



LIVING WITH A CPAP - YOUR QUESTIONS ANSWERED

If you've just received your CPAP for the first time, you may have taken to it like a duck to water, and feel fantastic. Some patients take a little longer, and have some problems getting started. Whatever you do,

DON'T GIVE UP!

Many patients and family members have their own issues with the condition, but

They all want the treatment to work.

This information sheet covers questions that previous patients have asked, and the replies come from our team of medical experts and trusted sources. You may find them useful. If after reading it you still have questions for which you need an answer, please contact us using our **FREE HELPLINE** and we will try to give you our best answer.

Also, join the Sleep Apnoea Trust and get access to the Member's Area on the website, a complimentary credit card style Medical Alert card and receive regular "Sleep Matters" newsletter, but above all, help us fight to get a louder voice in health care and an understanding of our affliction with civil society.

My mask looks silly, will my family accept it?

Absolutely – when you get your first night's uninterrupted sleep without snoring, they will too. They will want you to be better, and happy. They're on your side.

First night adjustment of my mask?

Your Sleep Clinic should have adjusted the straps for a proper fit, but if not it may help to disconnect the tube from the mask to make it easier to manage. Then re-connect the tube, and test for any leakage.

How should I arrange my bedroom for the CPAP?

Connect your CPAP to the nearest socket, to minimise trailing wires. Try to have a bedside table for the CPAP to rest on, so you can turn and reach it. Make sure there's a clear path for the mask tube between the machine and your pillow, so the tube doesn't drag and pull on the mask.

My CPAP is noisy by my bedside?

The motor may be vibrating the bedside furniture; using a foam mat (like a mouse mat) will damp the vibration and quieten it.

When I lay down to sleep, when should I start my CPAP?

As soon as you lie down, prepared for sleep. Use the "ramp up" facility if your CPAP has one, and if you feel more comfortable with it. If you can't sleep, getting up and doing something else until tired often helps.

If I wake in the night, should I leave the mask on while I'm awake?

Preferably, so that it is in operation when going back to sleep. Treat the situation the same as going to sleep for the first time, and use the "ramp up" if it's more comfortable.

My mask is leaking air into my eyes?

It is important not to over-tighten mask straps because this does not allow the mask cushion to inflate properly, and so increases the chances of a leak. A full-face mask may help. Mask liners can be helpful, though the proprietary liners are expensive, especially as they are supposed to be used once only.

Now I have a CPAP, can I sleep on my back?

Whichever is most comfortable: a slightly higher CPAP pressure may be necessary when sleeping on your back, so if CPAP pressure is a little too low, it may cause minor problems.

I tend to breathe through my mouth even with my mask on – is this a problem?

You could either use a face mask, or a nasal mask with a chin strap to help keep your mouth closed.

My CPAP treatment started well, but now I'm not so sure?

This is very common. When first on CPAP, the benefits in sleep and well-being are often dramatic. After a while, the patient gets used to this, and may feel the ups and downs of everyday living as everybody does. However, there may be a reason for feeling worse again, so check that the CPAP and mask is working; whether you have started any new medications which might produce such side effects; and whether there are any recent lifestyle changes, or problems, which might have an effect.

Are nasal pillows better than a mask?

This is a matter of personal preference; some people have problems with mask leakage, and there is a smaller area to seal with nasal pillows. Ask your local Sleep Clinic to check your mask fit, and if there's still a problem consider the pillows.

Will a heavy cold affect my use of a CPAP unit?

A really heavy cold with a blocked nose may make CPAP treatment more difficult, but the use of Otrivine™ (a decongestant) may help. Though Otrivine™ should not be used on a regular and continuous basis, its use for two or three days during the peak of a cold is useful and justified.

When should I clean my CPAP unit?

Externally, the CPAP unit can be wiped over if it gets dusty, at least MONTHLY. However, dust on the outside may mean excess dust in the filter, so check the filter MONTHLY. Filters vary widely; some can be cleaned by brushing or washing, others must be replaced. Check with your Sleep Clinic, or the manufacturer's instructions.

When should I clean the mask and hose?

If you can, clean the mask cushion DAILY – it's in contact with your skin, including dirt, oils, germs and make-up. Rub with a damp flannel at least. If not daily, then at least WEEKLY with washing-up liquid and water.

Wash the mask frame and hose WEEKLY if possible, and leave to dry naturally.

Wash the fabric headgear at least WEEKLY – it gets dirty and sweaty. It can be washed in a cool washing machine, but open the Velcro™ fastenings first. Take care with the first wash that the dye is stable.

If you have a cloth mask, then ideally hand- or machine-wash DAILY, but at least WEEKLY – do NOT tumble dry.

What should masks and hoses be cleaned with?

The best way to clean equipment is with washing-up liquid and hand-hot water. Under no circumstances should a sterilising solution be used, because this hardens the cushion and makes it ineffective. Nor should liquid hand soap or washing soap be used as they contain emollients, which can also damage the mask cushion.

When should a humidifier be used?

Dry air dries out the nasal passages and airways, because with CPAP more air goes up the nose than the nose is designed to cope with. Nasal pillows can increase the flow even further because the air is channelled through a smaller opening, which accelerates the flow. A humidifier moistens the air to minimise this.

Is there a 'proper' level of fluid used in my humidifier?

It varies with the seasons, the temperature, and humidity in the atmosphere. In winter (cold, damp air) put the temperature on the humidifier down. If the mouth is dry, increase the temperature on the humidifier. It always depends on the patient - if in doubt, contact your Sleep Clinic.

My humidifier is almost empty in the morning – is this safe?

New humidifiers have safety cut-outs, and this would operate when the level is too low. There should be enough for 8 hours of sleep at least. An empty humidifier could indicate other problems, the most likely being mask leakage. If in doubt, contact your Sleep Clinic.

I have an on-going nose drip – will my humidifier help with this?

A humidifier helps to reduce irritation in the nasal passages, which can reduce nasal drip. Noses don't expect to have to deal with extra air caused by a leakage through the mouth, causing over-drying at night. This leads to nasal stuffiness, sneezing, and sometimes excessive nasal dripping during the day. The humidifier is solving this problem.

What sort of water can I put in my humidifier?

It depends on the machine; some say that tap water is OK. Otherwise, use distilled, purified, or filtered water or cooled pre-boiled water. When necessary, clean the chamber in a dishwasher, and change the water filter.

When should my mask be replaced?

Although a mask might be effective for a longer period (especially if well looked after) it is generally recommended that masks be replaced after 12 months, and most Sleep Clinics have contracts with the manufacturers that reflect this interval.

Will my CPAP equipment be serviced and supported by my Sleep Clinic?

Due to budgetary constraints, this can vary between Sleep Clinics and may or may not be available to you. However, patients are almost always able to get appointments for mask fit or other problems.

Can I buy a private CPAP unit, for travel or personal convenience?

A prescription is necessary to purchase a CPAP privately. Sleep Clinics will not maintain a second, privately owned, CPAP machine; however, some assistance, e.g. with setting pressure etc., might be available. Masks are available without prescription: your Sleep Clinic may be able to advise you, even if they can't provide a particular model.

Can I use my CPAP in hospital?

It is essential to take your CPAP into hospital if you are admitted. You should use it in the usual way when sleeping, and have it available for use during sedation or post-operatively. If you are having an operation you should let your anaesthetist and surgeon know that you have a CPAP for OSA. The nurses on most wards will not be familiar with the use of a CPAP, so you will have to operate it yourself.

Can extra oxygen be used with a CPAP in hospital after surgery?

Oxygen can be entrained into the breathing circuit via an oxygen connector with side port between the respiratory tubing and CPAP machine. If this is not immediately available, nasal specs can be worn under the mask (the fit might not be as good as usual). Some masks have a port where oxygen can be added.

When I fly, how should I take my CPAP unit?

Always try to take it as hand baggage. Most airlines will accept it as hand baggage, some as a free extra, and others within the hand baggage allowance. Hold baggage could be damaged, left behind or lost, which would be dangerous for the patient. Tell the airline when you book the tickets. Airport security may query it, so take a letter from your Sleep Clinic explaining what it is, and what it does.

If I stay anywhere but home, what should I do?

Take an extension cable to reach the wall socket. Take adapters for each country you're going to, so you can plug in. Check the electrical supply is reliable, or else take a battery and charger. Carry your unit up to your room yourself – it's safer in your hands.

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