

RADIOFREQUENCY PALATE REDUCTION FOR SNORING

Snoring without obstructive sleep apnea affects greater than 80 million americans. At least 80% of snoring is due to the soft palatal tissues fluttering during inspiration/expiration during sleep. The goal of most procedures on the soft palate for snoring is to create scar tissue within the soft palate creating tightening of the tissues to lessen vibration.

With radiofrequency palate reduction, a probe is introduced into multiple sites into the soft palate and radiofrequency energy is applied to gently heat the tissue. This causes coagulation within the muscle which ultimately turns to scar. This process causes a volume reduction in the size of the palate thereby tightening the adjacent muscle. In cases where the uvula is quite elongated the radiofrequency device will also be used to cut across a portion of the uvula leaving a small base.

Most patients require one procedure although additional procedures can be done to further tighten the palate depending on the level of snoring after the initial procedure.

Radiofrequency palate reduction is performed under local anesthesia. First the soft palate is sprayed with a topical anesthetic. The soft palate is then fully numbed with a local anesthetic and the radiofrequency procedure is then performed with the probe.

Post-operatively, there may be some swelling of the soft palatal tissue for the first week. Usually, Tylenol or Ibuprofen is sufficient to control any discomfort. Patients usually return to work immediately after the procedure. Because there are no open mucosal surfaces to heal, as with other procedures, there is minimal post-operative discomfort. Maximum contraction of the palate is achieved 4-6 weeks after the procedure is done. If residual snoring is still present, additional procedures can then be performed. The overall success rate with this procedure is 70-80%.

The risks and complications of this procedure are relatively limited. Potentially, the resonance of the voice could change with tightening of the palate. This problem would be likely recognized only by the professional voice user. Bleeding and infection are very rare since there are no actual incisions. Obviously, care must be taken not to cause injury to any adjacent structures of the oral cavity as with any other procedure.