**Info: Silensor-sl, anti-snoring device**

**Snoring** is generated in the area of the upper respiratory system. Caused by acceleration of the air flow when the respiratory tract is cramped (pharynx) parts of the soft tissue start to vibrate and cause the snoring noise.

The **apnea** is a total respiratory stop. The obstructive apnea is a mechanical relocation of the respiratory tract. In case of a central apnea the central respiratory reflex fails. The hypopnea is a reduction of the air flow of more than 50%.

The apnea / hypopnea index, AHI is the degree for the severity of the disease. An apnea / hypopnea lasts at least 10 sec.

To determine the index the number of apneas is divided by the hours of sleep. An index of 0 to 5 is normal, an index of 5 to 10 is a matter of a light, 10 to 20 of a median and more than 20 of a severe disease.

An obstructive apnea is characterized by an interruption of the very noisy rhonchopathy.

Snoring and the obstructive sleep apnea are a mechanical process that can be counteracted mechanically. Here the dental therapy comes into action.

Many studies have shown the effectiveness of mandibular advancement splints, including the very comfortable **Silensor-sl**. The expansion of the pharyngeal area reduces its tendency to collapse and the AHI by up to 50%. The also slowed down airflow reduces snoring by up to 80%.

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**The Silensor-sl is a mandibular advancement splint (MAS):**

- **adjustable advancement**
- **highly comfortable**
- **effective improvement of the symptoms**
- **metal-free construction**

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**5 further important features:**

1. In the molar area of the lower the connector clicks into place weakly. In case of sudden propulsion movements during sleep the anchor can slide into the connector (fig.).

2. This avoids compressing and overloading the connectors.

3. A light flexing (fig.) of the double S shaped connectors improves the wearing comfort and reduces load in the connecting area of all parts.

4. In case of a needed different position of the lower, the connectors can be changed very easily. 6 different sizes are provided (fig.).

5. The connectors are easily exchangeable. Hang the connector with its long slot into the anchor and pull it into the end position (fig.).

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The upper splint of the Silensor-sl can be made from the very comfortable double layer material Erkoloc-pro 3.0 mm or from Erkodur 2.5 mm.

The lower splint of the Silensor-sl has to stay firmly in place, only if enough retention is available the lower splint can be made from the double layer material Erkoloc-pro 3.0 mm. Otherwise from Erkodur 2.5 mm.

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![Apnea](image)

![Silensor-sl](image)
Use of the sl-protrusion gauge:

Each Silensor-sl parts card carries one single use sl-protrusion gauge.

The construction of the sl-protrusion gauge allows to register directly on the patient the desired or recommended mandibular advancement for the Silensor-sl.

The registration is leading to a sure result. However, if the registration is not possible the Silensor-sl can also be manufactured on occluding models.

The features of the sl-protrusion gauge:
1. protrusion sled
2. elastic registration area
3. conical registration retentions
4. frontal teeth bite area for upper and lower
5. protrusion
6. registrations
7. pulled off registration

Instructions:
1. Clean and assemble the sl-protrusion gauge.

Generally half of the maximum protrusion is recommended as the advanced position of the lower jaw. Is the needed advancement already known drop step 3 and 4. Based on the normal bite position mark the advancement on the gauge and continue with step 5.

What are the possible side effects?
Tooth movements, the splint has to compass all teeth, a firm attachment apparatus is required.

Morning malocclusion, after removal of the splint the patient feels a more or less considerably changed bite situation until the reorientation of the masticatory musculature. It is very individual how long this lasts. However, this does not have any consequences according to several studies.

Periodontic pain, the splint is too tight.

Excessive salivation, the more voluminous the construction is the stronger the salivation is. After a certain time of wearing, however, a reduction of the salivation can be assumed.

Order numbers:
Silensor-sl set, English (EN): 59 60 11
Silensor-sl set, Ø 120 mm 59 60 16
Silensor-sl set, Ø 125 mm 59 60 36
Silensor-sl parts card, 1 pc. 59 60 01
Silensor-sl parts card, 10 pcs 59 60 00
Silensor-sl parts card, 40 pcs 59 60 40
sl-protrusion gauge, 5 pcs 59 60 05
sl-protrusion gauge, 20 pcs 59 61 20

Contents Silensor-sl set 59 60 11:
1 fabricating instructions Silensor-sl, 2 info exchange of a connector, 10 Silensor-sl patient flyer, 1 Erkodur 2.5 mm, 1 Erkodur freeze 2.5 mm, 2 Erkolon 1.0 mm, 1 Erkloc-pro 3.0 mm, 1 Erkloc-pro blu 3.0 mm, 1 permanent marker, 1 HSS twist drill, Ø 1.4 mm, each 2 samples Alton-Lab 80 A + B, 1 sample Erkoskin, 1 sample Erkogum lilac, blocking out material, 1 sample blocking out wax lilac, highfusing, 2 Silensor-sl parts cards, each 1 bite-help strip and instructions per Erkobox (2 x)

Worth knowing:
What are the conditions for a successful therapy with the Silensor-sl?
• absence of inflammatory, painful temporomandibular joint problems
• firm tooth anchoring
• minimum 8 teeth per jaw
• no prognathic bite, class 3
• the BMI (Body-Mass-Index) should not be more than 30.

BMI = body weight (kg) divided by the square of the body size (m).

The BMI = –

What are the BMI formula and its significance in the context of the Silensor-sl treatment? The BMI formula is BMI = body weight (kg) / (body size (m))^2. A BMI of 30 or higher is considered overweight. In the context of the Silensor-sl treatment, the BMI should not be more than 30 to ensure successful therapy. If the BMI is higher, it may indicate that the patient is overweight, which could affect the treatment outcome. For example, if the BMI is 32, the patient is considered obese, and the treatment may require additional considerations or adjustments to ensure the desired advancement. If the BMI is 35, the patient is considered severely overweight, and the treatment may be more challenging due to the increased body weight and potential additional stress on the muscles and joints.