

FREQUENTLY ASKED QUESTIONS:

What is Obstructive Sleep Apnea (OSA)?

People with OSA experience recurrent episodes during sleep when their throat closes and they cannot suck air into their lungs (apnea). This happens because the muscles that normally hold the throat open during wakefulness relax during sleep and allow it to narrow. When the throat is partially closed and/or the muscles relax too much, trying to inhale will suck the throat completely closed and air cannot pass at all. This is an obstructive sleep apnea episode. A cessation of breathing must last 10 seconds or more to be called an apnea. Obstructive apnea episodes can last as long as two minutes and are almost always associated with a reduction in the level of oxygen in the blood. When an individual is in the midst of an obstructive sleep apnea episode, as long as sleep continues, the apnea continues. When breathing is interrupted by an obstruction in the airway, the body reacts by waking enough to start breathing again. These arousals may occur hundreds of times each night but do not fully awaken the patient, who remains unaware of the loud snoring, choking and gasping for air that are typically associated with obstructive sleep apnea. Obstructive sleep apnea sufferers never get "a good night's sleep" because repeated apneas and arousals deprive patients of REM and deep-stage sleep, leading to chronic daytime exhaustion and long-term cardiovascular stress.

What is CPAP Therapy?

CPAP stands for Continuous Positive Airway Pressure. It delivers a small amount of air pressure through a mask you wear over your nose and possibly mouth every night when sleeping. This air pressure acts like a "stent" keeping your airway open, thus eliminating your apnea. If your test reveals you have sleep apnea your doctor may order you to use a CPAP at home. A night in the sleep lab may be necessary for CPAP calibration testing, to find out what pressure you need to alleviate your apnea, and that may be determined by your health insurance company. The sleep lab will call you for follow up and notify you if lab testing on CPAP has been recommended by the physician who interprets your study.

What is a sleep study?

A sleep study is a combination of several diagnostic tests all recorded simultaneously during sleep. Brain wave activity (EEG) will be recorded by attaching electrodes with adhesives and paste around the head. Additional sensors are placed on your chest, legs, finger, and below your nose. All sensors are painless and will still allow you to sleep in a comfortable position and get out of bed to use the bathroom as frequently as you need to. No medications or anesthetics are used. It is up to you to fall asleep naturally. The study will record for 6 or more hours while you sleep. Your sleep technician will greet you when you arrive and will explain the procedure as he/she is applying the necessary measurement sensors. The procedure for applying the sensors will usually take between 30 minutes to 50 minutes.

Will you give me any medication to help me sleep?

No. This might change your sleep patterns and prevent us from identifying the source of your sleep problem. However, you may take whatever medication you usually take before bedtime. Be sure to inform the technician of what medications you are taking.

What happens if I need to go to the bathroom in the middle of the night?

All sensors are attached to a central box which you will be able to carry with you once detached from the main computer cable.

Can I bring a family member/significant other/pet/friend with me to spend the night?

No. Having another person in the same bed can affect your sleep and alter the results. Someone may accompany you to the lab, but they will not be allowed to stay once the study has begun.

Exception: If you have a disability or require a caregiver and need someone to stay with you or drive you, please notify us as soon as possible so that room accommodations can be made.

What if I can't sleep?

We cannot make you fall asleep and certainly understand it may take you longer to fall asleep in a strange environment. However, poor sleep or lack of sleep may cause you to have to repeat the sleep study. Here are some helpful hints: try getting a little less sleep the night before your test so you will be tired once here. Or try doing some extra physical activity the day of your study which may make you tired by night. Do not take any naps the day of your study and we suggest no caffeine past noon the day of your test, or eliminate it for the day. Bring your own pillow to the test if you think it will make you sleep better.

Will anyone else be in the sleep laboratory while I am there?

A technician will greet you once you arrive at the sleep lab and show you to your room. A member of our technical staff will be present and available to you during your entire night at the sleep lab. There may also be other patients in the center who will be in their private testing rooms as well.

When can I leave?

Usually the sleep study will end between 5:00am - 5:30am and you will be leaving by 6:00am. Removal of the sensors usually takes just a few minutes and once done, you may leave at any time thereafter. There will also be a short morning questionnaire. If you need to be up earlier, please notify the technician.

When will my results be available?

The data we collect is read, and a diagnosis is made by the interpreting physician. The data is transcribed into a report which is faxed to the doctor who ordered your sleep study. If you are diagnosed with sleep apnea and CPAP is recommended for you, you will receive a call from our lab to schedule you for another sleep study with CPAP. If you do not receive a call from our office, follow up with your doctor for results, or feel free to contact us.

Are There Any Other Sleep Apnea Treatments?

CPAP Therapy

The most important thing to understand about sleep apnea is there is no known cure, but that it can be controlled. The most commonly prescribed treatment for obstructive sleep apnea is continuous positive airway pressure (CPAP). For many patients, CPAP therapy dramatically improves their daytime functioning as well as their general health. CPAP is not a cure, but a noninvasive therapy for managing OSA.

Dental Options

Use of a custom molded dental device may also be effective in controlling some apnea. This device would be custom made for your mouth by a dentist who specializes in treating sleep apnea. The principal of this device is to pull the bottom jaw slightly forward and may also hold the tongue in place. Insurance companies still do not cover these devices as of yet, and another sleep test with the dental device in is necessary to determine if it is effectively controlling the apnea.

Surgical Options

Sleep apnea can also be treated surgically. However, the costs and success rates may vary greatly depending on which procedure is chosen and the experience and skills of the surgeons. If you wish to consider surgical treatment of OSA, learning as much as you can about the various surgical procedures is very highly recommended. Your health insurance may require a trial period on CPAP before they will consider paying for any sleep apnea related surgery.

For more information on Sleep Apnea you can visit sleepeducation.com produced by The American Academy of Sleep Medicine. Or Visit the American Sleep Apnea Association at sleepapnea.org

Untreated, sleep apnea can cause high blood pressure, cardiovascular disease, stroke, depression, sexual dysfunction, memory problems, weight gain, impotency, and headaches. Moreover, untreated sleep apnea may be responsible for job impairment and motor vehicle crashes.