

Patient Information

# Common Problems & Solutions for CPAP Users





## Getting Started

When using your CPAP system for the first time you will notice an unusual sense of pressure when breathing. You will need to consciously push out when you breathe. This is normal and will occur automatically when you are asleep.

If you use a nasal mask or pillows and open your mouth, air will leak out. This may feel a little unpleasant. You should try to keep your mouth closed. A delay timer or “ramping system” on your CPAP system can help overcome these problems. The pressure will build up gradually over the period of time you select, from a comfortable level to your prescribed pressure.

Higher pressures (typically 5 - 20 cm/H<sub>2</sub>O) may cause ribcage and abdominal discomfort and can cause discomfort from air swallowing. Your physician may be able to offer advice should such problems arise.



## ■ The Mask

The mask is a vitally important part of CPAP therapy, the sufferers compliance of the treatment is greatly improved with a comfortable, correctly fitting mask. It is not uncommon to take a while to get used to wearing the mask at night.

In order for the CPAP therapy to be effective it is important to get a good seal between the mask cushion and the face. If there are any gaps the air will leak out, which will be noisy and may keep the user awake. Also it means that the overall pressure of the CPAP system will drop leading to a less effective therapy.

A tightly fitting mask is not necessary; a well balanced comfortable fit without undue tightness will still provide an efficient air seal. With nasal masks a minor leak around the upper lip is sometimes preferable to over-tightening the mask but you should eliminate any air leaks blowing in the direction of your eyes as this may cause eye irritation. By over tightening the CPAP mask users may experience facial sores and marks, and as OSA sufferers wear the mask every night the repetition of wearing an ill fitting mask can worsen these sores making therapy less tolerable leading to poorer long term compliance.

Some patients who are mouth breathers benefit from using a full face mask, some patients however feel claustrophobic with conventional nasal and full face masks and prefer nasal pillows or oral interfaces. Your physician will advise you on the best mask for your treatment, but it is worth remembering that there are many types of masks available to ensure an effective CPAP therapy.



## ■ Common nasal problems

### ■ Nasal irritation

Occasionally the CPAP treatment causes irritation to the nasal lining which results in sneezing and nasal streaming (similar to hayfever). This may settle down on its own but if it does not then nasal sprays which reduce the inflammation of the nasal lining and dry up the nose are the best treatment.

### ■ Nasal congestion

If your nose becomes blocked or congested during the night then it will be difficult to use the CPAP system. If you have a cold, stop using the system until recovered. Nasal decongestants may help to clear your nose but do not use them on a long term basis. Consult your physician if problems persist.

### ■ Coldness/dryness of the nose

Some people experience a continuing dryness of the nose and throat. If this occurs heated humidification may be a possible solution to the problem, however seek advice from your sleep specialist first.



## ■ When using CPAP

- If any of the symptoms of Sleep Apnoea recur during the course of your CPAP treatment, consult your specialist sleep physician.
- If you experience an infection of the throat, middle ear or sinuses, you should consult your doctor before continuing your CPAP treatment. You may be advised to stop CPAP until the infection has cleared.
- If you are admitted to hospital or are prescribed any other form of medical treatment, always inform the medical staff that you are being treated with CPAP therapy. Make sure that you take your CPAP system into hospital when admitted.
- Do not stop your CPAP treatment without the approval of your consultant.
- If you experience any unexpected symptoms during the course of your CPAP treatment, consult your physician immediately.
- Treatment with CPAP may act as a catalyst to weight loss and the Sleep Apnoea may then improve significantly to allow a reduced pressure or discontinuation of the CPAP therapy.

## **| Frequently Asked Questions**

### **■ How long will it take to get used to CPAP?**

Most people tend to adjust to the therapy within 1 - 2 weeks, however occasionally it may take a little longer to get used to the sensation of wearing a mask to sleep in.

### **■ When will I notice an improvement in my symptoms?**

You should notice an immediate improvement within the first few nights of using the CPAP system.

### **■ How often should I use my CPAP?**

You should use your CPAP every night. If you do not, you will return to your previous symptoms of daytime sleepiness, snoring and apnoea's.

### **■ Will the pressure on my CPAP ever need changing?**

On a fixed pressure CPAP the pressure will most likely remain the same from the day it is first set. However if you lose a significant amount of weight a lower pressure may be possible. You would have to be reassessed by your sleep specialist.

### **■ Will I ever be cured of my OSA? Will I ever be able to stop using my CPAP?**

OSA is a long term condition for which there is no known cure. However despite this, CPAP therapy will control OSA as long as you continue to use your CPAP system.



## Patient information series leaflets:

- Obstructive Sleep Apnoea
- All about C.P.A.P.
- Getting to grips with your C.P.A.P. system
- Common problems and solutions for C.P.A.P. users



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