



OrthoApnea NOA

 OrthoApnea

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OrthoApnea NOA

A new generation
of intraoral devices

OrthoApnea NOA is a mandibular advancement device customised according to the mandibular biomechanics of each patient. It's formed by an upper (A) and lower (B) dental splint attached by a cam(1) and follower(2) mechanism that keeps the jaw advanced and allows a controlled opening movement to facilitate breathing.

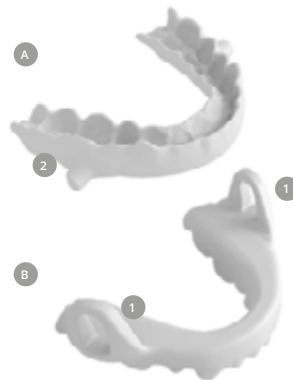
Mandibular advancement devices are suitable for patients that suffer from mild to moderate obstructive sleep apnea. It can be recommended to patients who seriously suffer from this condition and are intolerant to other treatments. They're also suitable for snorers.

It's not advisable to use the product if the patient suffers from central sleep apnea, other respiratory diseases, advanced periodontal problems or is under 18 years old.

The mandibular advancement adjustment occurs when exchanging the lower dental splint. Each dental splint is made in the advanced position that the doctor estimates. It can be requested from the Starting Point in millimetres (Example -1, SP, +1, +2) or in percentage depending on the patient's advancement range (Example: 50%, 60%=SP, 70%, 80%).

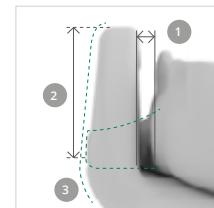
The device is manufactured with Polyamide 12 (Polyalurinlactam, CAS No 25038-74-8) which is a lightweight and high resistance material that's certified to be biocompatible with Class IIa.

You can purchase the OrthoApnea NOA device in our online platform www.apneadock.com which allows you to manage and track the treatment through a completely digital flow.

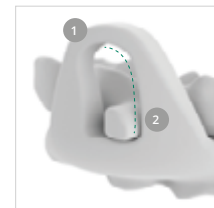


Device

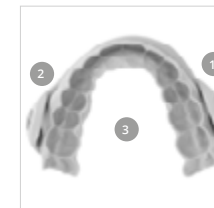
Features OrthoApnea NOA



1. The devices laterality.
2. The cams height. It limits the jaw opening.
3. Ergonomic design depending on the jaws internal anatomy.



1. Upper end that limits the mouth opening.
2. The cams intern profile is obtained by each patient's mandibular arthrokinematic. The cams curve allows a controlled protrusive advancement with the mouths opening.



1. The dental splits thickness is 1.1 mm.
2. Minimum mouth volume adapted to the mouth room.
3. Maximum lingual space.



1. Minimum vertical dimension.
2. Occlusive level optimization to reduce the MAD side effects.

Customised choices



Laterality

Limited opening

Advanced sequence adjustment



Frontal opening



Mixed design



Wavy design



Hooks for elastic bands



Options for previous bands

Certifications

- CE Marking.
- FDA (K202651).
- EN ISO 13485.

04083.22v1

Images and files (Optional)

X-rays, CT or Photographic Protocol

The OrthoApnea NOA device can be manufactured according to each patient's mandibular arthrokinematic, making it more comfortable and avoiding possible side effects.

- It guarantees an advanced protrusion opening to all patients
- It guarantees an optimal advance mechanism magnification.
- Individual dental splints for each patient and for each advancement position.
- It avoids mandibular post-rotation.

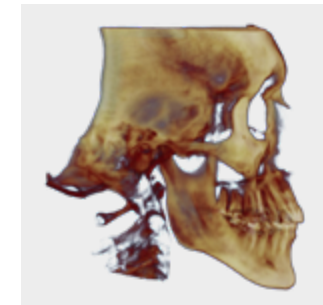
X-Ray/CT

The X-Ray/CT has to be taken in the Maximum Intercuspation position. It must show the condyles.

- Upload the images to the treatment request in Apneadock.



X-Ray



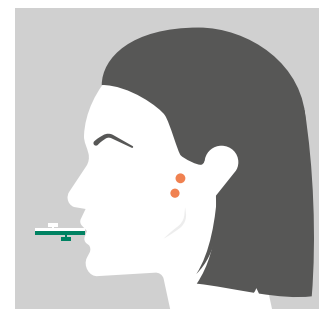
CT

This customising can be made through an X-Ray, a CT or a photo.

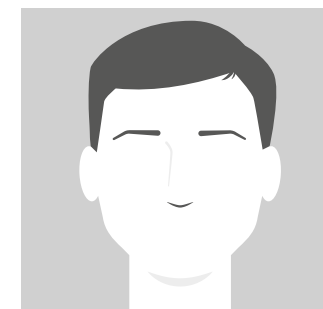
Photograph

To use the Photographic Protocol, these steps must be followed:

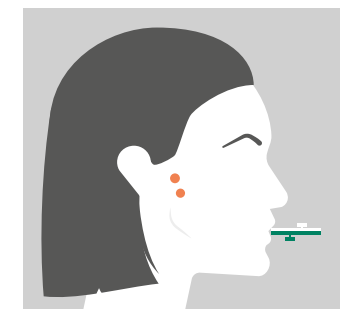
- Place the gauge in the mouth and make sure the teeth fit the gap correctly.
- Identify and mark the condyle maximum retrusion and protrusion positions with stickers or paint.
- Place the gauge in maximum protrusion and take 1:1 format pictures, just like shown in the example.
- Upload the images to the treatment request in Apneadock.



Left side



Head-on



Right side



OrthoApnea NOA

Doctor indications of use



Doctor indications of use OrthoApnea NOA

These instructions contain necessary information for the doctor. They indicate how to place the device correctly on the mouth and how to carry out a detailed tracking of the patient.



Mouth placement

- The device must be sterilised in the autoclave before placing it on the patient's mouth.
- Make sure the device has been made according to the request and that it's in good condition.
- Check the dental splints:
 - Put the upper dental splint into the mouth and check the retention and the patient's comfort.
 - Put the lower dental splint into the mouth and check the retention and the patient's comfort.
- Put the dental splints together and place the whole device into the mouth.
- Check the entire device's retention. Please take into consideration:
 - If the patient feels dental pressure or excessive retention. Retouch the dental splint slightly. If you want excessive adjustment please contact OrthoApnea.
 - If the patient is having muscular or temporomandibular jaw joint (TMJ) discomfort, use the dental splint with less advancement.
- Check the upper and lower dental splints occlusion
- Explain the use and maintenance to the patient, according to the Patient's Guide.

Tracking

- Once the treatment has been started, revise every 15 days until the patient has fully adapted to the device.
 - The mandibular advancement regulation is made when exchanging the lower dental splints.
 - If the patient is having muscular or temporomandibular jaw joint (TMJ) discomfort, use the dental splint with less advancement.
 - If the patient can't rest or continues to snore, use a higher advancement dental splint.
 - If the patient has fully adapted to the device and the snoring and resting have gotten better, please execute control visits monthly, annually or when the patient reports a problem.

It's recommended to do a control polygraphy/polysomnography on the patient to verify their improvement with the device. A home polygraphy can be requested on Apneadock or via email through info@orthoapnea.com.



Bite trainer

REMINDER: To avoid occlusion or articular tension problems, remind the patient to use the biter included in the treatment box.

After using the MAD, bite the biter repeatedly and gently with all the arch, specially with molars to achieve the normal biting position.

The exercise has to be done until the patient can chew comfortably.



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