



Patient Name: _____ Appointment: _____ @ 8 pm

Sleep Study Information

You have been scheduled for a sleep study at the Sleep Disorders Center in Olathe Medical Center. Please read the following instructions to prepare for the sleep study. If you have any questions, contact the Sleep Disorders Center at (913) 791-4282.

DESCRIPTION OF PROCEDURE

A polysomnogram (sleep recording) is performed to detect sleep disorders and assess the quality of your sleep. The Sleep Center Specialist uses the recorded data, recorded video, and your sleep technologist’s notes for diagnosis.

A polysomnogram records all the following information from your body at once:

- EEG (electroencephalogram) electrodes on the scalp record brain activity.
- Respiratory belts around the chest and abdomen measure breathing effort.
- A small finger probe monitors blood oxygen level.
- A small cannula (tubing) below the nose detects exhaled and inhaled air.
- Sensors on the chin and legs record muscle tone and body movements.
- Electrodes placed by the eyes track eye movements.
- EKG pads on the chest monitor your heart activity.

If necessary, an arterial blood gas sample may be drawn.

GENERAL INFORMATION

You should plan to arrive at 8:00 p.m. Please check in Monday through Friday at Doctors Building I, Suite 150. On Saturday and Sunday, or after 8:30 p.m., please check in at the Emergency Care Center Admission desk. After you are registered, a sleep technologist will escort you to the Sleep Disorders Center. *Please call us as early as possible if you require a wheelchair or any special accommodations at (913) 791-4282.*

The hook-up procedure will take about an hour and then you may go to bed. Your study will last a minimum of six hours, regardless of the amount of sleep recorded. In the morning, all monitoring equipment will be disconnected and you will be free to leave.

A sleep study is capable of detecting many different sleep disorders. Several treatment options are available for most sleep disorders, including CPAP (Continuous Positive Airway Pressure), BiPAP® (Bi-Level Positive Airway Pressure), medications, surgeries, dental devices, and/or weight loss. Your physician will work with you to determine which therapy is best for you.

If breathing abnormalities are detected during your study, CPAP or BiPAP therapy may be initiated after a few hours of sleep. Often, a second sleep study is necessary to determine the optimum level of treatment.

Both CPAP and BiPAP® therapy consist of a nasal mask, connective tubing, and a small machine. Air-pressure acts to “splint” the soft tissue in the mouth and throat so that the airway remains open allowing for better sleep. Your sleep technologist will work with you to ensure your comfort.

20.0021



Olathe Medical Center

20333 West 151st Street
Olathe, Kansas 66061

SLEEP STUDY INFORMATION

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O.M.C. No. 2109

PLACE
PATIENT LABEL
HERE

TEST PREPARATION

You will need your insurance information, photo I.D., and referral or authorization papers (if available) for patient registration when you arrive. Your sleep study is an outpatient procedure, so you will not be admitted to the hospital.

Please bring a **list of all your medications** (prescription and over-the-counter), and complete the enclosed questionnaire and sleep diary. Your sleep technologist will collect the forms from you after you are taken to your bedroom.

Important: Continue ALL prescription medications unless told otherwise by your physician.

If you currently have a CPAP/BiPAP® device, please bring the machine, tubing, headgear and mask.

The testing equipment can be applied around most any type of sleepwear, so please bring something comfortable and loose fitting to sleep in. A hospital gown is available upon request, and we ask you to avoid materials such as satin and silk, as some of the devices slide too easily over these fabrics.

The sensitive nature of the recording equipment requires as clean a connection as possible. On the evening of your sleep study, please shower, shampoo and dry your hair. Do not use any type of hair preparations such as activators, conditioners or moisturizers. Fingernail polish must be removed, if present, as we monitor your oxygen level through the nail bed.

Sensors placed on the face are difficult to apply to facial stubble; therefore, we ask men to be clean-shaven, **unless you have a beard. Do not shave your beard for this study!**

On the day of the study, do not take naps and avoid the following substances after noon:

- Anything containing caffeine (coffee, tea, soda, Vivarin®, No-Doz®, etc.).
- Diuretics (water pills) or laxatives.
- Alcoholic beverages.
- Any type of stimulant (such as diet pills, cold medicine, or nicotine)
- Over-the-counter sedatives (such as cough syrup, Nytol®, Tylenol PM®, etc.).

If you would feel more comfortable bringing some items from home (favorite pillow, blanket, etc.) you are welcome to do so.

Olathe Medical Center, Inc. is a non-smoking facility. Smoking is not permitted on the hospital grounds.

CONSENT AND RELEASE OF MEDICAL INFORMATION

By signing this form you are giving consent to undergo polysomnographic testing and treatment at the Olathe Medical Center Sleep Disorders Center and consent to video and audio recording for the duration of your stay. Furthermore, you are allowing the Olathe Medical Center Sleep Disorders Center to release the results of your polysomnographic testing and treatment to your referring physician. To facilitate quality care and treatment follow-up, you are also consenting to have your referring physician release pre- and post-study clinical information to the Olathe Medical Center Sleep Disorders Center.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS:

Time/Date	Patient Signature	Time/Date	Witness
Barcode on first page only			PLACE PATIENT LABEL HERE
Olathe Medical Center 20333 West 151 st Street Olathe, Kansas 66061		SLEEP STUDY INFORMATION Page 2 of 2 9.5.2017; RESP; ca	O.M.C. No. 2109