AN UNLIKELY PARTNERSHIP: INTEGRATING ENT AND DENTAL SLEEP MEDICINE

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For many years, I treated sleep patients the way most ENTs do – compartmentalized. If a patient failed CPAP, we discussed alternatives. If they were interested in an oral appliance, they were referred to a sleep dentist. If they had obvious nasal obstruction, I addressed it surgically. What I didn't fully appreciate, until I began deliberately looking for it, was how frequently nasal airway obstruction (NAO) was quietly undermining sleep therapy success.

We know that as many as 50% of patients who cannot tolerate CPAP cite nasal obstruction as a major contributor.[1] Oral appliances are designed to promote nasal breathing, yet if a patient advances their jaw forward but continues mouth breathing due to nasal resistance, they are effectively fighting the therapy. The jaw moves forward. The airway can still collapse. The oral appliance may fail, not because the device doesn't work, but because the nose was never optimized. It is critical that any nasal obstructive issues be addressed to optimize the efficacy of oral appliance therapy.

When I began incorporating VivAer® into my sleep practice, I started routinely screening for NAO in patients pursuing oral appliance therapy. What surprised me wasn't that NAO existed, it was how prevalent and clinically meaningful it was in this population. I realized I had been missing it simply because I wasn't looking for it.

My algorithm shifted. Instead of escalating therapy and reassessing later, I now evaluate the nasal airway at the outset. Many patients who "fail" sleep therapies do so because persistent nasal resistance forces mouth breathing, destabilizing the airway and reducing efficacy. When nasal airflow improves, sleep therapies, including oral appliance therapy, can function as intended. Addressing NAO early changes the trajectory of care.

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An Unlikely Partnership

The most impactful change in my practice came when I formed a structured collaboration with a sleep-certified dentist whose practice is dedicated exclusively to oral appliance therapy and sleep medicine. Traditionally, ENTs and dentists have operated in parallel lanes but separate silos of care. Dental sleep medicine, when practiced by clinicians focused specifically on sleep-disordered breathing, represents a critical intersection of airway management and oral appliance therapy.

Sleep dentists play a central role in evaluating, treating, and longitudinally managing patients with obstructive sleep apnea using oral appliance therapy, often in close collaboration with sleep physicians and ENTs. At the same time, ENTs may underestimate how frequently oral appliance candidates struggle with nasal obstruction. Working alongside a dentist whose practice is focused entirely on sleep-disordered breathing has reinforced just how often nasal resistance limits therapy success, and how rarely it is addressed early in the care pathway.

Today, our team screens approximately 250 oral appliance patients per month within this dental sleep practice. I perform dedicated nasal airway evaluations onsite and also perform VivAer procedures in that setting. Every patient completes a NOSE score assessment at intake, consistent with growing recognition that structured screening for nasal obstruction is critical in oral appliance populations.[2] Standardized education regarding nasal airway obstruction, including the VivAer Patient Brochure, is also provided. Initially, integrating procedures into a dental office required workflow adjustments, education, and comfort on both sides. Over time, however, the collaboration has proven to be a win for both practices, and most importantly, for patients. Dentists achieve better outcomes with their appliances, patients breathe more effectively through the nose, and overall therapy success improves.

There is also a practical dimension to this model. Many oral appliance patients are already accustomed to out-of-pocket expenditures. While reimbursement for nasal airway procedures remains inconsistent, this patient population often understands the value proposition of improving airflow to support sleep therapy. We offer a transparent cash-price model. As with any out-of-pocket cost, there is some resistance, but acceptance has been strong when patients understand the role nasal airflow plays in sleep quality and appliance efficacy. When patients feel they are receiving value, not just a procedure, they are willing to move forward.

Clinical Impact: Why the Nose Matters

The relationship between NAO and sleep therapy adherence is not theoretical. In fact, the American Academy of Otolaryngology–Head and Neck Surgery recognizes that nasal surgery, including septoplasty, turbinate surgery, and procedures addressing nasal valve collapse, can serve as a beneficial adjunct in the treatment of adult obstructive sleep apnea.[3] 70% of patients with obstructive sleep apnea also suffer from nasal airway obstruction.[4,5] Untreated nasal resistance has been shown to negatively impact both CPAP and oral appliance use. As more CPAP users transition to nasal pillow interfaces, effective nasal breathing becomes increasingly important for therapy success. Addressing NAO has been associated with reductions in required CPAP pressures, improved tolerance, and adherence to CPAP therapy.[4,6-7]

VivAer has demonstrated durable improvements in nasal obstruction and sleep-related outcomes.[8] Long-term studies have shown high responder rates maintained over several years, along with meaningful improvements in daytime sleepiness, snoring severity, and patient-reported trouble sleeping.[9,10] These findings align with what I see clinically.

While VivAer does not treat OSA directly, optimizing the nasal airway removes a major barrier to therapy adherence. Anecdotally, I have seen improved CPAP tolerance in previously intolerant patients, improved comfort and perceived efficacy with oral appliances, and meaningful improvements in subjective sleep quality. For many sleep patients, the nose is not the primary diagnosis, but it is the limiting factor.

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A Call to Reframe the Pathway

There are approximately 325 sleep-certified ENTs in the United States, and many focus primarily on hypoglossal nerve stimulation or ablative surgery. These are important tools and play a critical role in sleep care. But before escalating therapy, we should ask a simpler question: Have we fully evaluated and optimized the nasal airway? Collaboration with sleep-certified dental practices may feel unconventional. But meeting sleep patients where they are, often in the dental office, allows us to address a critical variable earlier in the care pathway. When we stop compartmentalizing sleep patients and instead view the airway holistically, outcomes improve.
Fix the nose. Support the therapy. The sleep follows.

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The VivAer® Stylus is indicated for use in otorhinolaryngology (ENT) surgery for the coagulation of soft tissue in the nasal airway, to treat nasal airway obstruction by shrinking submucosal tissue, including cartilage in the internal nasal valve area.