

Frequently asked questions and troubleshooting your CPAP

Patient's guide

OSA (Obstructive Sleep Apneoa)

- During sleep the muscles and soft tissues in the throat relax and can collapse.
- This causes the individual to struggle to breathe. This sensation of obstruction in the airway causes an awakening from sleep.
- As a result sleep is being frequently disrupted.

OSA may lead to severe daytime sleepiness.

OSA is more common in people who snore or who are overweight and it may be made worse with alcohol and smoking. Addressing lifestyle issues, weight loss, reducing alcohol intake and stopping smoking can improve OSA.

 Unless you have very large tonsils surgery is very unlikely to be a solution for OSA.

How CPAP (Continuous Positive Air Pressure) therapy works

 The CPAP device delivers a continuous flow of compressed air which prevents the airway from narrowing and collapsing.

The CPAP system

- The CPAP machine consists of a pump which draws air in from the room through a filter. This air is then pressurised by the CPAP and delivered through a flexible hose.
- A mask is attached to the hose.
 This is worn over the nose and in some cases both the nose and mouth; the mask has exhalation ports to allow the exhaled air to escape. These ports must never be blocked.
- Head straps then secure the mask in place.

CPAP is a treatment and will only control the condition as long as the cpap is worn.

Useful tips to help you to acclimatise to cpap

- Once you get home take a few minutes to assess where the best position to put your CPAP would be. Take into account your preferred sleeping position and restrictions such as power points. Also take some time to become familiar with your mask.
- You will be fitted with a mask by a practitioner; however you may find it beneficial to practise putting on your mask in front of a mirror.

- Adjust the straps so that the mask fits snugly against your face.
- When the CPAP is switched on you may need to increase the tension in the straps. You will also probably need to adjust the straps again once you lie down.
- If the mask leaks hold it firmly, pull away from your face and allow the seal to settle back on your face.
- When using the CPAP remember to keep your mouth closed and breathe in and out through your nose (this may take a while to become accustomed to).
- If you are unable to breathe through your nose you will be fitted with a full face mask.
- If you open your mouth while wearing a nasal mask, the air will escape and can make you feel as though you are choking. You can overcome this by using a chin strap with the nasal mask or using a full face mask.

One of the most common questions asked when first starting on therapy is 'Why do I need CPAP when I feel I sleep better without it?'

To explore this question first let's look at the effect OSA can have on you if it is not treated.

It is widely acknowledged that OSA can affect sleep quality, daytime

fatigue, concentration and poor memory. It can also increase the risk of serious road accidents.

The use of CPAP therapy significantly reduces snoring and daytime fatigue, improving health related quality of life and mood.

For some individuals the concept of going to bed each night with CPAP therapy is daunting. You are not alone, it is estimated that currently around 330,000 people in the UK use a CPAP nightly. This leaflet will address some of the most frequently asked questions to help you acclimatise to the therapy.

Fequently Asked Questions and Comments.

Do I have to use my CPAP every night?

All night every night is ideal, however sufficient compliance is regarded as being 4 hours or more each night.

I am still feeling sleepy even though I am using CPAP each night

In the beginning you need to allow yourself time to adjust to the therapy: this may take several weeks.

The mask may need to be reviewed. Ensure that you are achieving a snug fit when applying each night. The pressure may need to be adjusted to ensure adequate control of the OSA. Please contact the CPAP Practitioners on 01480 364526.

My partner reports that I am still snoring

First check that the equipment is intact. When the accessories become worn the seal can become broken and mask leaks occur.

A repeated sleep study can be requested. This will ensure that the current pressure on the CPAP is satisfactory.

The bridge of my nose is sore

To reduce pressure on the nose an alternative mask can be fitted.

Will the therapy be forever?

In a number of individuals a significant, maintained weight loss may result in no longer needing the therapy.

I have lost a significant amount of weight since my diagnosis, can the pressure be reduced?

In the majority of cases the pressure can be reduced. When the pressure on your CPAP is altered a review with a sleep study will be required to ensure your OSA is being adequately controlled.

I find myself waking up with excessive wind and abdominal bloating

This is a common complaint and is referred to as aerophagia (swallowing air). Overtime this may ease however if it persists then a reduction in the CPAP pressure may be required. Drinking peppermint tea can also help.

What if I am unable to use CPAP due to common ailments such as a cold or upset tummy?

Re-commence the therapy as soon as the symptoms improve; If symptoms continue for longer than 5 days please contact our helpline on 01480 364526.

My mask dislodges in the night

The mask needs to be adjusted using the Velcro on the straps each night to ensure a snug fit.

Ensure that the mask is washed daily and kept clean of oils and creams.

It may help if you alter your sleeping position.

If the mask continues to dislodge it may need to be replaced or you may need to be fitted with a different style of mask.

I take my mask off during sleep

Ensure the mask is snugly in place before going to sleep.

An increase in the pressure of your CPAP may be required.

I feel that I am experiencing apnoea when going to sleep

Most fixed CPAP machines have a ramp set at a low pressure that gradually builds up over a set period of time to the required pressure. This can be altered to suit you.

I feel claustrophobic when wearing the mask

If you are using a full face mask you could be fitted with a nasal mask which is less obtrusive: however if you are a mouth breather you will need to use a chin strap with this to help prevent your mouth from opening.

Using the therapy when you are engaged in other activities such as watching the television or using the computer can be a helpful way of acclimatising to the therapy. Wearing the therapy for short periods of time will make it less daunting when going to bed.

The CPAP makes my nose cold.

Try to keep the bedroom warm. Placing the hose under the bedclothes may also help.

How often do I have to change the filter?

The filter will be changed at each review.

How often do I change my mask?

Mask life varies according to the number of hours you use your therapy each night. Maintenance of the mask is essential. Please ensure you wash the seal each day in a mild soap solution, dismantling the mask once a week and washing the straps. On average a person that uses the therapy for six hours per night can expect the mask to last between 10-12 months.

How often do I change my hose, and how would I know when to change it?

In general hoses can last for a couple of years. If the hose shows signs of deterioration it can become dislodged from either the CPAP or the mask. If the hose develops a small hole, that may not be visible air will escape, which you may be able to hear or you may feel a drop in pressure.

If I'm travelling abroad what do I need to do?

The CPAP will travel with you as hand luggage and will be classed as medical equipment. Please inform us of your travel plans, by doing so we can send you a Customs letter.

I am suffering from a dry mouth/ throat/nose and conditions such as rhinitis, what can be done?

A humidification unit can be added to your CPAP to help ease this.

This simply attaches to the side of your CPAP unit. By adding humidification to the therapy the CPAP is able to deliver humidified air.

Full instructions on how to attach and use your humidification unit will be given at your review. However should you require a unit before your review we will post one out to you with the instructions.

Questions related to your humidification unit.

The recommended water to use in the humidification chamber is cooled boiled water from the kettle; filtered water or bottled water. If you are abroad this should always be bottled water.

How often do I change the water?

Everyday

Dismantle the chamber each week and clean with lemon juice or white vinegar, rinse thoroughly and dry with a clean cloth before reassembling.

The chamber can be washed in the dishwasher.

What level should my humidification unit be set to?

A good starting level is number three: if you need more humidity then increase each night by 0.5, similarly if you require less humidity then reduce by 0.5 each night.

I have water in my mask?

A small amount of moisture will collect in the mask. If you are experiencing excessive amount of water in your mask then reducing the humidity level will help to alleviate this.

Water appears to be pooling in my hose?

Try to position the therapy unit on the floor allowing for the hose to be straight. You can purchase a hose lift system which may help alleviate the pooling.

Insulating the hose can also reduce condensation. This can be achieved by adding a sleeve; these can be purchased through organisations such as hope2sleep: alternatively you could make your own. Heated hoses which can also be purchased may help.

If you continue to suffer with dryness despite the addition of a humidifier you could also try synthetic saliva which you can purchase from a pharmacist. The pharmacist will also be able to advise you regarding different lozenges and sprays.

If you are currently using a nasal mask the addition of a chin strap may help: alternatively you could consider using a full-face mask.

For further information

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Author ID: CPAP Practitioner

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Printed: October 2017 Review Date: October 2019

Version: 1 Leaflet Number: PI 182 Large print copies and alternative language versions of this leaflet are available on request.