

# Surgery Rarely the Answer *for TMJ and Sleep Problems*

**F**or pain associated with TMJD (Temporomandibular Joint Disorder) or for sleep issues, including sleep apnea, surgery should always be considered the last resort.

That's the view of Dr. Charles Ferzli, DDS, of TMJ & Sleep Therapy Centre, who specializes in seeking alternative therapies for his patients—most often successful—so that surgery really does become the final choice. “While surgery is sometimes the appropriate treatment, for these problems,” he says, “the non-surgical approaches are most often more effective.”

“In our office,” he explains, “we mainly deal with the primary causes of pain, such as inflammation. Once symptoms are treated and the patient feels better, there’s often no need for surgery.”

## TREATING TMJD

“More than ninety percent of the time when patients have jaw joint problems—the temporomandibular joint or TMJ—we can successfully treat the symptoms with oral appliance therapy,” says Dr. Ferzli.

“Jaw joint surgery is serious—once you cut the jaw joint open, it’s never the same: healing is about 50 percent, and it also usually involves more than one surgery. That’s why all these other options are considered first. Surgery is reserved for those who have cancer in their jaw or the head and neck area, or who need reconstructive surgery after an accident. A leak in the spinal fluid can cause headaches—that is something tangible that a doctor can pinpoint and treat surgically. If the problem is inflammatory, surgery is hardly ever the first choice of treatment.”

“In the very few cases where there’s no physical reason for the patient’s pain,” he explains, “we look at metabolic causes related to diet, allergies, or lifestyle choices. There are many cases where jaw muscle inflammation and pain are misdiagnosed as teeth problems. Treating muscle inflammation usually alleviates these symptoms.”

## TREATING SLEEP ISSUES

“Sleep problems are a significant health issue,” says Dr. Ferzli, “affecting us in many ways, and stemming from a variety of causes.”

“For example, pain can trigger insomnia; or if you do fall asleep you may wake up in pain. If you sleep poorly, then you have more inflammatory cells in the blood that can make you feel increased discomfort. The neurology of sleep is complex and there are many factors, including hormone imbalances, that may contribute to a person’s pain. Calming down the nervous system is key to finding the source.”



**Dr. Ferzli (here with a patient) and his staff frequently measure a patient's airway collapsibility using sonar technology to determine effectiveness of oral appliance therapy prior to making a device.**

## FOR PAIN ASSOCIATED WITH TMJD OR FOR SLEEP ISSUES, SURGERY SHOULD ALWAYS BE CONSIDERED THE LAST RESORT.”

## MYOFUNCTIONAL THERAPY

**D**r. Ferzli explains that “myofunctional therapy is a program of specific exercises that target the facial muscles used to chew and swallow, toning the airway muscles, and helping to get better quality sleep and less snoring. It may effectively manage symptoms of sleep apnea, poor digestion, headaches, TMJ, and periodontal disease.”

Myofunctional therapy, he explains, “is non-invasive, and has no major risks. And it may resolve many of the symptoms related to TMJ and sleep issues.”

Exercises used to strengthen the tongue include: pushing the tongue to the roof of the mouth; touching the anterior part of the roof of the mouth with the tip of the tongue; rolling the tongue; and pushing the tongue left and right.

“Sleep apnea is one of many conditions that we treat successfully, non-surgically,” says Dr. Ferzli. “Our first choice of treatment is an oral appliance to treat Upper Airway Resistance Syndrome (UARS), and mild and moderate Obstructive Sleep Apnea (OSA). For severe sleep apnea, Oral Appliance Therapy (OAT) is usually not as effective and the first choice of treatment is a CPAP (Continuous Positive Air Pressure) device that is placed over the patient’s nose and mouth while sleeping.”

When children don’t sleep well, notes Dr. Ferzli, “the problem may be structural, and we can often address it at a young age by focusing treatment on proper facial development—a non-surgical approach known as *orthotropics*. ”

“When a child is about eight to ten years old, the upper and lower jaw can be moved forward orthodontically, creating a wider airway and repairing the condition for life. Past that age it becomes more difficult to do, because everything settles. As an adult, the most effective way to treat a narrow airway is surgically, bringing the lower and upper jaws forward. This will effectively open up the airway, but it’s the most radical way to treat sleep apnea.”

Another option for opening an airway, explains Dr. Ferzli, “is to do a palatal expansion, which we do in both children and adults. It’s more effective in children because we can actually widen the nasal bone and open up the nasal passages so that more air flow helps decrease nasal resistance and improves their airway function during sleep.”

Palatal expansion is done orthodontically. “We put a little appliance in the mouth, and the child cranks a key every four days at first and then every other day until the palate has widened enough and there’s a normal distance between the first molars and the premaxilla. This approach provides more room for the tongue so it doesn’t fall into the airway when the patient sleeps, and there’s more space for nasal breathing. That approach can be done from the age of three all the way to adulthood. Adults can have their palate expanded, but it’s not as effective as having the expansion done as a child. The younger the interception, the better.”

## FRENECTOMIES

The one surgical procedure that Dr. Ferzli does in his office is a frenectomy. “This is the surgical removal of a small fold of tissue that prevents the tongue from having proper range of motion—known as a tongue-tie. The tongue can’t extend up or forward because it’s tied to the floor of the mouth.”

Often, he notes, “this problem is caught and treated when a baby is born; but if the issue is missed—and it frequently is—it can affect breast feeding and the way the child swallows.”

“This seemingly small problem,” Dr. Ferzli points out, “can give rise to a whole series of significant health issues. Because of the tongue tie, the tongue will more likely fall into the airway, creating sleep problems. As a result, the patient is more likely to become a mouth breather, which can cause growth issues. The lower and upper jaws become narrower as the child grows, resulting in more forward head posture, more pain, more sleep and upper respiratory problems. Bronchitis and asthma can develop, and digestive problems as well.”

A frenectomy not only helps prevent many of these problems, but, notes Dr. Ferzli, “can release tension—and thus relieve pain—in the head, neck, and back. The surgery is a relatively simple procedure. We use a laser to release the tongue-tie, and the protocol is to have them do myofunctional or tongue exercises, for proper range of motion.”

## For more information, contact:

**Charles Ferzli, DDS, FAACP, DABCP,  
DABCDSM, DABDSM  
TMJ & SLEEP THERAPY CENTRE  
OF RALEIGH-DURHAM**

**1150 NW Maynard Road, Suite 140  
Cary, NC 27513  
Telephone: (919) 323-4242  
RaleighTMJandSleep@gmail.com  
www.RaleighTMJandSleep.com**