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The ProSomnus[®] MicrO₂[®]

Sleep & Snore Device



What would you do?

When the wife of your best friend comes to you for help with her husband who snores like a freight train, causing her to sleep in another bedroom.

What would you do?

When another friend confides in you that her husband stops breathing for a short period of time in between his snoring episodes, only to awaken in the morning feeling even more tired than when he went to bed.

What would you do?

When a father approaches you and says, "I'm not wearing my CPAP and I am becoming non-compliant with my Obstructive Sleep Apnea (OSA) therapy. I know I am at risk of having a heart attack."

These types of scenarios occur more often than not in our profession today. "What would you do?" weighs in the back of your mind, because our friends, patients and maybe our family members are coming to us looking for answers to their issues pertaining to sleep disordered breathing.

The fact is that many dental and medical providers are not staying current in the newest therapy for snoring and treatments for non-compliant CPAP wear. A doctor, when challenged, may prescribe a patient oral appliance therapy (OAT) in the form of a sleep appliance whose invention is from the bygone days of dentistry. Or they may refer their snoring/OSA patient out to a medical specialist who treats sleep disordered breathing. Focusing here on the appliances of OAT: there is a major problem with the designs of the older styles, as well as many current appliances, in that they can cause the patient's issues

of snoring or OSA to worsen. It wasn't long ago the options for oral appliance therapy (OAT) available to dentists as sleep appliances impinged greatly in their tongue space. Meaning, they were manufactured with hardware that made them big, bulky, difficult to titrate and thus extremely uncomfortable to wear. Additionally, the bulkiness of those older appliances causes an impingement on tongue space thus developing a battle between the tongue which is attempting to find a proper resting posture and the oral appliance. This struggle can cause the tongue to retreat most of the time to the posterior palatal area of the mouth (where the uvula resides) producing a full or partial obstruction of the airway space. This forced tongue position exacerbates a patient's snoring and/or stoppage of breathing.

Furthermore, the bulky types of sleep appliances can and do create pain in the Temporal Mandibular Joint (TMJ) and difficulty in putting one's teeth back together after removal of the appliance in the morning. It has been reported the patient's teeth don't easily go back to normal until well into their day, meaning after lunch or late into the afternoon for some. This is due to the dentist's lack of understanding and education in taking a proper measurement of the jaw placement for the building of the sleep device. This is the most critical measurement when fabricating an appliance for a snoring or non-compliant CPAP patient. It has to be fitted to the proper muscle physiology or in other words, to have harmony of the jaw muscles and the tongue in order to assure patient comfort and an open airway while wearing the device during sleep.

Even to this day, many dentists are still prescribing these older types of appliances due to an unwillingness to learn the newest way to record muscle measurements, or a lack of knowledge in computerized teeth and bite registration techniques, and the low medical/dental monetary insurance reimbursement. Also, if the dentist chooses not to treat the snoring, or non-compliant CPAP patient, and makes a referral to a medical sleep specialist; many times the patient falls through the cracks of alternative treatment, or the medical billing bureaucracy; never to return back to the referring dentist's practice.

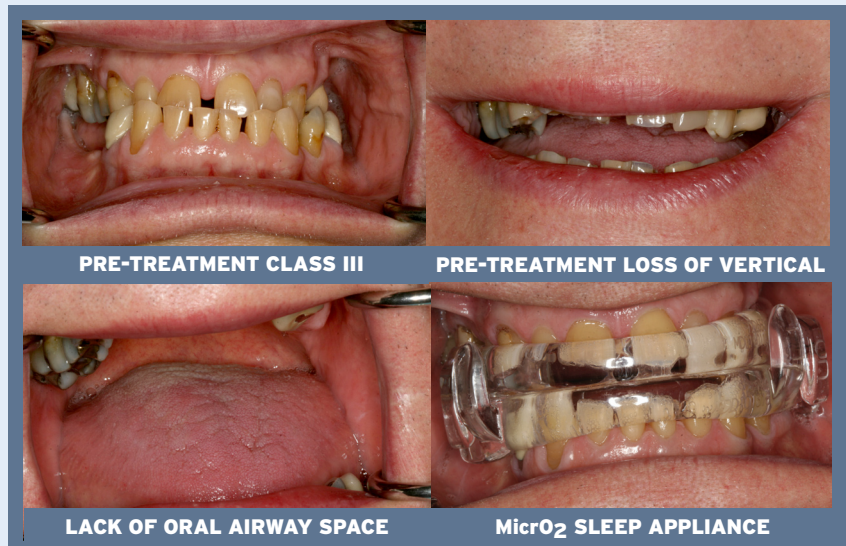
Now you have a small glimpse into how important it is to have the proper oral appliance for treating our snoring and noncompliant CPAP wearers, coupled with the appropriate knowledge, skill, and training. In the past, I was one of the dentists that was stuck in the camp of having to utilize those big, bulky,

difficult to titrate, and cumbersome night time oral appliances. I had no other options because our menu was so limited. Now my treatment and therapy has all changed due to the forward thinking of a company named ProSomnus® Sleep Technologies, and the Las Vegas Institute (LVI) which is the Premier State of the Art Live Patient Education and Training Facility. The terrific partnership of these two companies has brought the treatment and therapy of snoring and non-compliant CPAP patients into the modern age of dentistry. To reference the ProSomnus® Sleep Technologies press release dated October 3, 2016, "ProSomnus, developer of the MicrO₂® Sleep and Snore Device concentrated resources on partnering with dentists to treat the rapidly growing number of patients with Obstructive Sleep Apnea. Obstructive Sleep Apnea (OSA) is a Sleep Breathing Disorder affecting an estimated 20 million adults in the United States. OSA has been linked with an increased risk of stroke, cardiovascular problems, motor vehicle accidents, depression, memory loss, and snoring."



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Len Liptak, CEO of ProSomnus Sleep Technologies commented, "ProSomnus invents and manufactures devices that enable dentists to treat more patients who are suffering from OSA. Tens of millions of adults have undiagnosed OSA, millions of adults have abandoned CPAP and dentists can help."

This new MicrO₂ device has revolutionized the way that I look at my snoring and non-compliant CPAP patients. Because of its sleek design and predictable fit, it has solved the tongue space issue found in older devices. In fact, due to its advanced CAD-CAM design it is able to be made smaller and stronger than its bulkier and cumbersome counterparts and without teeth-moving ball clasps. The company touts the MicrO₂ as being "more biocompatible and more precise than predicate intraoral sleep apnea devices, allowing dentists to get patients into therapy faster, and with greater comfort and convenience." I fully believe this statement to be true as evidence of my patients' immediate feedback on the difference between their old sleep appliance and their new MicrO₂ appliance. They comment on the ease of use and their increased tongue space

and comfort while dosing off to sleep. They experience very little tooth movement and it causes little to no intercuspation changes. The device is easier to titrate for both the patient and the doctor due to four individual CAD-CAM designed appliances, as opposed to the hardware and mechanical screw adjustments of the older appliance choices. In short, the MicrO₂ series of arch forms are designed to match the advancement positions that are prescribed by the dentist.

Over the course of approximately the last four years, beginning as a beta test doctor, I have moved exclusively to the MicrO₂. Patient-reported and clinically measured outcomes of this device has my friends, patients and family all wearing this new ground breaking device to treat snoring and aid in the opening of airway space for non-compliant CPAP wear with great success. I would encourage you to investigate the educational opportunities at LVI with the OSA I and OSA II courses to learn about diagnosing and treating Sleep Disordered Breathing and to begin experiencing the results of the MicrO₂.

Physiologic Approach to Treating OSA Level I
September 17-19, 2017

Physiologic Approach to Treating OSA Level II
September 20-22, 2017

nosefacts

The Maori people in New Zealand press noses as a greeting.

