Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Respiratory and Sleep

Continuous positive airways pressure (CPAP) treatment and how to use your CPAP equipment

You have been diagnosed with sleep apnoea and have been prescribed continuous positive airways pressure (CPAP) to treat your obstructive sleep apnoea (OSA). CPAP (pronounced see-pap) is a well-established and effective treatment for OSA.

What is CPAP and how does it work?

CPAP (continuous positive airways pressure) is a treatment for sleep apnoea. It helps keep your airways open while you sleep by blowing air through a mask. This stops your breathing from being blocked, improves your oxygen and helps you sleep better.

It can take time to get used to using the CPAP machine and wearing the mask, but with support from the sleep clinic, you should soon notice improvements. If you previously felt sleepy during the day, CPAP should help you feel more awake.

Your sleep quality should improve as your breathing is no longer interrupted, and your bed partner may also sleep better as your snoring will be reduced. Ideally, you should use CPAP every time you sleep, whether at night or during an afternoon nap.

The DVLA guidelines recommend using CPAP at least 5 nights per week for a minimum of 4 hours per night.

Looking after your CPAP equipment

When you receive your CPAP machine, you will be given:

- CPAP machine with power cable and filter
- Mask
- Hose (tube)
- Filter (already in the machine)
- Humidifier (if needed).

It is important for your own wellbeing that you look after all your equipment and keep it clean. **This is your responsibility, not the responsibility of the Respiratory Physiology and Sleep department.**

CPAP machine care

- Always disconnect the CPAP machine from the power supply before cleaning.
- **Never** dip the machine in water.
- **Do not** use cleaning agents on the machine.

To clean wipe the machine with a damp cloth, then dry it with a soft cloth. Make sure it is completely dry before reconnecting the power supply.

Your CPAP device has a dust filter designed to collect the dust in the air as we do not want you to breathe it in. It is important that you tap or shake the filter once a week to remove any dust.

Regular maintenance

- Check the power cable frequently for damage. If you notice any damage, stop using the machine immediately and contact the sleep clinic for advice.

- Your CPAP machine will need servicing every 5 years.
- A PAT test label on your device shows the date of its last service. Your machine must be serviced 5 years from that date.
- It is your responsibility to call the sleep clinic to arrange a service appointment.
- When attending your appointment, bring your current CPAP device, power cable and bag, as your machine will be swapped at this time.

Mask care

Your mask is designed to last 9 to12 months if cleaned properly. Most mask issues and skin irritation are caused by poor hygiene.

Daily cleaning

- Wash your mask every day in warm, soapy water.
- Use non-branded, basic washing-up liquid. Avoid expensive brands or those with antibacterial or moisturising agents, as these can damage the silicone seal.
- Allow your mask to air dry. It is better to wash your mask in the morning so that it is dry for when you go to bed.
- Do not use baby wipes and antibacterial wipes to clean your mask.

Headgear cleaning

- Wash the headgear when needed, but at least once a week.
- Do not put your head gear in the washing machine or tumble dry.
- Wash your headgear by hand in warm, soapy water using a basic, non-branded washing-up liquid.
- After washing, refit the headgear carefully, as you may need to adjust the fit to ensure a proper seal.

Hose care

- You do not need to wash the hose regularly.
- If it gets dirty, rinse it with warm, soapy water (using plain washing-up liquid).
- After rinsing, shake off any excess water and hang the tube vertically to drain and dry completely.
- Regularly check the tube for wear, tear or holes.

If you need a new mask or hose, contact the sleep clinic and we will arrange for you to collect it or have it posted to your home.

Humidifier care

- If you have a humidifier attached to your CPAP Machine, clean that about every 2 weeks with mild soap and water.
- If you live in a hard water area, lime scale may build-up. It is harmless but can be removed by:
    - Soaking the humidifier once a month in a solution of 1 part white vinegar to 10 parts water for 30 minutes.
    - Rinsing thoroughly afterward.
    - Use a soft toothbrush for stubborn deposits.
- Do not use commercial lime scale removers, such as those for descaling kettles, as they are corrosive and will damage the humidifier.

Common problems using CPAP therapy

Excessive air leaking from the mask

This is one of the most common problem reported by CPAP users, especially when first starting therapy. Some leakage is normal, but if it continues for more than a week, contact the sleep clinic for advice.

Possible causes and solutions:

- Poor mask hygiene: Dirt buildup can prevent a proper seal. Make sure you clean you mask daily with warm soapy water.

- Facial hair: A beard can also make mask fitting difficult as the mask is design to fit on bare skin. If you have a beard, trimming it short will help.
- Worn-out mask: CPAP masks last 9-12 months. If your mask is old, the seal may be worn out, leading to leaks.

Marks or sores on your face from the mask

It is normal to have some marks on your face when you take off the mask in the morning, but these should disappear within an hour.

Sometimes, the mask can cause redness or sores on the bridge of your nose. This usually happens if the mask is too tight or has not been cleaned properly.

If you get an open sore, stop using the mask and contact the department straight away. Wait until the sore has fully healed before using the mask again.

Dry throat or mouth

The most common reason is air leaking from the mask, so check for any leaks first. If there is no leak and your mouth or throat still feels dry, using a humidifier may help.

Bloating or stomach pain

A rare side effect of CPAP is swallowing air. This can cause bloating and a sore stomach. If this happens, we may be able to reduce the air pressure on your CPAP machine to help.

If you have any issues with your CPAP machine or find the therapy difficult to tolerate, please contact the sleep clinic. You can find the contact details at the end of this leaflet.

DVLA guidelines and obstructive sleep apnoea

If you have sleep apnoea, you may need to inform the Driver and Vehicle Licensing Agency (DVLA). Studies show that drivers with untreated sleep

apnoea and daytime tiredness have a higher risk of falling asleep at the wheel, which increases the risk of road traffic accidents.

As a driver, you are legally responsible for staying alert. If you cause an accident due to falling asleep, you will be held accountable.

DVLA guidelines on sleep apnoea and driving

The DVLA has clear rules about driving with obstructive sleep apnoea (OSA):

- You do not need to stop driving, nor inform the DVLA if, before starting treatment, you did not experience daytime sleepiness severe enough to affect your driving.
- You must inform the DVLA (but can continue driving) if you were tired before treatment but are now successfully using CPAP or a mandibular positioning device. As long as your treatment is working and your symptoms no longer affect driving, your licence should not be affected.
- You must inform the DVLA and stop driving if you have sleep apnoea with symptoms that could impair driving and you refuse or do not follow your treatment.

These rules apply to both Group 1 (car/motorcycle) and Group 2 (bus/lorry) drivers. Group 2 drivers must also have regular (usually annual) check-ups with the sleep clinic to confirm they are managing their condition properly.

There is no need to worry about notifying the DVLA. If you use CPAP regularly and your symptoms are under control, you should be able to continue driving. If needed, we can help complete any DVLA medical forms.

If you feel excessively sleepy while driving, you must inform the DVLA.

Motor insurance and sleep apnoea

Please remember that your insurance company has the right to request medical details for any condition you are currently being treated for,

including obstructive sleep apnoea (OSA). The police may also request this information if you are involved in an accident.

If you have not declared your OSA, your insurer may refuse to support any claim.

Please check your insurance policy to see if you are required to declare any new medical conditions, including sleep apnoea.

Clinic follow up and support

After using your CPAP machine for 4 weeks, we will arrange a telephone appointment to review your therapy data. During this call, we will discuss any remaining symptoms and address any issues you might be having with the therapy. If everything is going well, you will be scheduled for a follow-up call in 12 months. If you are having difficulties with the therapy, we may offer you a face-to-face appointment to resolve any issues.

Once you are fully established on CPAP, you will be added to our patient initiation follow up (PIFU) pathway. This means you will not have a routine appointment, but you can contact us if a problem arise, if you need new consumables, or your machine needs replacing. The only exception to this is for Class 2 drivers who need DVLA reviews.

If we don’t hear from you within 3 years, we will contact you to confirm if you wish to continue your treatment. However, we expect most patients will reach out before then, particularly for replacement masks and tubing.

Contact details

If you have more questions or issues with your CPAP equipment, please contact the Respiratory Physiology department using the phone number or email below for advice. We strongly advise that you contact the clinic by phone or email, rather than attending in person. Due to high demand for our sleep service, we are unable to see patients without an appointment and you may be turned away if you arrive without one.

Department of Respiratory & Sleep Sciences

Opening hours: Monday to Friday, 8.30am to 5.30pm

Telephone: 024 7696 6729 or 024 7996 6734

Email: gmbsleep@uhcw.nhs.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6729 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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