
CPAP

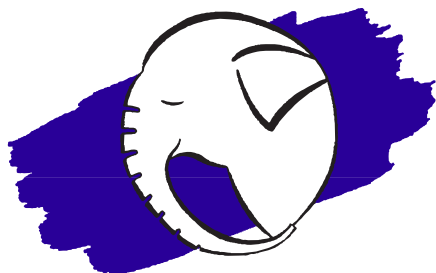
Important information!

Patients with obstructive sleep apnoea need to use continuous positive airway pressure (CPAP) treatment every night.

Although a night or two without treatment is not a serious problem, general anaesthesia, sedation and unconsciousness for any reason can be extremely dangerous.

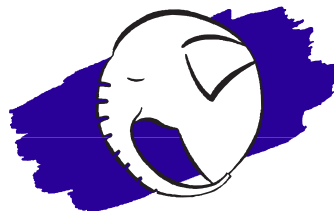
Each apnoea may be attended by marked hypoxaemia and cardiac arrhythmias.

It is therefore our strong advice that, should such a patient require an operation, his/her CPAP machine is used whenever he/she is not fully awake, particularly in the immediate post operative period when respiratory defences are at their weakest.



**The Sleep Apnoea Trust's
Phone Help Line is:**

0800 025 3500
Freephone



SLEEP APNOEA TRUST ASSOCIATION

*WORKING TO IMPROVE THE LIVES OF SLEEP APNOEA
PATIENTS, THEIR PARTNERS AND FAMILIES*

PO Box 60, Chinnor, Oxon, OX39 4XE
Tel: 0800 025 3500

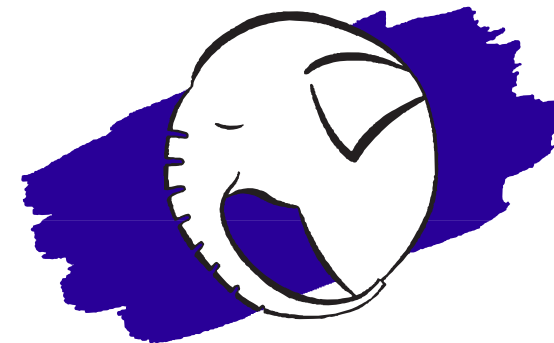
info@sleep-apnoea-trust.org
www.sleep-apnoea-trust.org

Patron: The Earl of Buckinghamshire
Registered Charity No 1056963

The Sleep Apnoea Trust is mainly managed
by unpaid volunteers

Disclaimer

The information in this publication is given for general information purposes only. It is in no way intended to replace the professional medical care, advice, diagnosis, or treatment of a doctor. If you are worried about any aspect of your health, you should consult a doctor in person.



SLEEP APNOEA AND HOSPITAL ADMISSIONS

Advice for patients
with Sleep Apnoea
using CPAP
who are going into
hospital

THE FACTS

INTRODUCTION

This leaflet has been produced to help patients with sleep apnoea cope with a hospital admission. It is often the case that patients are admitted to hospital and the staff are not familiar with sleep apnoea and its treatment. We suggest that you take this information sheet into hospital with you and show it to the staff.

WHAT IS SLEEP APNOEA?

During sleep all the body's muscles become less active and more floppy. In most parts of the body this does not matter and indeed helps one to relax and sleep comfortably.

However, when the muscles that hold open the throat behind the tongue relax, this leads to partial collapse and narrowing in this area.

Even in normal people this increases the resistance to the flow of air when breathing in, but this is usually of no significance. When this narrowing that occurs with sleep is more than normal, then the airway behind the tongue collapses much more.

To start with, this causes snoring and then, when the collapse is complete, it causes apnoea, which means "without breath" - actually stopping breathing.

Fortunately the body is able to sense this increased obstruction to breathing and the sufferer wakes briefly, before suffocation can occur, takes a few deep breaths, and rapidly returns to sleep quite unaware of what is going on.

WHY MIGHT A HOSPITAL ADMISSION BE POTENTIALLY DANGEROUS TO SOMEONE WITH SLEEP APNOEA?

Anything that reduces muscle tone will increase the tendency of the upper airway to collapse during sleep. For example all sedatives and most pain relieving agents (analgesics) often used during an operation, will do this and exacerbate sleep apnoea. In addition these agents also suppress the ability of the body to arouse when the apnoeas occur, which means the oxygen levels fall further before waking up. Thus there is the potential for significant problems from anaesthesia.

Therefore we strongly advise the use of continuous positive airway pressure (CPAP) treatment (or other airway protection) whenever the patient is unconscious (including just sleeping). This means before the operation, during the operation, and particularly after the operation in recovery, and on the ward thereafter.

Thus a patient with sleep apnoea on CPAP should take their machine into hospital with them. It should be used during sleep as normal. In addition, ensure that it is available for use after an operation. This will be the responsibility of the anaesthetist and the nurses in the recovery suite and on the ward.

INFORMATION TO WARD STAFF

You are admitting a patient who suffers from obstructive sleep apnoea and uses a CPAP machine to keep their airway open during sleep. He/she will know all about their condition and how to use the CPAP machine. If you are unfamiliar with this condition then there is some information in this leaflet, but your medical library should be able to provide further articles. The patient will be keen to continue CPAP therapy whilst in hospital and will have been strongly advised to do so by the clinic looking after them.

The CPAP machine will make a humming sound that may disturb other patients, and it may be best to locate their bed appropriately. However the noise is not loud, and less than the snoring likely to occur if it is not used. The mask will require simple daily cleaning. The machine itself is regularly checked by the clinic's medical engineer and should not require any attention. The pressure has been carefully set and should not require adjustment either.