



H.S.A.S.G



Humber Sleep Apnoea Support Group

CPAP Treatment Patient Information Booklett



The **HSASG** is a voluntary organisation formed over 10 years ago which operates solely on the donations received from members. Its aims are to promote the Sleep Clinic at Castle Hill Hospital, Cottingham, near Hull in providing awareness of the issues involved with Obstructive Sleep Apnoea for both existing and newly diagnosed sufferers of OSA.

- The Group runs two open support meetings a year at various venues, to provide an open forum for debate, encouraging all interested parties to discuss, exchange views and experiences attributable to OSA.
- The support of a “Buddy System” for both existing and newly diagnosed sufferers of Sleep Apnoea.
- Producing updated information leaflets for General Practitioners and other Health Professionals.

Membership of the Group is aimed at anyone diagnosed with Sleep Apnoea along with their partners, who are “indirect sufferers”, but a welcome is extended to any other interested parties.

The membership is free but a donation to continue the general running of the group, administration and postage costs would be most welcome

www.apnoea.org.uk



CONTENTS

SECTION	Page
⇒ Introduction by Dr. Michael Greenstone	3
⇒ Castle Hill Hospital	4
⇒ Word Search !	5
⇒ The Humber Sleep Apnoea Support Group (HSASG)	6
⇒ HSASG - Membership Form	7
⇒ ??????????????????????	9
⇒ Coping with positive airway pressure treatment	10
⇒ What is snoring and how is it different from Sleep Apnoea?	10
⇒ What causes the throat to narrow and create snoring or OSA?	11
⇒ How can you tell if someone has OSA?	12
⇒ EPWORTH Sleep Scale	13
⇒ How is OSA treated?	14
⇒ What will I need for treating OSA ?	14
⇒ Complete solutions for mouth leak and mouth breathing	15
⇒ Checklist : Do I need a full face mask?	16
⇒ Frequently Asked Questions (FAQ)	17
⇒ Warnings related to your treatment	22
⇒ How will treatment affect my life ?	23
⇒ Does my medical condition affect my driving ?	24
⇒ CPAP Device Care	25
⇒ Travelling with CPAP	26
⇒ Helpful Hints	28
⇒ HSASG Supporters	30
⇒ RESMED	31
⇒ The Sleep Apnoea Trust (SATA)	Back Page

DISCLAIMER: Any advice or information is provided for the recipient only and is given in good faith and based on the personal experience of the advisor. Neither the advisor, nor HSASG, accepts any liability for the information or advice and if the recipient has any doubts their medical advisor should be consulted at once.

Dr. M A Greenstone MD FRCP, is the Medical Advisor to the Group, he is Consultant Physician In Respiratory and General Medicine at Castle Hill Hospital and is lead clinician for sleep services and non invasive ventilation. He has a long standing interest in obstructive sleep apnoea and receives referrals from North and North East Lincolnshire, Hull and East Yorkshire.

"The ability to recognise and treat obstructive sleep apnoea (OSA) has been one of the great medical success stories of the last 25 years. Up until 1980 OSA was a condition with which few doctors were familiar and could only be diagnosed in a few super-specialist hospitals in the UK. Treatment involved painful and usually ineffective surgery or the curative but devastating operation of tracheostomy. Now the condition is widely recognised in both general practice and secondary care, a provisional diagnosis can be made in most District General Hospitals and effective treatment is widely available in larger Respiratory Medicine departments.

We have learnt a lot of things about the condition during this time: occasional apnoeas (pauses) are very common but do not cause symptoms and reassurance is the best approach. Apnoeas that are sufficiently frequent to cause disruption of sleep and day time symptoms (mainly sleepiness) usually require treatment in which case CPAP (continuous positive airway pressure) is useful for sufferers with moderate or severe disease. The number of people suffering from obstructive sleep apnoea syndrome (snoring , pauses and daytime sleepiness) is fiercely debated but probably affects 2% and 1% of middle-aged men and women respectively. The companies that make CPAP machines have invested a great deal of research into improving the quality of the machines and making the masks more comfortable and we can look forward to further improvements in the years to come. At present 8 out of 10 OSA sufferers benefit from CPAP treatment and the figure may be even higher in the future.

With growing recognition of the condition the DVLA now takes a very sensible approach to OSA and makes very few restrictions on both domestic and vocational drivers as long as the necessary treatment is given. Several years ago we found ourselves in the position where the number of patients needing CPAP far exceeded supply. The recent Health Technology Appraisal (06/57/01) by NICE confirmed that CPAP is a safe and effective treatment and most Primary Care Trusts are now funding treatment at an appropriate level. With our new Technician led clinic I am pleased to report that the pathway from first referral to assessment and then treatment is quicker than ever before".

Michael Greenstone
Consultant Physician
Castle Hill Hospital

CASTLE HILL HOSPITAL
Sleep Clinic, Lung Function Unit,
Castle Hill Hospital
TEL: 01482 623242

Clinic Hours:

Monday—Thursday 08:30am — 4.30pm.

Friday 08.30am—4.00pm.



The Lung Function Unit is based at Castle Hill Hospital, the helpful staff are always available to answer your technical queries.

The Unit performs 20 diagnostic sleep studies each week. We hope with the help of HSASG to raise awareness of Sleep Apnoea and provide support for all who need it.



C	H	U	M	I	D	I	F	I	E	R	N
A	P	N	O	E	A	X	A	E	S	O	H
J	R	A	E	U	S	A	T	A	I	J	S
R	E	P	P	G	M	R	V	T	Q	L	P
G	S	A	W	I	E	Q	C	T	E	K	A
N	S	P	D	T	G	N	U	E	H	H	T
I	U	V	A	A	U	B	P	G	A	S	T
R	R	W	C	F	I	L	T	E	R	A	E
O	E	W	G	N	P	A	N	D	A	S	L
N	E	N	G	K	O	K	S	A	M	G	B
S	U	B	L	H	T	R	O	W	P	E	M
L	O	S	A	E	S	I	C	R	E	X	E

Just for a little fun, usual rules apply: please find the words below in the above Word Search matrix, words can be in any direction.

CPAP	SLEEP	APNOEA	HUMIDIFIER	SNORING
HSASG	EMBLETTA	TUBING	MASK	FILTER
HOSE	FATIGUE	EXERCISE	EPWORTH	PRESSURE
RAMP	LUNG FUNCTION	SATA	OSA	NAP
WATER	APAP			



The Humber Sleep Apnoea Support Group was formed in October 2004 as an independent patient support group with the objective of improving the care of the Sleep Apnoea sufferer.

The concept of such a group began with the vision of Sheran Crabbe and the Lung Function Unit (LFU) staff at Castle Hill Hospital who felt that new patients could be helped by existing sufferers with the sharing their experiences of using CPAP. This Information booklet has been produced jointly between Castle Hill, LFU together with the Humber Sleep Apnoea Support Group (HSASG) to help said sufferers.

The first HSASG open meeting was held in March 2004 proving to be very well supported and determining the need for the creation of a support group. In the months that followed, a committee was formed from interested users, eventually culminating in a patient support group, independent from, but closely associated with the LFU at Castle Hill, and affiliated to the Sleep Apnoea Trust Association (SATA*).The latter has links to many national bodies including HM Government & NICE.(National Standard for Clinical Excellence)

The Group operates within a formal Constitution which includes Banking arrangements and is registered for Gift Aid. The said group has supported the work of the LFU through fund raising efforts, including the donation of Embletta Sleep recorder used to diagnose Sleep Apnoea and the ongoing training opportunities for the LFU Staff.



Registered for Gift Aid Relief, Registration No. XT5681

MEMBERSHIP APPLICATION AND GIFT AID CERTIFICATE

All the HSASG records regarding membership are maintained by the Hon. Secretary & Hon. Treasurer of the Group in compliance with the Data Protection Act (1998)

Membership of the Goup is free but yearly donations are welcome to cover the running costs of HSASG. Please make any cheques **payable to HSASG**)

Title(s) Forename(s) Surname

Address

Post Code

Telephone (incl. STD)

E- Mail address

GIFT AID CERTIFICATE

I/We want the Humber Sleep Apnoea Support Group to treat all donations I have made since the formation of the Group (April 2004) **and** all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Signed..... Date.....

You must have paid an amount of Income Tax at least equal to the tax that the Humber Sleep Apnoea Support Group reclaims on your donation in the appropriate tax year .

Please Note:

- 1.You can cancel this Declaration at any time by notifying Humber Sleep Apnoea Support Group.
2. If in the future your circumstances change and you no longer pay tax on your income equal to the tax that the Humber Sleep Apnoea Support Group reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity or refer to help sheet IR65 on the HMRC web site.
5. Please notify the Humber Sleep Apnoea Support Group if you change your address.



Please send this completed form and donation (payable to the H.S.A.S.G.) to:-

Humber Sleep Apnoea Support Group

c/o Lung Function Unit

Castle Hill Hospital

Castle Road

Cottingham

East Yorkshire

HU16 5JQ



COPING WITH POSITIVE AIRWAY PRESSURE TREATMENT.

In this booklet we answer the most common queries about sleep apnoea and CPAP. A number of Web sites provide information to help you cope successfully with your treatment.

www.apnoea.org.uk

If you have any further questions or difficulties you should ask your sleep clinic. They will be able to help and also put you in touch with sleep apnoea support groups.



What is snoring and how is it different from sleep apnoea?

During normal sleep, the muscles controlling the tongue and soft palate, although relaxed, hold the airway open. However, under some circumstances, the airway becomes narrower, reducing the size of the air passage.

Stronger breathing effort exerted to overcome the narrowing causes the soft or floppy part of the throat to vibrate, causing the noise of snoring.

The airway can also narrow to some extent without snoring. The airflow to the lungs is therefore reduced and may reduce the amount of oxygen delivered to the body tissues. This may prevent you from getting the best night's sleep.

If the throat is particularly narrow, or the muscles relax too much, the airway can become completely blocked, preventing breathing. This condition is Obstructive Sleep Apnoea (OSA).

After a period of time, which can be anything up to two minutes, the brain realises there is a lack of oxygen. It then alerts the body to wake up. Although the sufferer is often not aware of it, this cycle can occur several hundred times during the night, severely disrupting sleep,



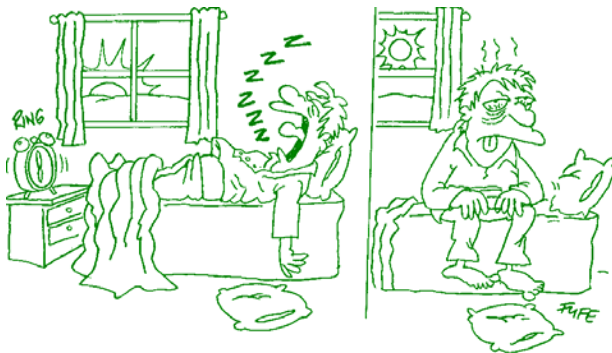
What causes the throat to narrow and create snoring or OSA?

There are several different causes, Some of these include increasing age, obesity, and nose or throat problems. Alcohol consumption and sleeping tablets relax the airway muscles potentially causing, or worsening, snoring and OSA.

OSA is the most common sleep disorder although it is more common in men over the age of forty, OSA can affect people at any age-from newborn babies through to adults of either sex. Around 10 percent of the population suffer from apnoeas, a figure similar to that of asthma or diabetes.

How can you tell if someone has OSA?

You can often tell if someone has OSA. If you listen while they sleep you will hear snoring followed by a period of silence. There may then be a loud snort or a gasp as they start to breathe again. Some people with OSA do not snore and it is usually the symptoms, such as excessive daytime sleepiness, that indicate whether someone is suffering from OSA.



OSA has been linked to a number of serious life threatening conditions including; high blood pressure, hypertension, heart disease, stroke, chronic obstructive pulmonary disease (COPD), and congestive heart failure. As a result of severely disrupted sleep, many people suffering from OSA are excessively tired during the day. Studies have linked this tiredness to increased occurrence of traffic accidents.

Other symptoms of OSA may include morning headaches, depression, memory lapses, sexual dysfunction and needing to pass urine at night.



**RESPIRATORY FUNCTION UNIT
CASTLE HILL HOSPITAL**

EPWORTH SLEEP SCALE

Patients Name **D.O.B**

Unit Number **Consultant**

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired ? This refers to your usual way of life in recent times. Even if you have not done some of the things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

Situation

Chance of Dozing

Sitting and Reading

Watching T.V.

Sitting inactive in a public place, i.e. theatre or meeting.

As a passenger in a car for an hour without a break

Lying down for a rest when circumstances permit

Sitting and talking to someone

Sitting quietly after lunch without alcohol

In a car whilst stopped for a few minutes in traffic

Total Score

Have you ever experienced any road traffic accidents as a driver

YES/NO

Signature of Doctor

Date

How is OSA treated?

Where the OSA is mild, losing weight or reducing alcohol intake may help to reduce its severity and, sometimes, surgical and dental procedures may also be employed. The most simple, effective and most recognised treatment is, however is Continuous Positive Airway Pressure treatment.

What will I need for treating my OSA?

Positive Airway Pressure therapy involves wearing a mask, which is connected by tubing to an electrical device which delivers air at a positive pressure such that the air delivered acts as an air splint keeping the upper airway open, which, in turn prevents apnoeas from occurring.

Mask systems include the mask cushion that is worn over the nose or nose and mouth, a mask frame and headgear.

Humidifiers, which add moisture to the air before it is breathed, can be added to improve the comfort of the therapy. There is a wide range of humidifiers available and some devices have integrated humidifiers for added convenience.

Positive Airway Pressure treatment for the treatment of OSA , most commonly , comes in two forms :
CPAP – Constant Positive Airway Pressure device where the pressure delivered is at a fixed pressure determined by the results of a sleep study. These are the devices supplied by NHS Sleep Clinics and generally, have been proved to control apnoeas.
APAP – Automatic Positive Airway Pressure device where the pressure delivered adjusts to the changing need of the body during sleep. These machines are more expensive and have not been found to control apnoeas, in the majority of cases, any more effectively than CPAP. For ease of reference, Positive Airway Pressure devices in this document will be referred to as CPAP.

There are several suppliers, many of which actively support the HSASG who provide mask systems that are comfortable and effective. All systems are easy to fit and care for and come fully assembled with the cushion, mask frame, and headgear:

Complete solutions for mouth leak and mouth breathing

Most people sleep with their mouth closed when using therapy; others may find that air escapes from their mouth. Mouth leak is a problem that can make your treatment uncomfortable and less effective. There are a number of options to help this situation:

- A humidifier can help to moisten your airway so that you keep your mouth closed while you sleep. This helps to keep mild leaks under control.
- A full face mask covers both your nose and mouth to prevent air leaks-see the checklist on page16 to work out whether you would benefit from a full face mask.





Checklist- do I need a full face mask?

- ◆ Do you often wake up with a dry mouth and/or throat?
- ◆ Do you tend to breathe through your mouth rather than your nose?
- ◆ Do you find you have a blocked nose or congestion at certain times of the year?
- ◆ Do you have a deviated septum (wall dividing nasal cavities leans towards one side)?
- ◆ Are you continuing to snore even when using therapy?

If you can answer YES to one or more of these questions you will probably experience loss of air from your mouth during treatment. This can be uncomfortable and also prevent you from receiving all the benefits of therapy. When this happens, a full face mask can help.

Many people will need to use a full face mask all of the time but others may find they only need it from time to time-for example during certain seasons or when they have a cold.

Frequently asked questions

How long will it take to get used to CPAP?

Most people adjust to CPAP in one to two weeks. Occasionally it may take a little longer if, for example, you are very sensitive to noise or the feel of the mask on your face.

How soon after I start using treatment will it be before I notice an improvement?

You should notice an immediate improvement when you start treatment though some people may take a little longer.

How often will I need to use my treatment?

You will need to use your treatment every night of the week while you sleep. If you do not, you will return to your previous level of snoring, sleep apnoea, and daytime tiredness.

Will the pressure on my device ever need changing?

If you are using CPAP therapy, the pressure will remain set at levels that suit your requirements. Sometimes, however, there is a need for fine-tuning or adjustment to pressure levels, for example if you lose or gain weight. If you find your pressure difficult to tolerate, it may be dropped slightly for a short time at the beginning of therapy at the discretion of your sleep clinic. They will also review you if symptoms of snoring and daytime sleepiness have returned.

If you are using APAP therapy the device will automatically adjust the pressure levels to suit your continuously changing needs. This type of treatment can be helpful if your weight fluctuates regularly, or you regularly consume alcohol or sleeping tablets.



Will my blood pressure improve after I start treatment?

Sometimes there is a small drop in blood pressure, but please do not alter your medication without consulting a doctor. Your doctor should review your blood pressure regularly.

Is it easier to lose weight when using treatment?

It may be, you should find that your energy levels increase and you are likely to feel motivated to take part in many activities that your previous sleepiness has prevented you from doing. However, permanent weight loss requires long-term lifestyle changes to diet and exercise.

My partner (or I) sleep very lightly. What do I do if I find my device a bit noisy?

CPAP devices are designed to be extremely quiet. However, if you have trouble adjusting to the noise, try placing your device on the floor next to your bedside until the noise no longer bothers you.

A humidifier can help by "muffling" the noise, ask your sleep clinic for details. If you find the noise that disturbs you is coming from the mask, check it is fitting correctly and properly assembled.

Alternatively, you could place your device in another room using longer air tubing or joining two air tubes together with an air tubing connector.

Note: If you do this you should have the pressure checked to make sure it is still adequate to treat your OSA.

I've just started treatment and it's irritating my nose.

The cool dry air of treatment can cause a runny nose and sneezing in some people, but it usually settles down within a few days to a week. If it does not settle down, you should consider a nasal spray. Failing this a humidifier might be necessary.

I find the air delivered through the mask is cold and disrupts my sleep.

Some people experience dryness of the nose, mouth, or throat when on treatment, particularly during the winter months. If the air delivered through the mask is cold and disrupts your sleep, the alternatives are heating the room, placing the tubing under the bedclothes (as body heat will increase the temperature of the air passing through the tubing), or humidification. A heated humidifier adds warmth and humidity to the air before you breathe it, reducing these symptoms and making the air more comfortable to breathe.

My nose gets blocked regularly, so I have to breathe through my mouth. What do you advise?

Since the nose is a very effective point of entry when using nasal positive airway pressure therapy, it is necessary for it to be clear: One option is to use a nasal decongestant and we recommend you discuss this with your doctor: Please note that overuse of nasal decongestants can also cause a blocked nose over time. You may find that a full face mask is the answer to this problem, particularly if you do not wish to use decongestants on a long-term basis,

A full face mask covers both your nose and mouth so that you continue to receive effective therapy, even if you are breathing through your mouth.

I feel air leaking out of my mouth as I fall asleep.

Your mouth needs to be closed while you sleep to prevent any air escaping from the mask. A full face mask that covers your nose and mouth will ensure that you continue to receive effective therapy as you fall asleep, An alternative solution is to use a chin strap, which can help to keep your mouth closed.

Can I use my treatment if I have a cold?

If you experience an infection of the upper respiratory tract, middle ear, or sinus, you should consult your doctor (GP) before continuing treatment. You may be advised to discontinue until the infection has cleared. but you should avoid stopping treatment for more than 10 days. If you continue with treatment during an infection, it is advisable to wash your mask and tubing more often. A full face mask may be a good alternative at this time as it covers both your nose and mouth so you continue to receive effective therapy.

Do I need to take my device into hospital with me if I need hospitalisation for any reason?

Yes, Your recovery may take longer if you stop your 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.

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

OSA is a long-term condition for which there is presently no known cure, The good news, however, is that positive airway pressure therapy will effectively control your sleep apnoea-as long as you continue to use it.



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

If you are on CPAP therapy, this may indicate that your treatment pressure is not enough to completely control your sleep apnoea and a slight increase in pressure may solve the problem. Discuss this symptom with your sleep clinic.

Why do I feel that it is hard to breathe out when using CPAP?

When first using CPAP most people find they experience a need to push against the airflow when they breathe out. It may take a little time to get used to breathing out against the pressure. Practice sessions in the daytime while relaxing or listening to music may help overcome this feeling. However; breathing out against the flow of air will happen automatically when you are asleep.

To help with this, CPAP devices have options such as the ramp feature. This feature allows you to fall asleep at a lower pressure while your device ramps up to your full treatment pressure over a period of time.

I'm going overseas-can I use my device in other countries?

Most CPAP devices have a switch mode power supply which means they will operate on the various power supplies in different parts of the world. They accept 110-240 V, 50-60 Hz without any special adjustment. Please note that you will still need to use the correct adaptor for the type of power outlet in the country you are visiting.

With the use of a suitable inverter or converter unit, your device can operate from a battery supply (e.g. in a truck, recreational vehicle, or boat). The inverter should be capable of supplying mains voltage in the range 110--240 V and should be of sufficient capacity. Your CPAP distributor can assist in your choice of a suitable inverter for your device. Note: A rated capacity of up to 200 W may be necessary with some brands of inverter to ensure satisfactory operation.

See also **Page 26**, (Travelling with CPAP).

Warnings relating to treatment

If you experience any of the following symptoms during treatment, consult your doctor immediately.

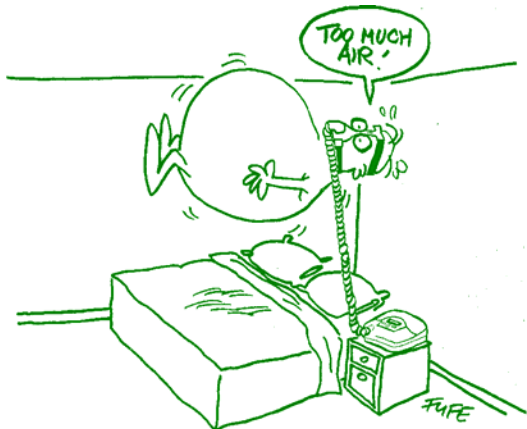
- Headache
- Middle ear or sinus discomfort
- Chest pain

A slightly bloated feeling is usually the result of excessive swallowing of air in response to the pressure sensation from your device while you are awake. Using a ramp feature may help but contact your sleep clinic if symptoms persist

If any of the symptoms of sleep apnoea recur during the course of your treatment, consult your sleep clinic.

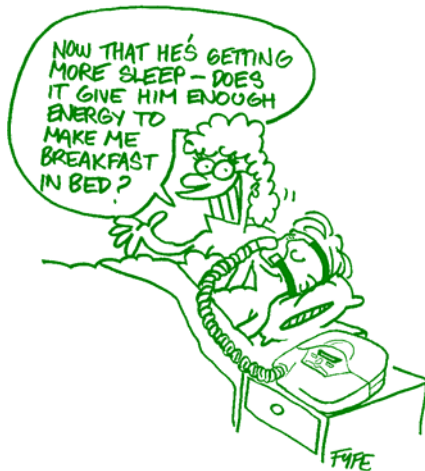
You may experience sneezing, a runny nose, or nasal obstruction, especially during the first few weeks of therapy. This may need treatment such as a nasal spray, or if the symptoms persist you may need a humidifier. Consult your sleep clinic.

Do not stop your CPAP treatment without the approval of your doctor. Always consult your doctor if you expect to be in a situation where you cannot use your therapy for more than a few days.



How will treatment affect my life?

Positive airway pressure treatment should not greatly interfere with your lifestyle. CPAP devices are fully portable so you can take them with you when you travel. The majority also run on virtually any power supply in the world without the need for special adjustment. All that is needed is a plug adapter for the country you are in if you are overseas. They can also be run from 12V or 24V batteries using an appropriate inverter. Some airlines have approved the use of CPAP devices on long haul aircraft; you may need to take a letter from your doctor or sleep clinic confirming that you need therapy. It is advisable to check with your airline before travel.



Does my Medical condition affect my driving ?

If you are diagnosed with OSA you have a legal obligation to inform the DVLA. Failure to do so may invalidate your insurance. Providing you are using your machine for between 4-6 hours each night you should be able to continue to drive.

All CPAP machines store compliance data to ensure these requirements are met. DVLA may contact your sleep physician to obtain this information

Visit the DVLA website and download the government leaflet:-



<http://www.dvla.gov.uk/media/pdf/leaflets/inf159.pdf>

Your CPAP device will normally require servicing once every twelve months, in many cases those patients who have machines which are supplied and maintained by a Department of Respiratory Medicine in an NHS Hospital will be contacted on a regular basis to arrange maintenance and treatment reviews**

In addition to annual servicing, particular care must be exercised with respect to checking the condition of air filters which may need to be changed more frequently than once per annum. Since blocked air filters will reduce air pressure, it is recommended that the filters are checked on a monthly basis for holes or dust build up.

Mask and Hose Care,

Before going to sleep each evening it is important to wash your face to remove excess face oils before fitting the mask. This will prevent oil from the skin finding its way onto the mask cushion (any manufacturers' instructions supplied with the mask relating to cleaning should be followed).

Each morning the rubber cushion should be removed from the mask and washed in warm soapy water; washing up liquid is preferred to hard soap. After cleaning all products should be thoroughly rinsed in order to remove any trace of soapy residue.

On a weekly basis the mask should be thoroughly washed by stripping it down to its constituent components and preferably placing it in a dishwasher; the masks are capable of withstanding temperatures above 50°C.

The hose can, similarly, be washed in warm soapy water but should not be hung outside to dry since UV rays will, ultimately break down the plastic.

Bleach, oils or chlorine compounds should not be used since these compounds can discolour or damage the plastic material.

If you have a cold the mask will need to be washed more regularly and a few drops of a mild disinfectant such as Milton may be added to the rinse water. The fabric headgear should also be washed on a regular basis.

NB: ** In the Humber Region, the Castle Hill Hospital, Hull will contact patients on a regular basis to arrange for maintenance and treatment reviews.

Here are some tips for CPAP users when travelling abroad:

- When flying, insist on bringing your CPAP machine as part of your hand luggage. If you have any doubts, obtain a letter from your sleep clinic explaining the purpose of the machine. Do not allow your machine to be placed in the hold, under any circumstances.
- Despite what the sales staff tells you, most aircraft do not have suitable power points for CPAP machines, however :
- If the equipment is dry cell battery powered and is completely self contained it can be used on British Airways (BA), flights during the cruise phase of flight. (Equipment cannot be used during take off and landing phases)
- If the equipment is electrical and requires a power source, BA do have power sockets installed in their long haul World Traveller Plus, Club World and FIRST CLASS only. You will need a teleadaptor to use this power source.



Please note: *This power source cannot be guaranteed as an individual seat may be unserviceable or the power may be switched off for varying reasons. Therefore this power can only be used providing the use of the medical equipment is not essential.*



- CPAP works abroad just as well as in the UK. If there is no voltage switch at the rear of the machine (220V to 110V) just bring a power adaptor.
- It's also handy to bring an extra fuse or two with you. These should be available from your CPAP supplier.
- In most hotels you will need a power cable extension, as invariably there are no power sockets in the immediate vicinity of hotel beds. It is best to always take an extension lead with you on your journey.
- If you are staying with friends, especially if they have young children, it's best to explain about the machine. Young children and even adults might get a shock if they were to unexpectedly see you 'hooked up'.
- As you may not have the time or opportunity to clean your machine/mask while abroad it is a good idea to give it a good cleaning before departure and (if you have one) bring an extra mask.
- It is, perhaps, worth mentioning that Deep Sea ships are invariably equipped with 240/220V 60cycles supply, or 110v.
- In the case of pleasure boats they may be equipped with 12v supplies, in which case an inverter or converter will be required.
- It is accepted generally, that missing a single night, or so, from the CPAP device is not life threatening and perhaps, sleeping in a sitting position would reduce the impact of OSA attacks. There may be an occasional night when you cannot use your machine, it is accepted that you will not come to any harm.



- Don't let CPAP ruin your lifestyle! If your machine will run off 12volts you can plug it into the power supply of your car or caravan or run it off a battery. Purchase a 12v DC power supply lead for your machine plus a "curly" 12v extension lead and cig-lighter plug to crocodile clip converter (these last two items from motor spares shop-cheap as chips!) and then camping and boating etc. and other out-door activities are still available to you . <http://www.eu-pap.co.uk>
- Coat the edges of your nostrils with Vaseline when using a nasal mask - reduces any soreness, don't get any on the cushions as the mask will leak.
- When travelling abroad I take the glossy sales literature about my CPAP machine to show security. Also in hotels I always hide the mask and hose to stop cleaners using it. Also always take an extension lead and a surge protector.
- If you use a humidifier with your CPAP machine and find you get condensation in the mask or tube try running the tube under your pillow (keeps it warm) and ensure that your machine is at a lower level and make sure the tube rises gradually with no dips where water may collect.
- If you have trouble with a blockage in the nose for one reason or another, when you switch on the machine and your mask is in place, lift the bottom of the mask away from your face and allow air from the tube to flow up your nose for whatever period is required.
- If you are flying, because of airport security make sure that you inform the specific airline that you have a medical bag with a CPAP machine. Do this as soon as you know your flight number, don't rely on the travel agent/tour operator to do this for you. When you check in tell them again that you have a medical bag with your hand luggage (NB. These are normally allowed as an extra, they are not part of the hand luggage allowance).
- Tie some wool around the tubing and put a hook in the wall above bed-helps to keep the hose stable .
- If you get pressure sores from your mask or nose irritation use *A/oea vera* cream or lip balm to ease and promote healing.

- Run the air supply tube under your pillow and into the bed to warm it up so as to avoid cold air now that it is winter! (Albert Hubbard)
- Keeping your machine fresh! After washing your face/nasal mask and tube in soapy water, rinse well and then soak in water with 2/3 good capfuls of mouthwash-this will keep smelling fresh for days!

FACE MASK FITTING - The lower strap on the face mask should not be so tight that it is uncomfortable and prevents the plastic flexible seal on the mask from forming an effective airtight seal. This flexible seal works rather like the skirt on a hovercraft. Once the CPAP machine is working, lift the mask slightly and you will find the seal will find the contours of the face more effectively when the mask is returned to the face.

Adjust the pivot catch at the bridge of the nose so that it follows as close as possible the profile of the face. Incorrect settings will mean the lower strap adjustments will have to adjust for any incorrect settings, resulting in added discomfort.

HUMIDIFIER WATER TANKS - Many suppliers specify Distilled Water, one of the main reasons being this prevents the formation of scale deposits in the tank due to hard water. Ordinary tap water (much cheaper) can be used and the tanks cleaned as follows.

Remove tank from the machine and empty any water. Place about one tablespoonful of vinegar in the tank. Allow to stand for 30 minutes or so and then top up the tank with water above the normal filling level. Allow to stand for as long as practical. Using a bottle or baking brush with a flexible wire handle, bend the handle so that all areas of the tank can be brushed. Most of the scale deposits can be removed. Empty the contents and rinse with clean water. Return empty Tank to CPAP machine and refill to correct level.

The Humber Sleep Apnoea Support Group would like to thank the suppliers named below for their continued support, particularly at the open evenings where sufferers can discuss the latest innovations in health care.



www.respironics.co.uk



www.devilbisshealthcare.com



www.airproducts.co.uk



www.fphcare.com

RESMED

Waking people up to sleep

www.resmed.com

ResMed - is a leading developer, manufacturer and marketer of products for the screening, treatment and long-term management of sleep-disordered breathing (SDB) and other respiratory disorders. ResMed operates in over 65 countries via 16 direct offices and a network of distributors with extensive knowledge and experience of local markets.

When ResMed was formed in 1989, its primary purpose was to commercialise a device for treating obstructive sleep apnoea (OSA), a major subset of SDB. Developed in 1981 by Professor Colin Sullivan and colleagues at the University of Sydney, nasal continuous positive airway pressure (CPAP) provided the first successful non-invasive treatment of OSA. Since 1989, ResMed has maintained its focus on SDB, which is gaining greater public and physician awareness. Operations have grown dramatically through the introduction of a number of highly

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The Sleep Apnoea Trust

Working to improve the lives of sleep apnoea patients,
their partners and their families

www.sleep-apnoea-trust.org

The Sleep Apnoea Trust Association (SATA) exists to improve the lives of sleep apnoea patients, their partners and their families.

Managed entirely by volunteers, SATA is the leading UK charity working in the field of sleep apnoea. We provide many services to our members.

Newsletters.

Keep up to date with Sleep Matters, our newsletter. Sleep Matters is produced four times a year and is delivered free of charge to members.

Help Lines.

Volunteers offer friendly and confidential advice on practical (not medical) matters to members and non members alike. Our help lines are ready to help anyone worried about sleep apnoea. Advice is given based on personal experiences.

Local Sleep Apnoea Support Groups - Affiliated to Sleep Apnoea Trust

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Web: www.apnoea.org.uk

