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## CPAP

### Important Information

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Obstructive apnoeas may be associated with oxygen dipping and blood pressure swings, which can predispose to cardiac arrhythmias. Sedation/anaesthetic will blunt the patient's usual ability to terminate the apnoea.

It is therefore our strong advice that, should such a patient require an operation, their CPAP machine (or other airway support) should be used whenever they are not fully awake, particularly in the immediate post-operative period when respiratory defences are at their weakest.

They will require closer monitoring post-operatively for a longer period than other patients.

Patients with sleep apnoea are at real risk in the recovery room because the anaesthetic significantly reduces the brain's ability to restart breathing after each apnoea episode.

## The Sleep Apnoea Trust website is:

[www.sleep-apnoea-trust.org](http://www.sleep-apnoea-trust.org)

This is where you will find the most comprehensive, current and medically verified information available in the UK, relevant to the UK National Health Service.

## SLEEP APNOEA TRUST ASSOCIATION

*THE PATIENT'S VOICE*

*We work to improve the lives of Sleep Apnoea Patients, their partners and their families*

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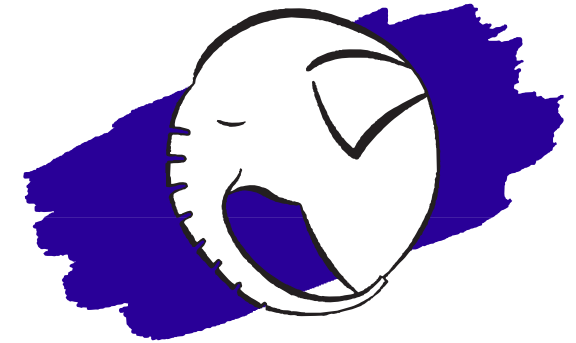
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#### Disclaimer

*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

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## THE FACTS

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## INTRODUCTION

This leaflet is designed to help patients with sleep apnoea who are admitted to hospital for overnight stays, and especially when admitted for surgery. It is also intended to provide guidance to ward, operating theatre and recovery room staff, who may not be familiar with sleep apnoea and its treatment.

We suggest that you alert medical staff to your diagnosis of OSA as soon as the possibility of a procedure is being discussed, and also when you go into hospital. You should show staff this leaflet.

## WHAT IS SLEEP APNOEA?

Obstructive sleep apnoea (OSA) is a relatively common condition where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway. This blockage is called an apnoea when the airflow is blocked for 10 seconds or more.

People with sleep apnoea experience repeated airway blockages throughout the night. During each episode the effort to breathe in against the blocked airway triggers the brain to pull the patient out of deep sleep sufficient to reopen the airway and allow breathing to restart.

Sleep is therefore repeatedly disturbed, which can cause sleepiness and memory impairment. The sleep disruption or oxygen dipping may lead to high blood pressure, which could theoretically increase the chance of a stroke or heart attack. According to the NHS research has shown that someone who has been deprived of sleep because of sleep apnoea may be up to 12 times more likely to be involved in a road traffic accident.

## WHY MIGHT A HOSPITAL ADMISSION BE POTENTIALLY DANGEROUS TO A SLEEP APNOEA PATIENT?

Anything that reduces muscle tone, for example all sedatives and most pain-relieving agents (analgesics), increases the tendency of the upper airway to collapse during sleep. Sleep apnoea exacerbates this. In addition, sedatives and analgesics suppress the ability of the brain to arouse the patient sufficiently to restart breathing when the apnoeas occur, which means the oxygen levels fall still further before waking up.

This effect is even more pronounced if the patient has been anaesthetised, and a patient with sleep apnoea can be at real risk in the immediate post-operative period while affected by the anaesthetic.

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

You should take your machine into hospital and should use it as normal during sleep. If you are scheduled for surgery you need to tell your consultant, the ward staff, and in particular the anaesthetist, before surgery that you need your CPAP with you in the operating theatre, and it needs to be fitted and switched on while you are in the recovery room and in the ward until you are fully awake after surgery.

This will be the responsibility of the anaesthetist and the nurses in the recovery suite, but is likely to be the patient's responsibility once they are able to look after themselves on the ward.

## INFORMATION TO WARD AND THEATRE STAFF

You are admitting a patient who suffers from obstructive sleep apnoea and uses a CPAP machine to keep their airway open during sleep.

They will know all about their condition and how to use the CPAP machine for normal sleep. If you are unfamiliar with this condition then there is some information in this leaflet.

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 gentle humming sound. However the noise is not too loud, and quieter than snoring that would occur if it is not used.

The mask will require simple daily cleaning. The machine itself is regularly checked by the patient's sleep clinic and should not require any attention.

The pressure has either been carefully set or the patient has an auto-set CPAP and should not require adjustment.