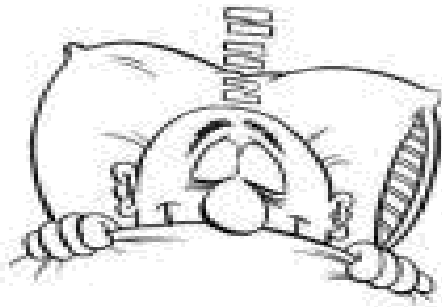


COPING WITH CPAP

ABUHB SLEEP CENTRE
NEVILL HALL HOSPITAL
BRECON ROAD
ABERGAVENNY
NP7 7EG



Contact telephone number:

01873 732983

Please leave a message on the answerphone if there is no reply and we will ring you back as soon as we can. Don't forget to leave your name and telephone number.

INTRODUCTION

It is not unusual for us to be asked the same questions by individual patients. It is our hope that this booklet will answer those questions that are most commonly asked.

Included in here you will find information about using your CPAP and how to care for the mask and other equipment associated with CPAP treatment.

WHAT IS OBSTRUCTIVE SLEEP APNOEA (OSA) AND WHO GETS IT?

Sleep apnoea is a serious; potentially life threatening condition that is far more common than is generally understood. It occurs when the air cannot flow in or out of a person's nose or mouth although efforts to breathe continue. During normal sleep the muscles which control the tongue and soft palate hold the airway open. If these muscles relax the airway becomes narrower, partially blocking off the air passage.

If the throat is particularly narrow, or the muscles relax too much, the airway can become completely blocked, preventing breathing. After a period of time, which may be anywhere from 10 seconds to two minutes, the brain realises there is a lack of oxygen and alerts the body to wake up. Although the sufferer is not aware of it, this cycle can occur several hundred times during the night, severely disrupting sleep.

Sleep apnoea occurs in all age groups and both sexes but is more common in men. People most likely to have or develop sleep apnoea include those who snore loudly and are also overweight. They may also have high blood pressure or have some physical abnormality in the nose, throat or other parts of the upper airway.

Symptoms of untreated sleep apnoea can include loud snoring, excessive daytime sleepiness, a feeling of choking or shortness of breath at night, restless sleep, unrefreshing sleep, changes in personality, increased urination during the night, morning headaches and/or reduced sexual drive. Not all of these symptoms may be present.

HOW IS SLEEP APNOEA TREATED?

The specific therapy for sleep apnoea is tailored to the individual patient based on medical history, physical examination and the results of sleep studies. Sometimes losing weight or reducing alcohol intake may help reduce the severity of sleep apnoea for mild sufferers. Medications are generally not effective in the treatment of sleep apnoea. Oxygen administration may safely benefit certain patients but does not eliminate sleep apnoea or the problem of daytime sleepiness.

The most simple and effective treatment for sleep apnoea is the CPAP system. CPAP stands for Continuous Positive Airway Pressure. It involves the patient wearing a mask during sleep and pressure from an air blower pushes air through the airways. The air pressure is adjusted so that just enough is used to prevent the throat from collapsing during sleep. The pressure is constant and continuous and prevents airway closure when in use. However failure to comply with the treatment as prescribed will result in a return of symptoms.

HOW WILL CPAP AFFECT MY LIFE?

CPAP treatment should not greatly interfere with your lifestyle and in fact most users find their lifestyles improved as they have more energy and are less sleepy during the day. CPAP systems are fully portable and can be taken anywhere with you when you travel. Most will operate anywhere in the world.

CAN I CONTINUE TO DRIVE?

If you have been diagnosed with obstructive sleep apnoea you may need to contact and inform the DVLA. Please discuss this issue with your consultant and they will advise if this is necessary. The address to contact is: Drivers Medical Unit, DVLA, Swansea, SA99 1TU. You should also inform your insurance company if required.

If you are very symptomatic you should stop driving until satisfactory control of your symptoms has been attained and confirmed by medical opinion. If you hold a group 2 license (HGV, etc.) this will need to be confirmed by consultant/specialist opinion. You will also require regular, normally annual, licensing review.

You should never drive if you feel at all sleepy.

HOW DO I SET UP MY CPAP MACHINE?

Your CPAP machine should be placed on a flat surface next to your bed allowing room for air to circulate all around the machine. If your machine is stored in a dusty environment the filter will need checking more frequently than the recommended 3 months.

Put on your mask ensuring it fits snugly but not tightly. Pull the headgear over your head making sure the straps are not twisted.

Switch the machine on and press the start button on the front panel. On some machines there is a delay or ramp button which will allow the machine to gradually build up to the pressure required for you. This allows you time to fall asleep before the machine reaches the required pressure.

Check that there are no leaks where there is air escaping around the mask. There will be an exhalation port somewhere on the mask and this should not be covered as this allows exhaled air to escape and not be re-breathed. Lie down and, if necessary, adjust the straps again to eliminate any leaks.

HOW DO I CARE FOR MY CPAP SYSTEM?

Your CPAP machine will need to have the filter changed every 12 months. Most filters are washable and should be checked every 3 months and washed if necessary. The filter change will occur at the sleep clinic to which you must always bring your machine or will be supplied for you to change yourself.

The headgear requires regular washing to prolong its life and prevent infection. It can easily be washed with clothing in a washing machine. It is a good idea to fasten the velcro straps first and put the headgear in a pillow case before washing. Allow the headgear to dry naturally. Do not tumble dry as this may render the straps useless as they can lose their elasticity. Do not iron.

The mask should be cleaned daily and can be washed with ordinary soap and water. Rinse in clean water and allow it to dry before you use it again. To clean more thoroughly the mask can be taken apart and washed separately if necessary.

DO NOT USE ALCOHOL WIPES, SUCH AS BABY WIPES, AS THEY AFFECT THE SILICONE MATERIAL AND THIS MAY THEN CAUSE IRRITATION OF YOUR SKIN.

If you use a humidifier this needs to be emptied daily and allowed to dry out completely before being refilled with cool, boiled water. Wipe out the inside to clean thoroughly.

FREQUENTLY ASKED QUESTIONS

How long will it take to get used to CPAP?

Most people take about one to two months to adapt to the system. However in some cases it can take a little longer.

How long will it be after I start using CPAP before I notice a difference?

You should notice an immediate improvement when you start CPAP treatment, however as with most things some individuals will take a little longer than others.

How often will I need to use my CPAP?

You will need to use your CPAP every time you go to sleep. If you do not you will quickly start to get symptomatic again.

Will the pressure my machine is set at ever need changing?

The pressure of your machine is set to suit your requirements although sometimes there is a need to alter it. This may occur if your weight changes significantly or you become symptomatic again. If you find the pressure difficult to tolerate it may be dropped at the discretion of your consultant.

I am a light sleeper. What do I do if I find my CPAP a bit noisy?

Most machines are very quiet and only make a noise if there is a leak around the mask or the vents on the mask are blocked. Check this first and if there are definitely no leaks get the machine looked at in the sleep clinic.

I've just started CPAP therapy and it's irritating my nose. What can I do?

The cool, dry air of nasal CPAP can cause a runny nose and sneezing in some people but it usually settles down within a few days to a week. If this does not happen you may benefit from using a humidifier and will need to see the sleep clinic to arrange for this.

I find the air through the mask is cold and disrupts my sleep. What can I do?

Some people experience dryness of the mouth, nose or throat when using CPAP therapy, particularly during the winter months. The air passing through the mask will be the same temperature as your bedroom so warming the room may help. Alternatively placing the tubing beneath the bedclothes may warm the air slightly. If the problem continues you may need a humidifier – please contact the department to discuss this.

My nose gets blocked regularly so I have to mouth breathe. What should I do?

See your GP to try nasal drops. If you are using a nasal mask you may benefit from having a full face mask instead. This will cover your mouth and nose allowing you to mouth breathe. Contact the sleep clinic for more details.

Can I use CPAP if I have a cold?

If the cold is severe or you get a sinus or middle ear infection then you may have to stop CPAP until the infection has cleared. You may find that you become symptomatic again as soon as you stop CPAP therapy but this will cease once you are able to start using CPAP again.

Do I need to take my machine into hospital with me if I need to be admitted for any reason?

Yes. Your condition may take longer to improve if you stop your CPAP treatment and your general well being starts to deteriorate. If you are having surgery it is very important that you tell both the surgeon and the anaesthetist that you are being treated with CPAP. You should also let your chest consultant know.

Will I ever be able to stop using CPAP? Will I ever be cured of my snoring and sleep apnoea?

Sleep apnoea is a long-term condition for which there is no known cure. Some people have found that by losing weight the symptoms become less and in some cases cease altogether as long as the weight does not increase again. The good news is that CPAP will effectively control sleep apnoea as long as you continue to use it.

Quite often I wake and find I have taken my mask off in my sleep. How can I avoid doing this?

This may indicate that the pressure of the CPAP machine needs to be altered. You need to contact the sleep clinic and arrange for the pressure to be checked.

Why do I feel that I have to push against the air when breathing out on CPAP?

Because CPAP is a constant pressure of air you may find that this feels as if there is resistance to breathing out. This is merely a sensation and breathing out against the flow of air will happen automatically when you are asleep.

I am going overseas – can I use my CPAP machine in other countries?

You will need an international plug adapter to make your power cord compatible with the power outlets in the country/countries you are visiting. The CPAP machine will operate anywhere in the world. **Do not use a voltage converter as it may cause damage to your CPAP machine.**

What should I do if I move house?

Notify the sleep clinic of your change of address. If you are moving out of the area you will need to contact a sleep clinic in the area you are moving to and return the CPAP machine to us when you have been supplied with one from your new area. Contact your chest physician and they can provide you with a letter to your new physician.

What happens when I attend the CPAP clinic?

Always bring your machine when you attend even if your appointment letter does not tell you to.

What do I do if my machine breaks down?

Contact the Sleep Service (number is on the front cover of this leaflet). It is always best to ring before attending the department to ensure the parts you require are available and a member of staff is in attendance. Do not open the CPAP machine or try to repair it yourself as this will invalidate insurance cover.

If the break down is at the week-end it will not hurt to go without your machine for a couple of nights but please be aware that your symptoms of tiredness will return.