

SLEEP STUDY

Your doctor has requested that you have a SLEEP STUDY on _____ at Mitchell County Regional Health Center. Please come to the north Pine Street entrance of the hospital and report to Hospital Registration at **7:15 p.m.** The sleep technician will come to the registration area and escort you to your room. You will be expected to stay overnight and the study will be finished between 5:30 and 6:00 a.m. the following day.

What is a Sleep Study?

A sleep study monitors all the stages of your sleep including eye movements, heart rate, brain waves, muscle activity, level of oxygen in your blood, breathing and snoring, and sudden leg movements. In order for the test to be successful, we do need you to sleep while you are here.

Before your test

1. Do **not** nap during the day of your sleep study.
2. Avoid caffeine and alcohol the day of your sleep study.
3. If you have a cold, upper respiratory infection, or are stuffed up and cannot breathe normally the day of your sleep study, please call and reschedule.
4. A sedative has been ordered for you or you may use your own regular sleeping medications. You may drive yourself home if sedation is given 8 hours prior to your discharge. If sedation is given less than 8 hours before discharge, you may wait until the 8 hours has passed or have a family member or friend drive you home.
5. For your comfort while here, please bring anything you might need for bedtime such as a favorite pillow, pajamas, medications, nasal sprays, antacids, etc.
6. Take a shower and wash your hair but do not use hair conditioner, hair spray, or body lotions.
7. Please let us know of any special needs you might have prior to your study.
8. Continue to take your usual prescribed medications through the day of your test and bring your regular medications with you.
9. Please bring your normal sleepwear. Underpants required.

Insurance information

1. You are responsible for contacting your insurance company to make sure your study is covered. If a preauthorization number is given to you, please bring it with you and present it at registration. Medicare does not require preauthorization.
2. Please bring your current insurance card.
3. If you have Coventry Health Care of Iowa, your study may not be covered as of June 1, 2007. Please contact your insurance company for prior approval.

If you have any questions or would like more information contact us at:



Specialty Clinic
616 North Eighth Street
Osage, Iowa 50461-1498
Phone: (641) 732-6090
Fax: (641) 732-6033
osagehospital.com

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During your test

1. An electrode is placed on each leg to record leg movements during sleep.
2. Your breathing is monitored with a flexible band on across chest and abdomen.
3. Two electrodes are placed on your chest to monitor heart activity.
4. A small monitor is placed near the nostrils and mouth to monitor airflow in sleep.
5. Electrodes placed on the jaw monitors muscle activity.
6. An electrode near each eye records eye movement during periods of sleep.
7. Ten electrodes are placed on the scalp and behind each ear to monitor sleep stages.
8. Bathroom needs are accommodated during the night.
9. Someone may wake you in the middle of the study to apply a CPAP mask. A CPAP (continuous positive airway pressure) machine helps reduce sleep apnea spells. You will need to have 2-1/2 hours of the deep sleep with events before the CPAP machine will be applied. (Insurance requires a minimum of 2-1/2 hours of deep sleep.) Some patients will need to return for the CPAP trial on an additional evening if they are unable to reach the 2-1/2 hours of deep sleep with events.
10. A shower is available for you to use in the morning after your study. Please bring your own toiletries.

After your test

Your test results will be sent to your doctor. If your test returns positive and you have not had a trial with the CPAP machine, our sleep lab technician will be contacting you to schedule another study with application of CPAP. If your test returns positive and you were given a trial of CPAP and it improved your events, a prescription for CPAP will be sent to the vendor of your choice. The vendor will then contact you to make arrangements to get you a CPAP machine. **If you have not been notified by the vendor you designated or had a followup appointment with your provider within a week, please call your provider.**

If you have any questions in regard to your sleep study or **need to cancel**, please call the Specialty Clinic at 641-732-6090 and we would be glad to help you. You can leave a message for the Sleep Lab technician directly at 641-732-6044

11/2009 T: Specialty Clinic/sleep study teaching sheet

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