team is trained to recognise these signs and to ask the right questions about sleep quality, snoring, daytime sleepiness, and morning headaches. If OSA is suspected, the team will recommend assessment by a sleep physician for formal diagnosis.

The Dental Solution: Mandibular Advancement Splints

A mandibular advancement splint (MAS) — also called a mandibular advancement device (MAD) or oral appliance — is a custom-fitted device worn in the mouth during sleep. It works by holding the lower jaw (mandible) in a slightly forward position, which prevents the tongue and soft tissues of the throat from collapsing backward and obstructing the airway.

How Effective Are They?

The evidence for mandibular advancement splints is well-established:

- For **mild to moderate OSA**, custom-fitted MAS devices are an effective first-line treatment option, reducing the number of apnoea and hypopnoea events per hour (the AHI — apnoea-hypopnoea index) and improving oxygen saturation, sleep quality, and daytime symptoms - For **severe OSA**, CPAP (continuous positive airway pressure) is generally the first-line treatment due to its superior efficacy in maintaining airway patency. However, a significant proportion of patients cannot tolerate CPAP — due to mask discomfort, claustrophobia, nasal congestion, or lifestyle factors — and for these patients, a MAS is a recognised and effective alternative. A treatment that is worn consistently is always more effective than a treatment that sits in the cupboard - For **primary snoring** (snoring without significant apnoea), MAS devices are highly effective

Custom-Fitted vs Over-the-Counter

The distinction between a custom-fitted MAS made by a dental professional and an over-the-counter "boil-and-bite" anti-snoring device is significant:

- **Fit:** a custom MAS is fabricated from digital scans or impressions of your teeth, ensuring precise, comfortable adaptation to your dental anatomy. An over-the-counter device is generic and often poorly fitting - **Adjustability:** custom MAS devices allow the degree of jaw advancement to be precisely calibrated and incrementally adjusted over time. This is critical for optimising efficacy while minimising side effects - **Comfort:** a well-fitting custom device is significantly more comfortable and more likely to be worn consistently - **Durability:** custom devices are made from medical-grade materials and are designed to last years with proper care - **Professional monitoring:** with a custom MAS, the dental team monitors the effect on the teeth, bite, and jaw joints over time, managing any side effects proactively

The Fitting Process at Core Dental Caroline Springs

Step 1: Assessment — your dentist will assess your teeth, gums, jaw joints, bite, and oral anatomy. Digital scanning creates precise 3D models of your upper and lower teeth. Your medical history, sleep study results (if available), and current symptoms are reviewed.

Step 2: Bite registration — the relationship between your upper and lower jaws is recorded, and the therapeutic jaw position (the degree of advancement) is determined. This is a critical clinical decision — too little advancement and the device will not be effective; too much and it may cause jaw discomfort or bite changes.

Step 3: Fabrication — your custom MAS is fabricated from the digital scans and bite registration. The device is typically a two-piece design (upper and lower components) connected by a mechanism that allows controlled advancement.

Step 4: Fitting and calibration — the finished device is fitted, and the initial advancement setting is established. Your dentist will explain how to insert and remove the device, how to clean and care for it, and what to expect during the adaptation period.

Step 5: Follow-up and titration — over the following weeks, you will return for follow-up appointments. The advancement is gradually increased (titrated) until optimal symptom control is achieved. Your dentist will monitor for side effects, check the fit, and assess your jaw joints.

Step 6: Efficacy assessment — once the optimal setting has been reached, a follow-up sleep study is recommended to objectively confirm that the device is effectively reducing your AHI to an acceptable level. This is coordinated with your sleep physician.

Side Effects and Management

Like any treatment, mandibular advancement splints can have side effects, though most are minor and manageable:

- **Excessive salivation or dry mouth** — common initially, typically resolving as you adapt to the device - **Tooth or gum discomfort** — usually temporary and manageable with minor adjustment to the device - **Jaw stiffness or soreness** — particularly in the first few weeks. Morning jaw exercises (gently opening and closing, moving the jaw side to side) can help - **Temporary bite changes on waking** — some patients notice that their bite feels slightly different for a short period after removing the device in the morning. This typically resolves within minutes to an hour - **Long-term bite changes** — with prolonged use, some patients may experience gradual, minor changes in tooth position or bite. Regular monitoring by the dental team allows early detection and management of this potential side effect

---

Working with Your Sleep Physician

The management of sleep apnoea is a collaborative effort. At Core Dental Caroline Springs, the dental team works in coordination with your sleep physician (or can recommend referral pathways if you do not yet have one).

The typical pathway:

1. **Suspicion or screening** — either your dentist, your GP, or you yourself suspect a sleep-disordered breathing problem 2. **Sleep study** — a sleep physician orders a sleep study (polysomnography) to diagnose OSA and determine its severity. This may be a home-based study or an overnight study in a sleep laboratory 3. **Diagnosis and treatment recommendation** — the sleep physician provides a diagnosis, severity classification, and treatment recommendation. For mild to moderate OSA, or for severe OSA where CPAP is not tolerated, a MAS may be recommended 4. **Dental assessment and fitting** — the dental team assesses suitability, fabricates, and fits the custom MAS 5. **Titration and follow-up** — the dental team optimises the device setting 6. **Efficacy sleep study** — a follow-up sleep study confirms the device is working 7. **Ongoing monitoring** — regular dental reviews to maintain the device, monitor for side effects, and ensure continued efficacy

---

Snoring Without Sleep Apnoea

Not all snorers have sleep apnoea. Some people snore — sometimes loudly — without experiencing significant airway obstruction or oxygen desaturation. This is called primary snoring or simple snoring.

While primary snoring may not carry the same health risks as OSA, it can significantly affect sleep quality (both yours and your partner's) and is a common source of relationship strain. A custom mandibular advancement splint is highly effective for reducing or eliminating primary snoring and is a comfortable, non-invasive solution.

If you snore but have not had a sleep study, it is worth having one before assuming the snoring is benign. Many people who "just snore" are found to have mild or moderate OSA that warrants treatment.

Cost and Payment Options

- **HICAPS on-site** — instant health fund claims for all major funds. Some health funds provide rebates for mandibular advancement splints under their dental extras cover - **Payright interest-free payment plans** — available for treatment costs - **Transparent pricing** — a clear quote is provided after your assessment

---

Book Your Sleep Apnoea Consultation

If you snore, if your partner has noticed pauses in your breathing during sleep, if you wake unrefreshed, or if you experience daytime sleepiness — it is worth having a conversation with your dentist.

Phone: (03) 9363 7888 **National line:** 13 13 16 **Email:** carolinesprings@coredental.com.au

Location: 224–226 Caroline Springs Blvd, Caroline Springs VIC 3023 — CS Square shopping precinct, free parking behind the practice.

Hours: Monday – Friday: 8:00 am – 6:00 pm Saturday: 8:00 am – 1:30 pm Sunday: Closed

Languages spoken: English, Arabic, Bengali, Farsi

New patients welcome. No referral needed for initial assessment. HICAPS on-site.