



Dear

**Appointment Date**

You have been referred to the Atlantic General Hospital Sleep Disorders Center for the diagnosis of a possible sleep disorder. The following information will help you to prepare for your visit to the sleep center.

You will not be admitted to the hospital, however, you must report to the Outpatient registration area, which is located at the Emergency entrance of the hospital. **Plan to arrive on time for your appointment. Please bring your insurance care, photo ID, any medications that you will need while you are here and your completed paperwork that you received in the mail. If you feel you are going to be late for any reason please call 410-641-9726.**

After being registered, a call will be placed to the technologist, who will meet you and escort you to the Sleep Disorder Diagnostic Center on the 2<sup>nd</sup> floor.

Once the study has started you have the right to discontinue for any reason, however, please be aware that shorter tests may not be reliable or as useful for the interpreting physician. Sleep center patients cannot stay in the center and sleep without being properly monitored. Therefore, please make sure that if you decide to discontinue your test at any time, you have proper arrangements made for getting home, as you may not be able to drive if you are sleep deprived or have taken sleep aids prior to testing.

All results are confidential and will only be shared through your referring physician.

**\*\* If you have any questions or need to cancel or change your appointment please call the Sleep Center at 410-641-9726. We appreciate a minimum of 24-48hours notice. Thank you!**

Your physician has ordered a split night sleep study. This study basically combines both the diagnostic and treatment studies into one night. There are two specific criteria that must be met in order for you to qualify for this type of test.

1. You must have enough documented sleep prior to 1AM to give the technician time to adequately adjust your CPAP pressure settings.
2. Sleep disordered breathing must be found to be moderate to severe during the first half of the night.

**\*\*\* Please note – If you do not meet both these criteria, but you are found to have sleep disordered breathing, you may be asked to return to the sleep lab for a full night CPAP titration study \*\*\***

**Split night sleep study**

The first portion of the study is the diagnostic portion (polysomnogram). It charts your brain waves, heartbeat and breathing as you sleep. It also records your eye and leg movements as well as muscle tension. Sensors are placed on your head, face, chest and legs. They send tiny electrical signals to a computer.

The signals show when you are asleep and awake during the night. The brain-wave and eye-movement detectors show when you are in rapid eye movement (REM) sleep. This is a stage of sleep where your eyes twitch and your brain waves are very active. It is also the stage of sleep when you have most of your dreams.

The breathing monitors show the number of times you stop breathing. They can also detect low air flow and minor changes in oxygen level.

The leg sensors show both minor twitches and major movements that occur during the night.

A clip will also be placed on your finger to note changes in the level of oxygen in your blood. The clip monitors the color of your blood. As blood loses oxygen, it turns from bright red to dark red.

The second portion of the study is the CPAP titration or treatment portion. (please note if qualifications for treatment are not met, the study will continue as a full night diagnostic study). During the CPAP study, you are fitted with a mask. The mask is connected by a tube to a small electric unit. The unit has a fan that pushes air through the tube. The mask allows the air to gently blow into the back of your throat.

Pressure is started at a very low level. It is then increased at various levels during the night. The goal is to find the right level of air pressure that will prevent the collapse of your upper airway. This eliminates pauses in your breathing as you sleep.

## **GENERAL INFORMATION**

The sleep center staff will go out of their way to make you feel relaxed. You will be asked to come to the center in the evening. Some time will be given for you to make yourself at home in the bedroom. No other patients will be in the room with you.

You will not feel any pain during the polysomnogram. The sensors are gently placed on your skin and connected to a computer. The wires are long enough to let you move around and turn over in bed. This will make sure the sensors are working.

You are free to read or watch TV until your normal bedtime. Then the lights are turned off and it is time for you to try to fall asleep. A low-light video camera allows a technologist to see you from a nearby room. He or she will have to enter your room if a sensor comes loose.

The polysomnogram is not a test that you can fail. Nearly everyone falls asleep during the study. Most people do not sleep as well as they do at home. This will not affect the results. In most cases, you do not need to sleep for a full eight hours to find the source of your problem.

In the sensors will be removed. This will complete the study and you will be free to go. You may be tired if you did not sleep well during the night. Otherwise, you can return to normal activities on the day after a sleep study.

## **Who reads the results?**

A technologist is the first one to review the data from a sleep study. First, he or she will chart your sleep stages. Next, he or she will look for any events of abnormal breathing or leg movement. The results will be given to a doctor that is a board-certified sleep specialist. The specialist will review the study and communicate all findings with your primary care/referring physician.

## **How do I get the results?**

The physician who ordered the sleep study should discuss the results with you.

## **Pre-Test Instructions**

### **Don't:**

- **DO NOT** nap the day of the sleep study, if possible.
- No alcohol or caffeine consumption the day of the sleep study.
- All nail polish or acrylic nails are to be removed. If you cannot remove them yourself the technician may remove the nail polish and/or acrylic nail from one finger for accurate oxygen saturation readings.
- **DO NOT** use hair products on your hair the day of your sleep study. For example, hair spray, hair gels, creams, oils, etc.
- **DO NOT** wear makeup, creams, oils or lotion on your face or any part of your body the day of your study.
- **DO NOT** bring nicotine products into the hospital. Nicotine use will not be permitted before or during the sleep study.

### **Do:**

- **Take all regular medications** the day of the sleep study. Please bring all medications (including all over the counter, and sleep aids) to the sleep study. We do not have medication at the center, nor can we obtain them for you.
- Shower and shampoo your hair the day of your study.
- You may bring comfortable bed clothes including tops, bottoms, bathrobe, slippers or socks, pillow if necessary. You may also bring any toiletries, i.e., tooth brush, tooth paste, soap, shampoo, etc.
- You may bring a light snack or decaffeinated beverage with you.
- If you have in the past used a CPAP mask or are currently using a mask at home you may bring the mask and headgear with you.

### **Please keep in mind:**

1. This is a medical procedure and we are an outpatient department.
2. Patient rooms are assigned according to the type of study. A shared bathroom with shower is located between rooms.
3. Technicians are not allowed to give out any information about your test results. Please ask your physician if you have any questions about the results of your study.
4. We will make every effort to make your stay with us comfortable. Please feel free to call if you have any questions regarding your sleep study.

**Sleep History:**

Please circle all that apply:

- |   |   |                                   |                   |
|---|---|-----------------------------------|-------------------|
| Daytime Sleepiness                                | Trouble Concentrating                     | Doze while driving                | Memory Loss       |
| Snoring   | Gasping                                   | Choking                           | Restless Sleep    |
| Shortness of Breath                               | Difficulty getting to sleep               | Teeth Grinding                    | Insomnia          |
| Irritable   | Anxiety                                   | Pain                              | Restless legs     |
| Vivid dreams                                      | Depressed                                 | Mood Swings                       | Sweating          |
| Nightmares  | Sleep Talking                             | Sleep Walking                     | Yelling Out       |
| Morning confusion                                 | Difficulty staying awake                  | Feel tired/exhausted              | Morning headaches |
| Morning sore throat/dry mouth                     | Morning feeling of paralysis of arms/legs | Family history of sleep apnea     |                   |
| Frequent urination at night?<br>(how often? ___ ) | Periods of waking up (how many? _____ )   | Nap during day<br>How long? _____ |                   |

Normal sleep position?    Side    Back    Stomach

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ **Shift Work:** YES    NO    If YES what are your hours? \_\_\_\_\_

Have you been diagnosed with sleep apnea before? \_\_\_\_\_

If yes:    When? \_\_\_\_\_    Where? \_\_\_\_\_

Do you use CPAP therapy at home? \_\_\_\_\_

What pressure is your CPAP machine set on? \_\_\_\_\_

If you do not wear your CPAP at night please state why:

\_\_\_\_\_

Please list all medications with dose, how often, reason: (or you may bring a medication list with you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Practices conducive to good sleep

- Try to sleep only when you are drowsy.
- If you are unable to fall asleep or stay asleep, leave your bedroom and engage in a quiet activity elsewhere. Do not permit yourself to fall asleep outside the bedroom. Return to bed when *and only when* you are sleepy. Repeat this process as often as necessary throughout the night.
- Maintain a regular bed time and rise time, even on days off and on weekends.
- Do not have distractions like a TV, radio, or computer in your bedroom. Use your bedroom for sleep and other bedroom activities.
- Avoid napping during the daytime. If daytime sleepiness becomes overwhelming, limit naptime to a single nap of less than one hour, not later than 3pm.
- Distract your mind. Don't lie in bed unable to sleep and frustrated, instead try reading.
- Avoid caffeine and alcohol within four to six hours of bedtime.
- Avoid the use of nicotine close to bedtime or during the night.
- While a light snack before bedtime can help promote sound sleep, avoid large meals.
- Avoid strenuous exercise within six hours of bedtime.
- Minimize light, noise, and extremes in temperature in the bedroom.

Source: Sleep Hygiene wellness brochure published and copyrighted by the AASM.