

Science Transforming Life

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#1 respiratory hospital in the U.S. US News & World Report

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Sleep Study SLEEP CENTER POLYSOMNOGRAPHIC SUMMARY

| Parai | meters Measi | rea.         |         |        |     |    |      |      |        |   |
|-------|--------------|--------------|---------|--------|-----|----|------|------|--------|---|
| 1.    |              | Thermistor   |         |        |     |    |      |      |        |   |
| 2.    | Respiratory  | Effort: Esop | phageal |        |     | -  |      | 01.  | V 1    | V |
| 3.    | EKG X        | 4. EEG _     | _X      | 5. EOG | _X_ | 6. | EMG: | Chin | _X_Leg |   |
| 7.    | O2 Saturati  | on: Finger   | X       | Ear    |     |    |      |      |        |   |

Final Impression: The total apnea-hypopnea index was 29 events per hour (Obstructive Sleep Apnea Syndrome, ICSD Code 780.53-0). CPAP at a pressure setting of 11 cmH2O appeared to be the best pressure setting to minimize both hypopneas as well as central apneas.

## Recommendations:

- This study would support the use of CPAP at a pressure setting of 11 cmH2O administered via a Respironics Comfort Fusion small mask with heated humidification. The mask used in this sleep study may not necessarily be the optimal mask for this patient for long-term CPAP use. The provider of medical equipment should assess the patient and provide a mask that affords comfort and long-term CPAP compliance. A 2- to 3-week trial should be sufficient to determine both patient adherence to the prescribed CPAP therapy, as well as its therapeutic efficacy.
- I would encourage the patient to maintain optimal weight. 2.
- I would evaluate and treat the patient for reversible causes of upper airway obstruction, such 3. as nasal mucosal swelling, enlarged turbinates, and nasal polyps.