

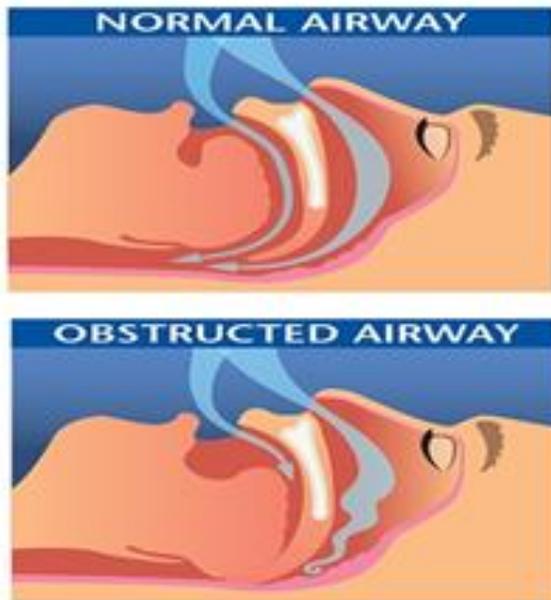
A Patient's Guide to Understanding Obstructive Sleep Apnea (OSA)



What is sleep apnea?



Sleep apnea is a disorder where breathing stops or ‘pauses’ during sleep. These ‘pauses’ in breathing are called **apnea**, and may occur multiple times throughout the night. Pauses can last from 10 to 30 seconds. OSA is described as a partial or complete obstruction or closing of the upper airway. When this obstruction or closing occurs, a lower amount of air, or oxygen reaches the lungs and subsequently other organs.



What causes OSA?

Normally, the throat stays open while you sleep to allow for the exchange of air in and out of the lungs. However, in the case of OSA, the muscles of the throat relax in the throat so much the soft tissues close in and blocks the exchange of air.

A person may be more likely to develop OSA if they are:

- Overweight
- Have a large tongue, large tonsils and adenoids
- A large lower jaw size compared to upper jaw size
- A large neck or collar size.

What symptoms could I have?

Family members are often the first to notice interruptions in the breathing pattern. If you have OSA, snoring heavily soon after falling asleep is typical. The snoring is often very loud and is interrupted by a long period of silence while breathing stops. This period of silence is often followed by a loud snort and gasp when breathing resumes. Snoring does not necessarily mean you have sleep apnea; there is a big difference between simple snoring and snoring with a pause in breathing.



You should call your doctor if you have the following:

- Gaspings or choking during sleep
- Loud snoring followed by silent pauses
- Morning headaches
- Poor concentration or memory loss
- Daytime sleepiness
- Loss of sexual drive
- Mood changes
- Wake up unrefreshed in the morning
- Leg swelling (if apnea is severe)
- Falling to sleep while driving, reading or watching TV

Am I at Risk?

People that have OSA and are **not** being treated are at a greater risk of developing serious health problems. Problems such as high blood pressure, heart attack, stroke, and depression have been linked with OSA. Being fatigued as a result of untreated OSA can increase safety risks associated with the workplace and the safe operation of machinery or motor vehicles.

Can it be prevented? Studies suggest that making simple lifestyles changes, one can improve their symptoms by as much as 30%. The following are some suggestions you can discuss with your doctor.

Maintain a healthy weight. People who are overweight can have extra tissue around their neck that causes the airway to close during sleep. Speak to your doctor about options that will help you to achieve or maintain a healthy weight.

IMPORTANT

If you are already using a CPAP machine and have lost or gained 20 pounds, go back to your sleep study specialist for another evaluation. Adjustments on your machine may need to be made

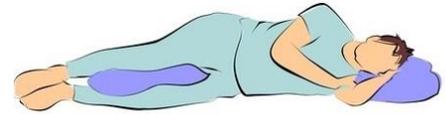
Avoid alcohol and sedatives. The use of alcohol and/ or sedatives can make the throat muscles relax more than normal. They



can also make it harder for the brain to wake up to register that there is a lack of oxygen in the body. Alcohol and certain drugs can cause longer and more serious pauses in breathing.

Instead of sedatives, try taking a warm bath or reading a book if you find it hard to fall asleep.

Sleep on your side. Sleeping on your back allows gravity to pull on the muscles and soft tissues at the back of the throat and neck. This can cause the airway to narrow or completely collapse, closing off the throat.



If you like to fall asleep on your back, prop multiple pillows under your head so that you are not lying flat and you are in more of a sitting position. You can also prop pillows up against your back to help keep you on your side.



Stick to a regular sleep schedule. Keeping a regular sleep schedule prevents you from getting over tired, which can make sleep apnea worse.



Stop smoking. Smoking can irritate the throat and make you cough at night. In addition to decreasing throat irritation quitting smoking will also give you more energy for everyday physical activity. If you are having difficulty with smoking cessation, see your doctor for alternative methods and support.

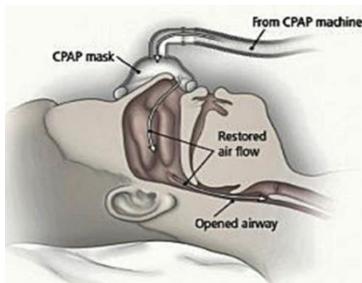
Be active and exercise regularly. Getting daily exercise can promote a healthier sleep. However, avoid exercise at least three hours before bedtime. Exercise can help decrease sleep apnea by:

- Improving your endurance and muscle tone
- Weight control
- Improves blood pressure and circulation
- Lowers your risk of heart attack or stroke

What is the Treatment for OSA?



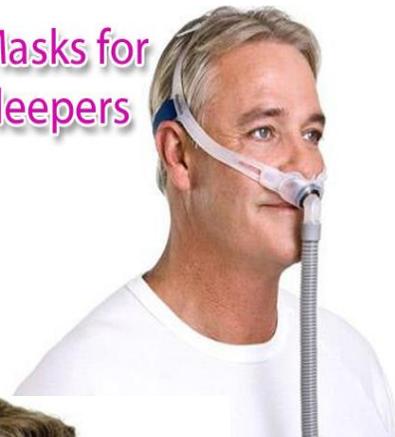
Treatment options depend on whether you have mild, moderate, or severe OSA. Your doctor may send you for a sleep study to determine your severity.



The most common treatment for moderate and severe sleep apnea is using a CPAP (continuous positive airway pressure) machine. The CPAP machine is attached to a special facemask, or nosepiece that is worn during sleep. The CPAP machine keeps the throat open, stops the snoring, and pauses during sleep. When used regularly, a CPAP machine will help to reduce daytime fatigue and will reduce the health risks associated with OSA.



Cpap Masks for Side Sleepers



Cpap masks for mouth breathers



For OSA patients having surgery.



Pre-operative Assessment/ Preparation.

Quinte Healthcare Pre-Op Assessment Department will be calling you approximately two weeks prior to your surgery date. Many questions will be asked in regard to your health history, medications, and allergies. **A pre- op screening tool is used to assess for a history or severity of sleep apnea.** You may also be asked to attend a pre-op teaching class to learn about your upcoming surgery. The information obtained will assist the operative team to optimize your surgical experience and outcome

Day of Surgery

1. Make sure you have had nothing to eat or drink since midnight, unless instructed otherwise.
2. Bring all of your daily medications with you to the hospital. Your surgical team will review your medications with you prior to surgery.
3. If you have a CPAP machine, please bring it to hospital with you. It may be used during your stay in the recovery room or on the inpatient floor if you are admitted.
4. If you are planning to go home the day of your surgery, be prepared for a longer observation time while you are in the recovery room.

Post-Operative Discharge Instructions for OSA Patients



CPAP machine. During your post op recovery, pain medications may make your OSA symptoms worse. Your CPAP machine may be required during your recovery room stay and it is very important to wear your machine at night and during any sleep periods or short naps during the day. Remember to take your CPAP machine home with you.



New OSA diagnoses. If you were diagnosed with OSA during your surgical stay, please contact your family physician for follow up. Treatment can improve your overall health, quality of life and sleep for you and your family or partner.



Sleeping position. Try to avoid sleeping on your back. If you must lie on your back, try propping multiple pillows under your head and back so you are in a semi reclined or sitting position. Lying on your side is the best sleep position suggested for people with OSA.



Medication. Take pain medication to help relieve pain as needed. Some pain medication decreases your depth and rate of breathing and may worsen your sleep apnea symptoms. Also, avoid alcohol and bedtime sedatives as these can combine with pain medications and worsen your OSA symptoms.



Support. Family members can help. Let the person know if he or she snores loudly or stops breathing. Encourage them to seek medical help and follow the doctor's treatment plan, which may include a CPAP machine.



This booklet is just a guide. Please talk to your healthcare provider about your questions. We are here to help you.

Questions for my Healthcare Provider:

1. _____

2. _____

3. _____

4. _____

5. _____
