

SLEEP WELL MEDICAL CLINIC, A CENTER FOR SLEEP DISORDERS



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Dear Patient,

Welcome to our facility, **Sleep Well Medical Clinic**. We would like to make your visit a pleasant and restful experience. At your convenience, please complete:

1. New Patient Facesheet Form
2. New Patient Medical Questionnaire
3. Epworth Sleepiness Scale
4. Bed Partner Questionnaire

Please bring completed forms to the office or study appointment.

Other forms that may need to be completed:

1. HIPAA Authorization Form. Allows release of information to other providers.
2. Release of Medical Information Form. Allows your provider to discuss confidential medical information with named persons.

The above forms are available to download from the website or we can email or mail them to you.

If you cannot keep this appointment, you must notify us prior to 48 hours of your appointment, otherwise you will be assessed a \$250.00 cancellation fee. Please understand that a certified sleep technologist is retained to provide you the test.

We look forward to seeing you on the day of your appointment.

Sincerely,

Sleep Well Medical Clinic

POLYSOMNOGRAM (SLEEP STUDY) INSTRUCTIONS

PATIENT : _____ DATE/TIME: _____

You are scheduled for an all night sleep study. **It is important that you arrive at your scheduled time** as there may be other patient(s) scheduled on the same night of study.

PLEASE BRING:

- ◆ Your bedtime clothes (i.e. Preferable 2 piece) and change of clothes for the next day
- ◆ Your toiletries (i.e. tooth paste, toothbrush, etc.)
- ◆ Your medicines as prescribed by your doctor. Sleep Well Medical Clinic cannot provide you with medicines. Certain medicines are not to be taken during the study. With the consent of your physician, the medicine(s) may be withheld.
- ◆ A comfortable pillow and personal blanket (if you forget, we will provide these for you).
- ◆ Please come to your appointment showered as there are no showers in the premises.
- ◆ Your insurance card.

PROCEDURE:

The technician will ask you to change into your bedtime clothes and fill out a bedtime questionnaire. S/He will then mark and measure your head so as to apply the proper placements of the EEG (brain wave) electrodes. None of the monitoring devices will hurt. None of the devices will cause or induce pain. They will use a paste to help in the placement of the electrodes. We will be monitoring the following parameters:

- ◆ EEG (Electroencephalograph or brain waves) to monitor what stage of sleep you are in.
- ◆ EOG (Electro-oculograph or eye waves) to monitor your eye movements
- ◆ EMG (Electro-myograph or muscle activity) to monitor your limb movements and chin activity
- ◆ ECG (Electro-cardiograph or heart rate) to monitor your heart beat and rhythm
- ◆ Respirations from your nose and mouth as well as from your chest and abdomen. Your nose and mouth will be monitored by either a nasal pressure monitor or thermocouple which looks like an oxygen cannula. Your chest and abdominal respiratory efforts will be monitored by belts which are placed around your abdomen and chest. These are placed outside your bedtime clothes.
- ◆ Oximetry will be monitored by a finger probe, which will read your oxygen saturation levels throughout the night.

The entire hook-up procedure takes approximately 45-60 minutes. We typically would start the sleep study between 10-11:00 pm. You are free to walk about the Sleep Center after being hooked-up. Please feel free to bring reading literature since there are no televisions in our facilities. During the night you are free to use the restroom on your own. You are also allowed to sleep in any position during the night, although we would like to see some time on your back. If you have a medical condition that prevents you from sleeping on your back, please let the technician on duty know. Do not be afraid to sleep in any position. The monitoring devices are very sturdy. If a monitoring device gets pulled off, the technician will fix it. In the morning, the technician will remove all of the monitoring devices. This process takes about 15-20 minutes. Afterwards, you are free to wash up. **The study usually ends by 6:00 am.**

PLEASE NOTE: You are to eat dinner prior to coming to the Center. If you require special assistance to get in and out of bed, you must bring an aide to be responsible for this care. **Please take a shower and wash your hair prior to coming to our Center.** Removal of all make-up, perfume/cologne prior to coming to Center is recommended. **If, for some reason, you cannot keep this appointment, you must notify us before 48 hours otherwise you may be assessed a \$250.00 cancellation fee.** Please leave all valuables at home when scheduled for your sleep study.

DO NOT CONSUME ANY CAFFEINATED OR ALCOHOLIC BEVERAGES AFTER 12:00 PM THE DAY OF YOUR STUDY!

DETAILS OF SLEEP STUDIES:

INSTRUCTIONS FOR DIAGNOSTIC STUDIES

During your sleep study, you will undergo a comprehensive sleep study. You will be allowed to sleep in any position, however we would like to see some time on your back (unless you have a medical condition that would make it difficult to sleep on your back). If during the middle of the night, the technician has still not seen you on your back s/he will either roll you on your back or wake you up and ask you to sleep on your back. Do not take any naps the day of your study. Do not drink any caffeinated beverages after 12:00 pm.

INSTRUCTIONS FOR SPLIT NIGHT (CPAP) STUDIES

During your sleep study, you will undergo a “split-night” study whereby the first part of the night will be a diagnostic night to see how severe (if any) you show periods of “stopping of breathing”, also known as sleep apnea. You will be allowed to sleep in any position, however we would like to see some time on your back (unless you have a medical condition that would make it difficult to sleep on your back).

The second part of the night will entail treatment with either CPAP (Continuous Positive Airway Pressure) or BIPAP (dual-level Positive Airway Pressure). This is a mask that will be worn over your nose to treat the snoring as well as the sleep apnea. In this portion of the night you are also allowed to sleep in any position however we would also like to see some time on your back. If during the middle of the night the technician has still not seen you on your back s/he will either roll you on your back or wake you up and ask you to sleep on your back. Do not take any naps the day of your study. Do not drink any caffeinated beverages after 12:00 pm.

INSTRUCTIONS FOR ALL NIGHT TREATMENT STUDIES

During your sleep study, you will undergo a comprehensive sleep study, which will entail treatment with either CPAP (Continuous Positive Airway Pressure) or BI-LEVEL (dual-level Positive Airway Pressure). This is a mask that will be worn over your nose to treat the snoring as well as the sleep apnea. In this portion of the night you are also allowed to sleep in any position however we would also like to see some time on your back. If during the middle of the night the technician has still not seen you on your back, s/he will either roll you on your back or wake you up and ask you to sleep on your back. Do not take any naps the day of your study. Do not drink any caffeinated beverages after 12:00 pm.

INSTRUCTIONS FOR THE MULTIPLE SLEEP LATENCY TEST (MSLT)

This is a series of nap studies that are performed primarily during the day and followed after your sleep study. The first nap will begin generally 1.5-2 hours after you are awakened from your sleep study with the following naps occurring two hours thereafter. These naps are “opportunities” for you to sleep. We are not forcing you to sleep. We just want to see if you would be able to sleep when given the opportunity to do so. Some of the monitoring devices that were placed on you for the sleep study will be removed. After these devices have been removed, you are to change into your “daytime clothes”. In between each nap study you are to remain awake

and out of the bed. We will provide you with breakfast and lunch during this study. You are not allowed to have any caffeinated beverages during the day. This is a standardized test to rule out Narcolepsy and/or Idiopathic Hypersomnolence: both a sleep disorder where you would be “excessively sleepy”. Do not take any naps the day of your study. Do not drink any caffeinated beverages after 12:00 pm.

□ **INSTRUCTIONS FOR THE MAINTENANCE OF WAKEFULNESS TEST (MWT)**

This is a series of studies that are performed primarily during the day and followed after your sleep study. The first nap will begin generally 1.5-2 hours after you are awakened from your sleep study with the following naps occurring two hours thereafter. These sessions are “opportunities” for you to “remain awake”. Some of the monitoring devices that were placed on you for the sleep study will be removed. After these devices have been removed, you are to change into your “daytime clothes”. You will either be sitting up in bed or sitting in a chair in a semi-dark room and you are to try to remain “awake” for a period of 40 minutes for each session. During this 40-minute period you are not allowed to stimulate yourself in any manner (pinching yourself, singing, etc.). In between each session, you are to stay out of the bed and try to remain awake. We will provide you with a breakfast and lunch tray. You are not allowed to have any caffeinated beverages during the day. This is a standardized test to justify your level of alertness/wakefulness (for employment/FAA reasons).

*****Summarized results will be sent to your primary or referring physician. Often, your physician will discuss the results with you. However, if you would like our physician specialists to discuss the study with you in detail, then please call the appointment number, (408) 993-1500, for a formal discussion of the reasons for the study, the results and recommendations with you in person.***