

A First Line Treatment for Snoring



aveoTSD[®]
anti-snoring aid



800-334-1979

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**GLIDEWELL
LABORATORIES**

"The Standard of Care"

The Dangers of Snoring

Snoring is caused by the airway narrowing or even occluding during sleep. This sleep disorder poses a serious risk to personal relationships and health. The aveoTSD is a medical device that can reduce or eliminate snoring and improve quality of life.

■ What causes snoring?

Snoring is caused by a narrowing of the upper airway during sleep. This can be due to large tonsils, a long uvula or excessive flabby tissue in the throat. All of these areas relax during sleep.

However, the most common cause of narrowing of the upper airway is a tongue muscle that becomes too relaxed during sleep. When relaxed, the muscle is sucked into the back of the throat with each breath taken.

Snoring occurs when air travels faster through a narrow tube than through a broad one. This rapidly moving air causes the relaxed soft tissues of the throat (tonsils, soft palate, uvula or excessive flabby tissue) to vibrate. It is this vibration that creates the sound of snoring.

■ Is snoring harmful?

Problem snoring, in which the tongue is completely sucked against the back of the throat and blocks breathing, can pose serious health risks.

Symptoms of snoring:

- Gasping, irregular or stopped breathing during sleep
- Hypertension/high blood pressure
- Diabetes
- Morning headaches
- Extreme daytime sleepiness
- Memory deficit
- Depression
- Nighttime reflux/heartburn/GERD
- Nocturia

Increased risk factors for snoring:

- Genetics
- Gender (more common in men)
- Large neck (>15.7" women, >16.9" men)
- Obesity (BMI >30)
- Diagnosis of hypertension
- Excessive use of alcohol, sedatives and tobacco

■ Prevalence of snoring

Sixty percent of men and 40 percent of women between the ages of 41 and 65 are habitual snorers. Snoring increases greatly once people reach the age of 35.

Young T, Peppard PE, Gottlieb DJ. Epidemiology of obstructive sleep apnea: a population health perspective. Am J Respir Crit Care Med 2002.

Snoring is common in children aged 2 to 7, particularly at times of upper respiratory tract infection when the tonsils enlarge.

Ali NJ, Pitson D, Stradling JR. Natural history of snoring and related behavior problems between the ages of 4 and 7 years. Arch Dis Child 1994.

Women in the third trimester of pregnancy commonly experience problem snoring.

Santiago JR, Nolleto MS, Kinzler W, Santiago TV. Sleep and sleep disorders in pregnancy. Ann Intern Med 2001.

■ Snoring is linked to:

- Hypertension/high blood pressure
- Strokes
- Cardiovascular disorders
- Diabetes
- Obesity
- Dementia
- Depression
- Reflux/heartburn/GERD
- Nocturia
- Insomnia
- Nocturnal asthma/COPD
- Impotence



aveoTSD Marketing Materials

Complete patient education information is available, from reception room displays to patient brochures and patient statement stuffers.



Reception Room
Countertop Easel



Patient Education
Brochures



Patient Statement
Stuffers

aveoTSD Ordering Information

Each aveoTSD device is packaged in a storage container and includes a user manual.



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Introducing aveoTSD[®]

The aveoTSD is a simple, inexpensive, noninvasive anti-snoring medical device.

Simple, intuitive fit requires no specialist fitting.

Attaches to the end of the tongue using gentle suction.

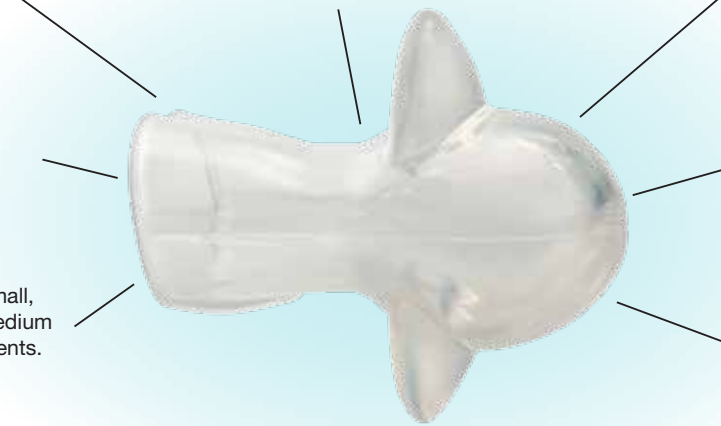
The aveoTSD is made from soft ISO 10993 medical-grade silicone.

The aveoTSD increases quality of life by improving sleep habits.

The aveoTSD has been cleared by the FDA/TGA in Australia, Canada, Japan, New Zealand and the United States.

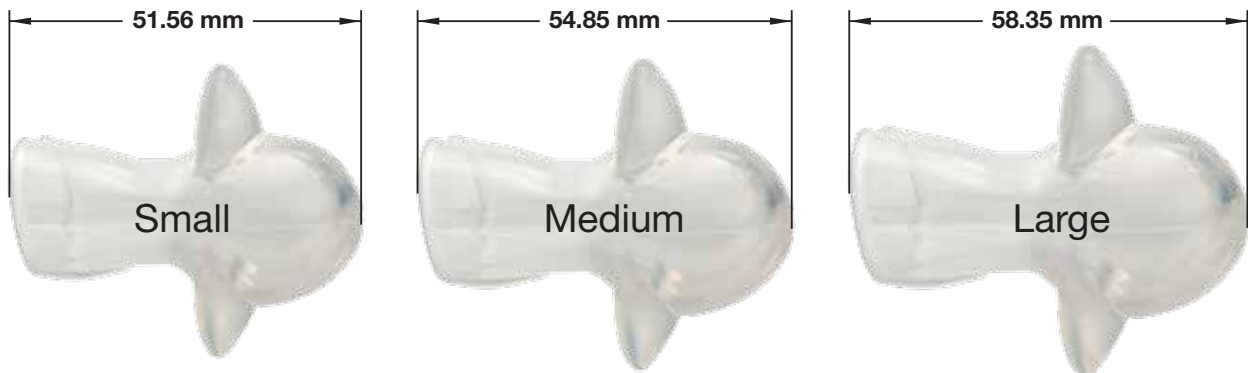
Available in three sizes: small, medium and large. The medium size fits 95 percent of patients.

The aveoTSD is an anti-snoring device that dentists and medical physicians can offer to their patients.



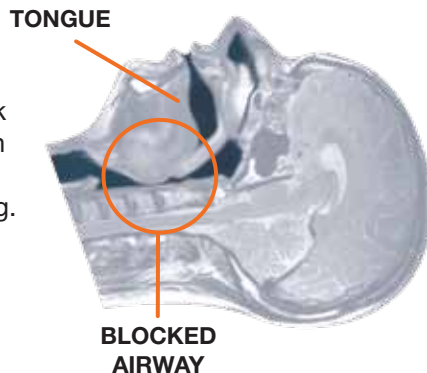
■ aveoTSD Sizes

The medium-sized aveoTSD is the standard size and fits 95 percent of patients. However, less than 5 percent of patients require the small or large aveoTSD.



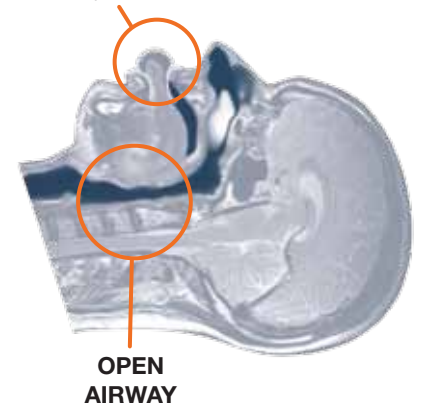
■ How aveoTSD Works

In this MRI* image, the tongue falls into the back of the airway as a person sleeps. This blocks the airway, leading to snoring.



This MRI image shows the aveoTSD holding the tongue gently forward, preventing it from falling back and obstructing the airway. Note how the airway is now open and clear. This stops or greatly reduces snoring.

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*Magnetic Resonance Imaging
GE Signa Profile EXCITE 0.2T

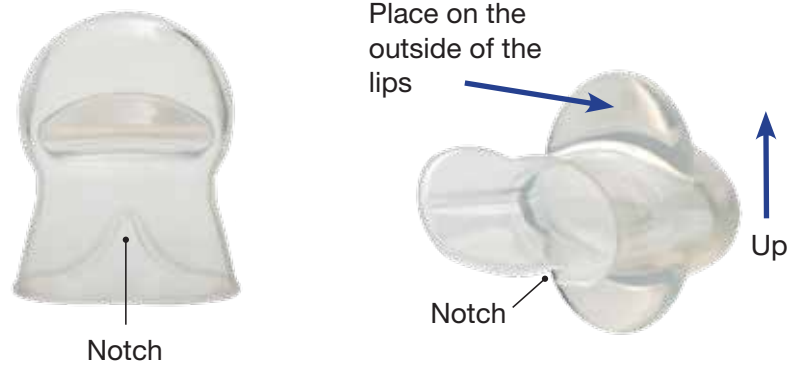
aveoTSD Instruction Guide

The patient should be made aware that the aveoTSD works through gentle tongue protrusion during sleep to keep the airway open.

■ Preparing to fit the device

The medium-sized aveoTSD fits 95 percent of patients.

Before use, rinse the aveoTSD under warm water. This helps ease the device onto the patient's tongue. Make sure the V-notch in the aveoTSD is facing down, to fit around the patient's lingual frenulum. In some extreme cases, a patient may require more room for the frenulum. The V-notch can be modified to provide this room.



■ Attaching the device to the tongue

Draw the tongue into the aveoTSD device until it is firmly attached; make sure it's not too tight or too loose. To achieve optimum results, help the patient practice getting used to the best fit (correct suction level) to ensure the aveoTSD stays on throughout the night. This will help the patient become accustomed to having the device attached to his or her tongue. To achieve correct fit, it is important for the patient to be absolutely relaxed when wearing the device.



The device attaches through negative suction.



Advise the patient to push his or her tongue gently into the aveoTSD, until it touches the sides of the device.



Gently squeeze the upper and lower ends of the bulb between the forefinger and thumb.



By using a gentle repeated pumping action, the tongue will be drawn gently into the aveoTSD.

Some patients adapt to the aveoTSD immediately, while others may take up to one to two weeks to achieve compliance.

■ Troubleshooting

Excessive salivation is common during the initial stages. This subsides over time. If the patient finds this to be a problem, recommend placing a towel over the pillow.

If the patient is unable to achieve a good fit (i.e., the device keeps falling off or is too tight), a different size aveoTSD may be required.

More than 95 percent of patients will fit the medium-sized aveoTSD. However, less than 5 percent of patients will require a small or large aveoTSD.

Checking tongue-tied status:

Ask the patient to stick out his or her tongue to verify it is free-moving and to ensure the aveoTSD will be suitable.

A small percentage of people cannot stick out their tongues beyond their lips. These are highly exceptional but very obvious cases. In such cases, the aveoTSD will not be suitable unless this is first resolved.

■ aveoTSD care and cleaning

The aveoTSD should be rinsed under hot water daily. Instruct the patient to wash the aveoTSD once a week, giving it a thorough cleaning using denture cleaning solution.

Using mouthwash to clean or store the device is not recommended because the liquid may contain alcohol that will damage the medical silicone.

The aveoTSD can be sterilized by cold sterilant or clinical procedures such as autoclave.

■ aveoTSD warranty

The aveoTSD comes with a six-month replacement warranty from the date of purchase for product defects determined to be caused by the manufacturer.

The life expectancy of the aveoTSD is 12 months. With proper use and care, this could stretch up to 24 months.

