



PUL-SNORLIGHT APPLIANCE

“Enjoy your nights”

www.pulconcept.com/snorlight

Mandibular advancement appliance for night time wear.

Definition of sleep apnea: Obstructive sleep apnea occurs at night due to posterior tongue ptosis leading to a collapse of the upper airways.

This appliance is designed to enlarge the posterior airways by maintaining the mandible a few millimetres forward and the tongue upward and forward.

Custom-made appliance manufactured from dental impressions.

The appliance consists of two clear retainers interconnected by a mandibular advancement system.



***Effective against snoring
Improves nocturnal breathing
Improves sleep quality***

Snoring and OSAHS: Obstructive sleep apnea/hypopnea syndrome.

Snoring may be a clinical sign of OSAHS, which is caused by the obstruction of the air passage due, in turn, to the obstruction of the upper airways during sleep, causing “micro-arousals”. This affects 7-10% of the population.

There are many factors involved: anatomical, functional or environmental.

Nocturnal symptoms: Snoring, restlessness due to micro arousals, sweating, nocturia, nightmares.

Daytime symptoms: Poor quality waking in the morning, with the feeling of not having had enough sleep. Anxiety, irritability. Sensation of excessive sleepiness and general fatigue (sleepiness, which may be dangerous when driving).

Problems with concentration and with recent memory.

This may have a long-term impact on social and family life.

Sleep apnea is also a risk factor of hypertension and stroke.

PUL–Snorlight appliance

The physiological concept of mandibular advancement

I. Description:

This appliance is custom-made from biocompatible metal and plastic materials with a laser-welded frame. It is custom-made to fit the denture of each patient.

Method of action:

It avoids airway collapse by helping the patient to keep his or her tongue upward and forward all night, and encourages nasal breathing.

Key features:

- The screw-based advancement system allows advancement to be adjusted or **titrated** to the millimetre.
- The advancement system and its attachment consist of integrated coil-springs with shock absorbers protecting the TMJs, which remain functional in a lateral and antero-posterior direction.
- Occlusal surfaces are not covered with resin: 1- No increase in the lower vertical dimension of the lower face (nasion-pogonion distance), promoting bi-labial contact and nasal respiration; 2- Promotes relaxation of the masticatory muscles and prevents nocturnal bruxism.
- Combats ptosis of the tongue, which obstructs the upper airways: the appliance is held in place by the tongue, which rests upward and forward on the palate, serving as an anchor against retraction of the maxilla. The appliance is held in place by the tongue and not by the muscles, which are neutralised.
- Tooth retention is moderate thus avoiding harmful “extraction” movements, and there is no vestibular resin on the upper incisors to prevent their retraction.
- Comfortable and aesthetic, allowing for longer life and more regular compliance.
- Thanks to its laser-welded frame, it has a useful life of several years (4 or 5 years)
- Easy to repair or adjust in the event of denture modification: crowns, extraction or replacement of missing teeth.



Increased advancement through lengthening of the advancement system.

Integrated shock-absorbing coil for the TJM.

II. Usage recommendations

Wearing the appliance:

Custom-made appliance to be worn at night only after dental-gum line brushing.
Respiratory and lingual rehabilitation in apnoeic patients is recommended to make the appliance more effective.

Cleaning:

Brush every morning with a disinfectant.

Drying and storage in a protective box.

Increased advancement:

This must be performed by the practitioner by unscrewing the advancement system. 3 complete turns = 1 mm advancement.
(Caution: do not exceed 6 mm).

Note: undesirable dental effects:

For each 1 mm of advancement we obtain a **recoil** force of 100g. To avoid undesirable movement of the teeth, maximum recommended advancement is 6 mm. (Additionally, the lower incisors are tilted forward (visible on the cephalometric radiograph), less advancement must be important).

Biannual checks:

Control of dental and periodontal status by the dental surgeon-dentist.

Control of the improvement of the sleep apnea index by the sleep practitioner.

Annual X-ray: dental panoramic X-ray and cephalometric radiograph.