Northampton General Hospital NHS
NHS Trust

Northampton Sleep Service
Chest Clinic
Northampton General Hospital
Cliftonville
Northampton
NN1 5BD

Information for users of CPAP (continuous positive airway pressure) For the treatment of obstructive sleep apnoea.

You have been sent an appointment to attend the chest clinic to be set up with 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 at a later date.

How to contact us

For help and advice about your CPAP

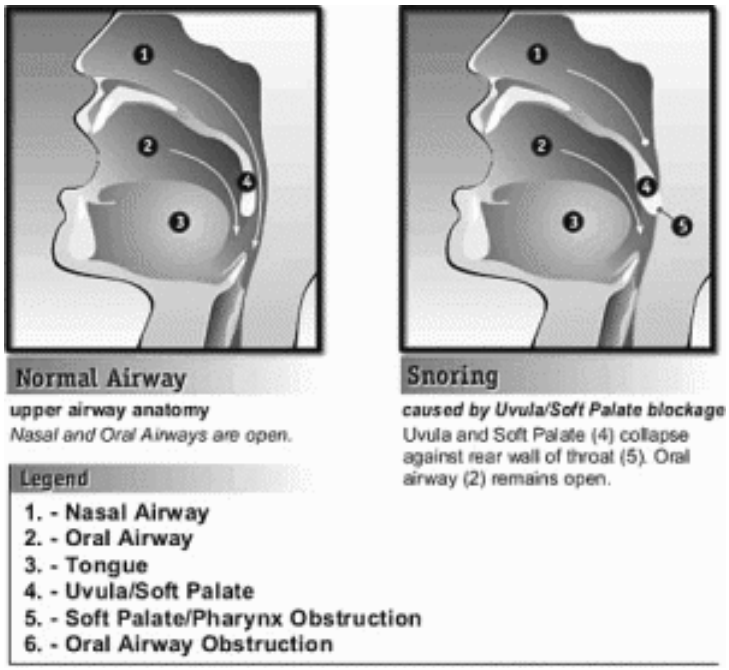
Please telephone Jo Montgomery at the chest clinic on 01604 545386. There is an answer phone so please leave a message if she is not available to take your call.

To change an outpatient appointment

Please telephone the chest clinic reception on 01604 545796.

What causes snoring?

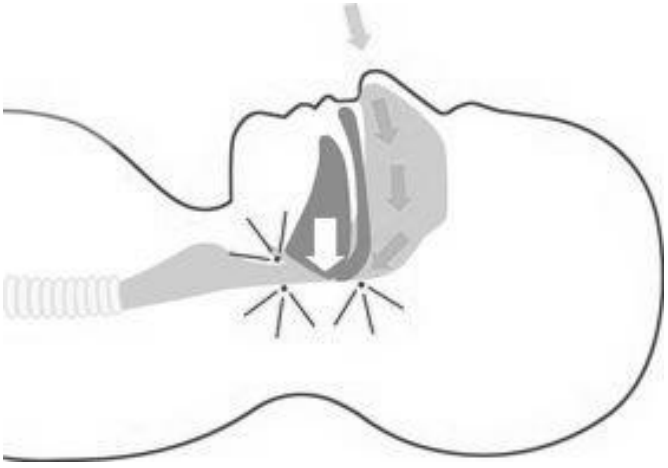
During normal sleep the muscles that hold open the upper airways, tongue and soft palate relax slightly; but still hold the airways open.
However in some people the airway becomes narrower, reducing the size of the upper airway. Stronger breathing effort is needed to overcome the narrowing, causing the floppy part of the throat to vibrate, causing the noise of snoring.



How is this different to obstructive sleep apnoea (OSA)?

In OSA this narrowing of the airway goes a step further and the upper part of the airways, behind the tongue, collapses during sleep. This causes an interruption to breathing either by reducing the airflow by 50% or more (hypopnoea). During the night this interruption to breathing may happen repeatedly. During each episode no fresh air can pass into the lungs and the oxygen level in the blood starts to drop (desaturation).

This lack of oxygen causes you to come out of deep sleep into a lighter state of sleep or a brief period of wakefulness, in order to restore normal breathing.
Such events may happen more than once a minute throughout the night.



Most people with OSA snore loudly. Their breathing may be noisy and laboured, and it is often interrupted by gasping and snorting with each episode of apnoea/hypopnoea.

The repeated interruptions to sleep caused by OSA can make the person feel very tired during the day.

What is the treatment?

The main treatment for your level of OSA is CPAP (continuous positive airway pressure). CPAP works by gently blowing air through a mask into your airways. This increases the pressure in the airway and holds it open so it doesn't narrow and collapse. As the airway is held open breathing is normal and your sleep will not be disturbed, the treatment controls the condition but does not cure it.

What to expect at your first appointment

The first appointment usually lasts an hour, during this time you will have the treatment explained to you and you will be shown the masks available. You will be given the opportunity to lie down for around 30 minutes to try the treatment out.

The CPAP machine that you will given at this appointment is a special one that monitors your breathing and adjusts the level of air that it gives you to what it calculates you need. It will change this level throughout the night as your breathing changes.

For the following 2-3 weeks you can try the CPAP treatment at home so that you can decide whether you feel the treatment is helping your symptoms.

We understand that this can be a difficult time for you as you are adjusting to the CPAP equipment yourself. You may also have to cope with the reactions of your partner or other family members to the equipment. If you are experiencing any problems please telephone the sleep service based within the Chest Clinic at Northampton General Hospital. You can also talk to a member of the patient support group, the Sleep Apnoea Trust Association (SATA) whose contact details are at the end of this booklet.

At the follow up appointment you must bring your CPAP with you. We will ask whether you feel that using it was beneficial and information will be downloaded from the CPAP machine about the trial. If you wish to continue using CPAP you will be issued with a standard CPAP machine on long term loan. If you feel it has not helped you can return the equipment. You are under no obligation to continue the treatment if you do not feel it is helping you.

Once you are established on CPAP we will see you yearly to provide new mask and filter to download the equipment and to check you are still coping with the treatment.

Some common problems and solutions

Claustrophobia

It can take a little while to get used to wearing the mask at night. Some people find they are unable to keep the mask on all night and some take it off in their sleep without realising. If you are having problems wearing the mask, first check that it is fitting properly with no leaks. If you are using a nasal mask remember to breathe through your nose keeping your mouth closed. Try to relax and breathe steadily counting your breaths.

Don't worry if you are not able to keep the mask on for the whole night, even 3-4 hours of deep sleep may be adequate to control your sleepiness and as you get used to the equipment you will probably be able to wear it for longer periods of time.

Soreness on the bridge of your nose
If you find the bridge of your nose is becoming red it may be that the mask straps are too tight, try loosening them a little, or that any forehead bar is at the wrong angle. If the skin becomes very inflamed and raw stop using the CPAP and contact the department for advice.

Unable to get the mask to seal
Remember to adjust the mask with the CPAP machine turned off. With the straps attached lift the mask slightly clear of your face and then let it settle back into place making sure that the mask's soft cushion has not become twisted. Remember the straps can be too tight, causing the soft cushion to deform and not inflate properly, as well as too loose. A small leak from the mask doesn't matter as the CPAP machine will adjust for this. However if it is too high or blowing in your eyes making them watery and red then please contact the department.

Sneezing
Occasionally the CPAP treatment causes irritation to the lining of the nasal passages, which can result in sneezing and nasal streaming. This may settle down on its own. If it doesn't then nasal sprays are the best treatment. You may have already been given one of these (Beconase Aqueous and Rinatec) or you can get one over-the-counter from a chemists.

Nasal congestion
If your nose becomes blocked and congested during the night you will find it difficult to use a nasal mask and we will issue you with a full face mask instead. If you have a cold you may need to stop using your CPAP equipment for a few nights. This will not cause you any harm but you may start to find your level of daytime sleepiness increases, You can try using a nasal decongestant (such as Otrivine) that you can get over the counter at a chemists but you should not use them long term (i.e. longer than 5 nights).

Mouth leak
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. If this happens, first try experimenting with your sleep position and the number of pillows you use. If this doesn't help you may need to use a chin strap. These can be purchased via the internet or a simple method is to buy a towelling headband (available at sport shops) and put it around the head and under the chin to support your lower jaw. If this doesn't help telephone the department and we will issue you with a full face mask.

Coldness/dryness of the nose
Some people experience a continuing dryness of the nose and throat. If the problem persists you may need a humidifier to warm and moisten the air, please telephone the department and we will issue you with one.
Some people find the air is cold on the face if this occurs, try tucking the hose under your pillow or bed cloths to warm the air slightly, you can also buy tube fleece wraps to wrap around the tube

Routine care and maintenance

Equipment cleaning
Wipe the mask clean everyday especially where it touches the skin. A slightly damp cloth or a non-alchoholic antiseptic wipe or baby wipe is ideal.
Once a week the mask and tubing should be washed in a weak solution of washing up liquid (not antibacterial or lemon) and warm water, rinsed well and left to dry.
The material headgear / straps can be washed on a gentle cycle in the washing machine.
Once a week the CPAP machine should be wiped down with a slightly damp cloth.
Every 2-4 weeks you should take the filter out and flick it to remove any loose dust then replace it.

Travelling

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

The CPAP machine should always be carried as hand luggage in an aircraft and must not be stowed in the hold.

The CPAP equipment is expensive to replace (£100 for a mask and head straps) so please take care of all your equipment and store it safely during the day.

If you stay overnight on a boat or a lorry the CPAP can be run from a 12V power supply. Leads can be purchased from CPAP manufacturers directly (you can get cheaper ones from other companies, but we have been advised that the polarity on these can be slightly different and may burn the CPAP out eventually).

Further information and support

The Sleep Apnoea Trust Association (SATA)

This is a registered charity. It was formed in 1993 by patients of the Oxford Sleep Unit. SATA has members nationwide. It has a helpline for patients and their partners, produces regular newsletters, works to increase the awareness of OSA and liaises with manufacturers of CPAP equipment and with other support groups.

Tel & FAX: 0845 038 0060
Email: Info@sleep-apnoea-trust.org
Website: www.sleep-apnoea-trust.org

The British Snoring and Sleep Apnoea Association

This is a not-for-profit organisation dedicated to helping snorers and sufferers of OSA improve their sleep. They sell anti-snoring and CPAP equipment and their website includes a patient support forum.

Website: www.britishsnoring.co.uk

Driving regulations

If you have been diagnosed as having OSA syndrome (positive sleep study and excessive daytime tiredness), the DVLA has regulations about this.
This is because driving accidents are much more likely to occur when drivers are feeling sleepy and falling asleep at the wheel.

Private car or motorcycle (group 1 entitlement)

You must inform the DVLA once you have been diagnosed with sleep apnoea. You can telephone them and they will send you a questionnaire to fill in or you can download the form (SL1) from the government website (www.gov.uk) and fill in and send to them. You are legally able to drive until the DVLA tells you otherwise.
However you must **stop driving** if the condition causes excessive daytime sleepiness which 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.

PSV / HGV (group 2 entitlement)

Once a diagnosis of OSA has been made you must inform the DVLA. You can telephone them and they will send you a questionnaire to fill in or you can download the form (SL1V) from the government website (www.gov.uk) and fill in and send to them. You must stop driving if the condition causes excessive daytime sleepiness.
When it is confirmed by specialist assessment that your condition is adequately controlled (hopefully soon after starting CPAP) you will be able to resume driving, subject to annual review.
For further information please contact the DVLA at:-

Drivers Medical Group
DVLA
Swansea
SA99 1TU

Tel:	0300 790 6806 (car/motorcycle)
	0300 790 6807 (PSV/HGV)
Fax:	0845 850 0095
Website:	www.gov.uk

Insurance

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 OSA causing daytime sleepiness your insurers could refuse to support any insurance claim. Please check you insurance policy to see whether they require you to notify them of new medical disorders.

Although these regulations may seem harsh, they are there to protect you and others. OSA is highly treatable with CPAP and, once controlled, you should be able to start driving again.