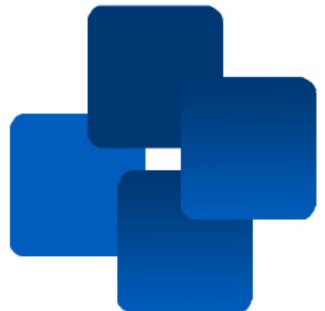


Information for CPAP users The Sleep Disorder Unit



You will soon have or already have your Continuous Positive Airway Pressure (CPAP) equipment, this booklet gives you more information about CPAP treatment. Please keep it in a safe place, as you may need to refer to it in the future.

Meet the Team

We have a comprehensive team within the Sleep Disorder Unit. You may get to meet all or some of this team.

Consultant in Respiratory and Sleep (lead in Sleep Medicine)
Dr Patryk Szulakowski

Consultant in Respiratory and Sleep
Dr Robin Gore

Sleep & Non-Invasive Ventilation Nurse Specialist
Mrs Claire Wotton

Sleep Clinical Support Worker
Mrs Emma Spires

Respiratory & Sleep Physiologist
Miss Marta Vilaca

How to contact us

For help and advice about CPAP, replacement parts, machine faults and changes to outpatient appointments, please telephone the Sleep Specialist Nurse or Sleep Clinical Support Worker: 01438 284898 (helpline).

We are usually available between 9.00am and 5.00pm Monday to Friday. If we are unable to answer your call immediately, please leave a message and we will call you back.

Obstructive sleep apnoea

In this condition the upper part of the air passage, behind the tongue, narrows and collapses during sleep, causing an interruption to breathing (apnoea). When the air passage is closed, no air can pass into the lungs. As the oxygen in the blood is used up by the body, the levels of oxygen in the blood fall.

Eventually the body detects these problems and you will wake up slightly – not usually enough to remember it, but just enough to open the air passage so that breathing can start again. In severe cases, only a few breaths are taken before the sufferer drifts back into deeper sleep and the air passage closes again.

This cycle of events can repeat itself many times during the night. Although the apnoeas are not dangerous in themselves, each brief awakening required to re-open the air passage destroys the normal deep sleep. The result is that sleep is severely disrupted, leading to considerable sleepiness during the day.

Other symptoms that may occur in obstructive sleep apnoea are the need to pass urine frequently during the night, and impotence. Both of these usually resolve once treatment is established.

Snoring

Snoring occurs when the air passage is narrowed and the air flowing through the narrowed passage causes it to vibrate. Sucking air in through the narrowed passage requires more effort and it is believed that this extra effort to breathe causes repeated disturbances to sleep, which can lead to daytime sleepiness. Snoring is a milder form of airway narrowing than obstructive sleep apnoea.

You may have problem with severe snoring and no obstructive sleep apnoea, or you may have a combination of both, with periods of obstructive apnoea (for instance when you sleep on your back) and periods of snoring.

Alternatively, you may have obstructive sleep apnoea throughout the whole night. The severity of the problem will affect the amount of sleep disturbance there is and this in turn will affect the amount of daytime sleepiness that you may experience

What is CPAP?

Continuous positive airway pressure (CPAP, pronounced "seepap") is used to treat daytime sleepiness which can be caused by snoring and obstructive sleep apnoea.

CPAP treatment is designed to stop the air passage from narrowing during sleep. The treatment increases the pressure in the air passage and holds it open. This prevents the air passage from narrowing or collapsing. Once the air passage is held open, breathing is completely normal and there are no interruptions to sleep. This treatment is therefore not a cure but will control the condition as long as it is used.

The CPAP system

The CPAP machine consists of a pump which sucks air in from the room, through a dust filter, and blows it out at a variable pressure.

A number of manufacturers make CPAP machines, and although they vary in size, shape and weight, their main feature is to produce a constant air pressure.

The Sleep Disorder Unit will provide all NHS patients with an Auto CPAP machine and consumables. A fixed pressure machine gives a continuous pressure throughout where as an Auto machine will vary the pressure according to what the patient requires and is often more comfortable.

The standard CPAP masks can fit over the nose, leaving the mouth free (nasal mask) or over the nose and mouth (full face mask)

Mask designs vary between manufacturers but they share a number of common features. These are:

- A flexible cushion which rests against the face
- A hard plastic shell with attachment points for the head straps
- An inlet tube which the CPAP tubing (bringing air from the machine) attaches to
- An outlet port which allows the air which you breathe out to escape.

Fitting the CPAP system

The easiest way of getting the mask on is to hold it in place over the nose or nose and mouth with one hand and slide the straps over the head with the other hand. You will get used to feeling for and adjusting the straps at the front and sides. Adjust the head straps so that the mask fits snugly against the face.

In general, it is best to get the head straps well down at the back of the neck so that the lower strap passes below the ears and then adjust evenly on both sides.

Once the blower is switched on, increase the tension on the straps gently if necessary to ensure the mask fits without air leaking around it. You will probably need to readjust the straps again once you are lying down. If the mask is leaking, adjust by holding it firmly and pulling it well clear of the nose to let the cushion spring back into shape and then let the mask resettle on the face again.

It is best to experiment to find the best position for the blower and tubing to suit your preferred sleeping position and the restrictions of your bedroom. Many CPAP users find it best to place the blower towards the top of the bed so that the tubing can run from above and behind the head as this makes turning to either side easier.

Using the CPAP system

Fit mask with blower turned off

Adjust head straps for a snug fit

Check and readjust head straps when lying down

Switch CPAP machine on (breathe only through your nose if you have a nasal mask)

What to expect when using CPAP at home

It is normal to feel some resistance to breathing out; this is because you have to breathe out against incoming air. Your body will have no difficulty doing this when you are asleep, but it can take a while to get used to this feeling.

It will be difficult to talk whilst using a CPAP machine so you should pull the mask away from your face to talk.

If you wake in the night and feel uncomfortable with the pressure of the machine, switch it off and take off the mask for a few minutes. Make sure that your nose has not become congested, clear your nose. Then put the mask back on and adjust it until it's comfortable before switching the machine on again.

Some machines have a ramp feature so that they start off at a lower pressure and gradually increase the pressure over a period of about 5-30 minutes, so when you switch on the machine again, it will start at a lower pressure.

Sleep deprived people often catch up on deep sleep on the first night. Occasionally the body catches up with its lost dreaming as well and people experience vivid dreams for a few nights when using the CPAP system. This does not continue once the body has adjusted to having a normal night's sleep.

Don't worry if you are not able to use the CPAP all night, especially at first. A minimum of 4 hours CPAP use a night is likely to improve the quality of sleep. Although continued poor use of the CPAP (less than 2 hours night) could result in the return of the CPAP equipment to the Sleep Disorder Unit

The CPAP set up clinic

You will be given a short talk on OSA and CPAP with other patients, your bed partner or relative is welcome to come along. You will then be fitted for a mask individually and shown how to use the equipment. You will be given an Auto CPAP machine to prevent the occurrence of any sleep apnoeas during the night

You will then be given an opportunity to sleep for 15-20mins with the equipment, at this point all relatives and partners are asked to move to the waiting area. Please allow 2 hours for this clinic.

You will be given a 6 week outpatient appointment. At this appointment we will ask you whether you feel that using the system has been beneficial.

Please remember to bring your machine and equipment with you on every visit to the Sleep Disorder Unit. If you have any difficulties using the CPAP, you will be able to discuss these with the nurse.

The Sleep Apnoea Trust Association

You can also contact The Sleep Apnoea Trust (SATA)
Tel & Fax 0845 6060685
Email: sata.admin@tiscali.co.uk
www.sleep-apnoea-trust.org

SATA is a registered charity formed by patients. They have a helpline for patients and partners, regular newsletters etc.

Driving Regulations

If you have been diagnosed as having obstructive sleep apnoea syndrome, the DVLA has regulations about this. This is because driving accidents are much more likely to occur due to drivers feeling sleepy and falling asleep at the wheel.

Private car (group 1 entitlement)

You must inform the DVLA. They will not prevent you from driving, but they will contact the Sleep Disorder Unit for further information – by which time hopefully you will have been treated and thus be quite safe to drive.

However, you must stop driving if the condition causes excessive awake-time sleepiness that is likely to interfere with your driving ability. You will be permitted to drive when your symptoms are adequately controlled. If you are in any doubt about how sleepy you are then it would be our advice not to drive.

HGV/PSV (group 2 entitlement)

If a diagnosis of sleep apnoea has been made, you must inform the DVLA. You must stop driving if the condition causes excessive awake-time sleepiness. When it is confirmed by specialist assessment that your condition is adequately controlled (hopefully soon after starting CPAP), you may resume driving, subject to annual review.

It is important to remember that if you have a motor vehicle accident then your insurers can request details of any medical condition for which you are currently being treated. In the case of obstructive sleep apnoea causing daytime sleepiness your insurers could refuse to support any insurance claim. Please check your motor insurance policy to see whether they require you to notify new medical disorders.

Although these regulations appear harsh, they are there to protect you and others. Obstructive sleep apnoea is highly treatable with CPAP and once controlled, you should be able to start driving again. The DVLA will accept the recommendation of your consultant.

DVLA

Drivers Medical Unit

Swansea

SA99 1TU

Tel: 01792 782341

www.dvla.gov.uk - Drivers Information/Medical rules

Routine care and maintenance

Equipment cleaning

It is best to wipe the mask every day. A non-alcoholic antiseptic wipe is ideal. Alternately, all the plastic parts can be washed in water and washing up liquid. (Avoid using soap as it will not remove the grease which causes the mask to slip at night.) This is best done in the morning so that they will be dry for the next night. The headgear can be put in the washing machine on a gentle wash. The CPAP equipment should be cleaned at least once a week.

Follow up care

You will be seen annually in the sleep unit. The nurse will check all of your equipment and an engineer will perform an electrical safety test and replace the filter as necessary. In between your appointments, please telephone the unit for help and advice.

Travelling

If you are travelling abroad, we can give you a letter to show the customs or security officials in case they ask you about your machine. You will also need to buy a travel adapter for the country you are to visit.

Some common problems and solutions

Claustrophobia

It is not uncommon to take a while to get used to wearing a mask at night. If you are having problems wearing the mask, check first that you have adjusted it correctly with no leaks. Often a feeling of panic is due to air rushing out of the mouth, so if using a nasal mask remember to keep your mouth closed all the time and try taking a few deep breaths in and out through your nose.

Do not worry if you are not able to keep the mask on all the night, as you get used to the CPAP system you will probably be able to wear it for longer periods.

Soreness on the bridge of the nose

If you find that the bridge of the nose becomes red, try wearing the straps a little looser. It is not uncommon for this to happen in the early days but you should contact us if the skin becomes very inflamed and sore, or if loosening the straps causes too much air to leak from the mask.

Unable to get mask to seal

Remember to adjust the mask with the blower turned off. First lift it clear of your face and then let it settle again to ensure that the mask cushion has not become distorted. Try adjusting the head straps – they may need to be slightly tighter. A small leak from the mask will not affect the pressure. However, if the leak is going into the eyes, causing them to become red and to water, then you should contact us.

Coldness and drying of the nose and throat

If this occurs, it may be helpful to keep the bedroom a little warmer and try and increase the humidity in the room with a tray of water above the radiator. It may also help to run the CPAP tubing under the bedclothes so that it stays warm.

Mouth Leak (nasal Masks only)

Once you are asleep, and as long as your nose remains clear, you will keep your mouth closed naturally. Very occasionally people have problems with their mouth falling open during sleep and the air escape can cause the mouth to become very dry. You may be able to resolve this yourself by altering your sleeping position or the number and position of your pillows.

If this does not solve the problem, it may be necessary to use an extra strap under the chin to hold the lower jaw up. The sleep disorder unit will be able to advise and provide a chin support. A simple method is to use a towelling headband (available at most sports shops) around the head and under the chin. A large size Tubigrip bandage under the chin and over the top of the head will also work. Alternatively we will be able to provide you with a full-face mask that covers the nose and mouth.

Sneezing

Occasionally the CPAP treatment causes irritation to the nasal lining, which results in sneezing and nasal streaming (rather like hay fever). This may settle down on its own. If it does not then nasal sprays, which reduce the inflammation of the nasal lining and drying up of the nose, are the best treatment. You use these sprays night and morning and the problem should ease. There are no problems using a nasal spray prescribed by your GP or the Sleep Breathing Unit regularly.

Nasal Congestion

If your nose becomes blocked and congested during the night then it will be difficult to use the system. Once again, use the nasal sprays regularly to try and keep the nose really clear. If you have a cold, you may not be able to use the system for a night or two. This will not do you any harm, although you will not sleep as well.

Machine Faults

If your machine stops working, or you think that it is faulty in any way, please telephone the Helpline number. We will ask you to bring the machine to The Sleep Disorder Unit and give you a replacement. We cannot guarantee that the replacement will be the same model but it will treat your sleep apnoea just as well.

Replacement Kits

If any parts of the breathing circuit need to be replaced, please call our Helpline. Replacement items are sent out second class post which leaves at 4.00pm so please telephone early in the day if possible.

If you would like to collect the items yourself or see the Sleep Nurse, please telephone to arrange an appointment. Unfortunately we cannot offer a drop in service.

The CPAP equipment is expensive to replace (£100s +) so please take care of all your equipment and store it safely during the day.

Please note that we can only deal with machine faults or replacement items between 9am-5pm Monday to Friday. If you have problems with your machine or equipment over the weekend or bank holiday, please wait until the Sleep Disorder Unit is open again on the next working day. A night or two without your CPAP will not do you any harm although you should be aware that your sleepiness may begin to return.

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www.enherts-tr.nhs.uk

You can request this information in a different format or another language.