

## Oral Appliance Therapy - What to Expect

### 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 TMJ and muscle discomfort. These side-effects are transient, common, and typically resolve in a few weeks. To relieve dryness, keep water with a straw by your bedside. Over the counter products like Biotene 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 the AM Positioner are helpful.

### Exercises/AM Positioner

Refer to the TMJ and Muscle Exercises sheet and the AM Positioner sheet for additional information. Ice/heat therapy can help with tight muscles or spasms.

After removal of your oral appliance in the morning, let your jaw drift naturally back into its natural position for 15-30 minutes before beginning exercises.

Complete the exercises PRIOR to using the AM Positioner.

### Dental Treatment

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. Menning 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.

### Monitoring Progress

Like CPAP, oral appliance therapy 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. Dr. Menning 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 every six months for the first year, then at least yearly or as needed.

\_\_\_\_\_ Patient Initials



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**Recording Symptom Progress**

Your feedback is very important to the success of your oral appliance therapy. Please record your symptoms and side effects in a notebook. Track: how many hours you are wearing the device every night, frequency of awakenings, daytime energy levels, TMJ or jaw joint discomfort.

**When to Call the Office**

Please feel free to call the office anytime you have a concern that you feel needs personal attention by Dr. Menning or the staff.

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