



Adelaide Institute for Sleep Health

# Using Your CPAP At Home

Use your mask and pump whenever you sleep. If you have any problems you cannot solve yourself do not hesitate to contact the CPAP nurse, or your supplier.

CPAP Pump Brand/ Model: .....

Your CPAP pressure.....cm H<sub>2</sub>O      Oxygen.....lpm

Your mask type:.....

Chin strap    Type/Size.....

Humidifier    Type.....

**PLEASE BRING ALL OF YOUR CPAP  
EQUIPMENT TO ALL NURSING CPAP  
APPOINTMENTS.**

# Obstructive Sleep Apnoea (OSA)

## What is OSA?

Obstructive sleep apnoea is a disorder in which the soft tissue at the back of your throat relaxes during sleep and blocks the passage of air to your lungs. This causes brief interruptions to your sleep.

As your throat relaxes the airway is narrowed or closed and less air can flow into your lungs. A partial airway closure results in shallow breathing and may cause you to snore. An apnoea is defined as cessation of air flow for more than ten seconds. Both will result in lower oxygen levels. When your brain detects a low oxygen level the “fight-flight” reflex is triggered, resulting in a brief arousal and an increase in muscle tone to open your airway. These brief interruptions may prevent you from gaining adequate deep sleep, resulting in excessive day time sleepiness.

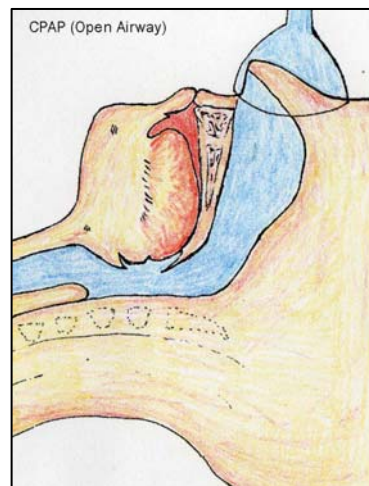
**Things that make OSA worse:** weight gain, increasing age, alcohol, and relaxant or sedative medications such as sleeping tablets or strong pain killers.

## Why treat OSA?

Day time sleepiness and sluggish brain function is the best known consequence of OSA, and has been linked to an increased risk of work and car accidents, lower productivity and a lower quality of life. Research shows a possible connection between untreated OSA and heart disease, strokes, and also impaired and possible glucose metabolism (pre-diabetes). Treating sleep apnoea may help prevent, or improve control of these health problems.

## How does CPAP treat OSA?

OSA is most commonly treated with CPAP (pronounced sea-PAP) which stands for continuous positive airway pressure. The CPAP blows room air at pressure, through a mask to splint your airway open; this allows an uninterrupted airflow during sleep. The correct pressure to ensure optimal treatment is prescribed by your Sleep Specialist. When your CPAP is used correctly your OSA is treated, oxygen levels are maintained and your sleep quality should improve.



## **IMPORTANT INFORMATION**

### **Provision of equipment**

- The Department of Health subsidizes the provision of CPAP equipment to patients who have a current pension or health care card and meet the necessary medical criteria.
- **You may be asked to return your CPAP if you fail to attend your review appointments or to use your CPAP for a minimum number of hours per week.**
- Pensioners and health care card holders provided with equipment from the Repatriation General Hospital will be issued with one CPAP mask at their initial set-up. We can change this mask within the first month if necessary, provided it is not modified, and is returned in good condition.
- All patients are required to replace CPAP consumables (masks, filters, hoses, and humidifier water chambers) at their own expense through a commercial supplier.

### **When should I use my CPAP?**

- Wear your CPAP whenever you sleep, including naps. Your breathing problems occur because you are asleep, not because it is night time.
- CPAP must be worn every night to be effective. Symptoms may return if only one or two nights are missed.
- Take your CPAP with you when you travel, or are admitted into hospital.

### **Using a humidifier**

- Using a CPAP humidifier may help improve some nasal symptoms by providing extra warmth and moisture to the air.
- Only use de-mineralised water in your humidifier water chamber. Change your humidifier water every day.
- Humidifier units should be placed below your head level to avoid condensation running into your mask while you sleep.
- Do not place any humidifier on top of your CPAP pump.
- Empty the humidifier water chamber before moving to unit to ensure water does not enter the motor.

### **CPAP safety**

- Do not eat or drink while using CPAP. You are likely to inhale the food or drink into your lungs.
- If using a full face mask, avoid large meals 2-3 hours before bedtime.

### **CPAP pressure changes:**

- Changes to your pressure setting or oxygen flow must be prescribed by your Sleep Specialist.

## Changes in your weight

- A weight gain of 10-15 kg may make your OSA worse, causing snoring and possible re-occurrence of your initial symptoms.
- A weight loss of 10-15 kg may improve your OSA.
- You may need to have your CPAP pressure changed.
- Organise an appointment with your Sleep Specialist. You may need another referral from your GP.

## Surgery and CPAP

- If you need an operation or procedure which requires an anaesthetic, you must tell the doctor that you have Obstructive Sleep Apnoea (OSA). When you are anaesthetised or sedated, the OSA may affect your breathing.
- If you are having a hospital procedure, take your CPAP equipment with you.

## Oxygen and CPAP

If your Doctor has prescribed oxygen in addition to your CPAP:

- **Do not have oxygen flowing if the CPAP is not turned on.**
- Turn the **CPAP on** BEFORE the oxygen.
- Turn the **oxygen off** BEFORE the CPAP.
- **Do not use oxygen while smoking, or near a naked flame or ignition source.**

## Oxygen Diverter Valve:

- is an accessory for use with CPAP and bilevel pumps where oxygen is added to the usual circuit. This valve is intended to prevent the oxygen flowing back into the pump when it is in standby, ie. without air blowing (or powered off) but oxygen is still flowing into the tubing or mask.
- The valve is inserted into the air circuit between the pump and the oxygen connector. If a separate humidifier is used, the valve is placed between the flow generator and the humidifier. If an integrated humidifier is used then the Oxygen Diverter Valve should be placed at the humidifier exit.
- This valve should be changed every 6 months.(Product Code: 22001 oxygen diverter) valve available through any Resmed supplier.

## COMMON PROBLEMS WITH CPAP USE

- See your local doctor immediately if the following symptoms occur:
  - Any chest pain
  - Increased or unusual shortness of breath
  - Regular headache on waking
- Please contact the CPAP nurse, or your local supplier if the following occurs:
  - Skin irritation or break-down from your mask

- Sore eyes
- Nasal congestion or rhinitis (runny nose)
- Ear discomfort
- Stomach bloating
- Excessively dry mouth
- Snoring with CPAP, or excessive day-time sleepiness, which may indicate an inadequate CPAP pressure.

## **FITTING YOUR CPAP MASK**

It is essential that your mask fits comfortably and seals around your face.

- Assemble your mask and headgear before application.
- Leaving dentures in place will improve your mask seal when using your CPAP.
- Follow the manufacturer's instructions to apply your mask.
- Only apply enough tension to your headgear to eliminate leaks.
- Over-tightening the straps can introduce more leaks, cause pressure sores, or sore gums.
- Make final adjustments to your mask when lying down.
- If you experience mask fitting problems, contact your CPAP nurse or commercial supplier.
- **It is essential that your mask is kept in good working order.** It is your responsibility to replace your mask or worn parts as required. These can be purchased from your supplier. Gold card entitled veterans can obtain all equipment through DVA.

### **Mask leaks:**

- A change in position will often cause a mask leak.
- Try pulling the mask and frame slightly away from the face and repositioning it.
- Refer to the manufacturer's instructions, for further advice on adjusting your mask.
- If you continue to have difficulties in preventing mask leaks, please contact the CPAP Nurse or your commercial supplier.

### **Mouth leaks:**

- Mouth leaks are common with nasal masks or pillows, and need to be addressed to prevent loss of CPAP pressure.
- Mouth leaks will worsen nasal congestion or rhinitis (runny nose)
- Signs indicating a mouth leak:
  - excessively dry mouth
  - waking with choking feeling or difficulty breathing
- If you experience these symptoms, please contact your CPAP nurse or commercial supplier.

## **GETTING USED TO YOUR CPAP (It may take some time)**

Try all or some of the following suggestions if you are struggling with CPAP.

- Hold the CPAP mask on your face and breathe normally, while sitting in a comfortable chair. (With your pump off initially for brief periods if you are very worried by the feeling of the mask on your face).
- When you can breathe comfortably through your mask, turn your CPAP pump on and breathe normally while holding the mask on your face. You do not need to take big breaths. If you feel closed in or uncomfortable, remove the mask until the feeling passes, and repeat the process.
- Attach the headgear to your mask and practice wearing it with the CPAP off, for brief periods, or remove the mask elbow. Once you are used to the feeling, turn the pump on.
- Use your CPAP while awake for 30 minutes each day. Practice breathing normally through the mask while watching TV, reading or performing a relaxed seated activity. You may need to use a relaxation tape, or relaxing music to assist in overcoming your anxiety.
- The Ramp function on your CPAP machine allows it to start at a low pressure, then gradually increase up to your prescribed pressure. This will allow you to adjust to your prescribed CPAP pressure.
- Use the CPAP if you have a daytime nap.
- Most people require at least 2 weeks to become comfortable with their CPAP treatment.

## CLEANING AND MAINTENANCE

- **Unplug your CPAP before cleaning it to avoid electrical shock.**
- If your CPAP is not working properly, discontinue use and contact the CPAP nurse or your supplier. Only qualified personnel should perform repairs and adjustments.
- **DO NOT USE ALCOHOL, ANTI-BACTERIAL SOLUTIONS, BABY WIPES, DISINFECTANTS OR SOLVENTS TO CLEAN CPAP ACCESSORIES.** These products will shorten the expected life of your mask and tubing.

	Daily	Weekly	3-6 monthly
<b>Mask</b>	Wipe inside and outside with a clean damp cloth	Dismantle into separate components and hand wash in warm water with a mild detergent. Rinse and allow to dry in the shade.	Check for wear and tear. Replace damaged or worn components. <b>Ultra-mirage Full face masks:</b> replace valve membrane 6 monthly.
<b>Hoses</b>	Disconnect and hang in a clean dry place in shade	Wash your hose in warm water with a mild detergent. Rinse and allow to dry in the shade.	Check for wear and tear (can get pinpoint holes around ends of hose cuffs).
<b>CPAP filter</b>		If grey foam filter, wash in warm water with a mild detergent. Rinse and allow to dry in the shade.	Assess disposable filter in CPAP machine (Resmed) and replace if dirty.
<b>Humidifier chamber</b>	Empty any water left in chamber, rinse and dry. Fill with fresh supply of de-mineralised water.		Check for wear and tear. Replace damaged or worn components.
<b>Temp bacterial filter</b>	<b>DO NOT WASH.</b> Will be removed by nurse at review, when compliance is adequate.		