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## **COBLATION FOR SNORING**

Snoring occurs when the air you breathe is blocked in the passages at the back of the mouth and nose. For most people, the uvula (the small fleshy, conical flap hanging downward from the middle of the back of the mouth) and the palate (the roof of the mouth) are the cause of snoring.

Snoring may be caused by poor muscle tone, large tonsils or adenoids, an elongated palate, an obstructed nasal airway or being overweight.

Your doctor will talk with you about your general health and your sleeping habits. You may also require a sleep study to determine the exact extent of your sleep and snoring habits. A sleep study will determine the exact extent of your sleep and snoring habits and may be done either in a hospital sleep laboratory or in your home.

The information learned from the sleep study will help the doctor decide what treatment is best for you.

COBLATION is an in-office, nearly painless, low-level radiofrequency procedure to reduce and most often eliminate snoring. The low level radio frequency produces heat within the uvula, the small "punching bag" structure that hangs from the roof of the mouth. The heat creates a scar within the uvula which is not painful but does tighten the uvula. Over approximately a six-week period, this tightening reduces the uvula's ability to vibrate, thus reducing the sound of snoring.

The COBLATION procedure is effective in either eliminating snoring or reducing it enough to provide comfort to a bed mate in over 90% of patients.

The COBLATION procedure for snoring usually requires one treatment, but for some whose uvula is large, a second treatment six or eight weeks later is needed.

There is no hospital stay. Most people resume normal activities the same or the next day.

No one with significant obstructive sleep apnea is a candidate for SOMNOPLASTY.

## **PREPARING FOR COBLATION**

If you have any questions about medications you are taking, contact your doctor. SPECIAL MEDICATIONS. If you use medications for high blood pressure, heart problems, asthma or diabetes, take them the morning of your procedure.

You should not eat or drink for four (4) hours prior to your procedure.

You should notify your physician if you have had heart surgery, have mitral valve prolapse or have had a joint replacement. An antibiotic may be given to you to take before your procedure.

You do not need to arrange for someone to accompany you to your procedure.

## **THE DAY OF COBLATION**

ANESTHESIA. You will receive local anesthesia for comfort. Your throat and nose will be sprayed with an anesthetic medication and your throat will be injected with an anesthetic. This is a very painless injection.

PAIN. You will have a mild sore throat following surgery. You may take acetaminophen (Tylenol®) or ibuprofen (Advil® or Nuprin®) for pain.

## **THE FIRST WEEK AFTER COBLATION**

It is extremely unusual to have severe throat pain or fever after COBLATION. If you experience severe throat pain or fever after your COBLATION, you should contact your doctor.

DIET. You will probably be able to eat a normal diet, but a mild sore throat may somewhat limit you. Even though swallowing may cause some throat pain, it is very important that you continue to drink lots of liquids.

Drink at least 48 ounces of liquid per day. If you are one of the very few people with a moderate to severe sore throat, sucking on ice chips or sipping liquids every few minutes will assure adequate fluid intake. Popsicles®, iced tea or sherbet are also easy to swallow and provide necessary liquid.

Dehydration of body tissues causes fever and delays the healing process.

Most people prefer cool or lukewarm liquids. Citrus juices and milk products should be avoided. Soft foods may be easier to manage, including Jello®, apple sauce and scrambled eggs.

## **THE FIRST MONTH AFTER COBLATION**

You may notice a reduction in snoring within the first weeks following COBLATION.

However, do not be alarmed if snoring worsens in the first few weeks. This is due to the swelling of the uvula. As the uvula heals, the swelling will go away and so will the snoring.

A second treatment may be necessary.

***Remember, your recovery is a process, not an event.***