

The Dallas Center for Sleep Disorders
6313 Preston Road, Suite 400
T 972-473-7300
F 972-473-7750
www.dallas-sleep.com

1. What is a polysomnogram?

A polysomnogram is a test which measures body functions during sleep. Each test will vary depending on the individual case and some measurements taken may include:

- Brain Waves (EEG) surface electrodes on head
- Heart Rate (EKG) surface electrodes on chest
- Eye Movement (EOG) surface electrodes above and below eyes
- Muscle Movements (EMG) surface electrodes on and under chin
- Limb Movements (EMG) surface electrodes on lower legs and arms
- Breathing (Nasal/Oral) sensors placed onto the skin near the nose and mouth
- Breathing (Respiratory Effort) small elastic bands placed on the ribcage
- Blood Oxygen Levels (SpO2) small probe attached to finger, and not taken from actual blood samples
- Other body functions may be recorded to answer special questions about such things as CO₂, pH, and impotence
- Sensor attachment will be done utilizing 10/20 (a glue like substance) which is easily removed. Please prepare for this process by washing your hair thoroughly before your visit to the Sleep Clinic
- A video recording will be done in some circumstances.

2. Why record all these things?

Disturbed sleep can affect daytime activities and sometimes medical problems during sleep involve a risk to your health. These parameters are recorded to obtain objective information about the quality of sleep to better define your sleep problem.

3. How can I sleep with all these things on me?

Surprisingly, most people sleep well. The body sensors are applied in a manner that will allow you to turn and move during sleep. Generally, you will not be disturbed by the monitors after they have been on for a while and many patients report that they actually sleep better here than at home. Remember that this is not a performance test, but merely a recording of how you sleep.

4. Will the sensor device hurt?

No!! Sometimes, in rubbing the skin, there are mild temporary irritations. However, this does not generally cause significant pain.

5. What should I expect?

- A technologist will greet you, at your scheduled appointment time, in the waiting area of the Sleep Clinic. Please note the door will be locked. You should ring the buzzer and a technician will meet you at the door.
- There will be additional paperwork to complete.
- We will apply the electrodes and the sensors over a period of 1-2 hours. You may watch television during this procedure.
- We will provide instructions on CPAP and Bi-Level usage if prescribed. This may be conducted in a group setting.
- You may go to sleep at your normal bedtime within the constraints of the sleep protocol.
- During the recording process, your sleeping patterns will be observed, and a sleep technologist will assist as needed during the entire recording process.
- We typically awaken patients between 5:45 am and 6:30 am unless an earlier wake up time is desirable. Please keep in mind that the equipment takes 15 min to remove.

6. Will I be given a drug to help me sleep?

In most cases, sleeping pills are not needed, but if you are having a difficult time sleeping we may consider using a medication to help you sleep.

Please DO NOT stop taking any of your medications without first consulting with your sleep physician.

7. What is a Multiple Sleep Latency Test (MSLT)?

Some patients also participate in daytime testing. This test consists of a series of 20 minute nap opportunities. The naps are conducted every 2 hours throughout the day. During the nap period you are encouraged to sleep and during breaks you **MUST** stay awake, otherwise the study is compromised. In general this study is concluded by 5 pm.

8. What should I bring?

DO NOT BRING ANY VALUABLES OR MONEY WITH YOU!

WE ARE NOT RESPONSIBLE FOR ANY LOST OR STOLEN MONEY AND/OR VALUABLES!

- You must bring bedclothes.
- Something to read or to work on during the non sleep periods
- A family member or friend (just one) is welcome to accompany you until bedtime. Please note: we do not provide sleeping accommodations to family/friends (except for those attending children under the age of 18 years and/or disabled persons)
- Personal toiletries (toothbrush, toothpaste, comb, brush, shampoo, ect.) and a change of clothes for the next day. The Sleep Clinic provides towels and bedding and there is a toilet and shower facility available.
- **ANY MEDICATIONS NEEDED!!** Please bring a list of medications you have taken in the past month.
- Please bring a special pillow, stuffed animal, or white noise devise if desired. Children should bring favorite blankets, books, or toys. Please do not bring pets.
- If you recently have used a CPAP/ Bi-Level, please bring your mask and headgear with you. It is NOT necessary for you to bring your machine.

9. What should I expect regarding meal service?

The Dallas Center for Sleep Disorders is an outpatient facility. Meal service is NOT provided, except for patients scheduled for daytime nap testing (MSLT). **PLEASE EAT PRIOR TO ARRIVAL TIME.** Restaurants are located in the nearby shopping center if you arrive early. Please plan to bring snacks and drinks for refreshments, if you so desire during your stay in the Sleep Clinic.

10. When do I arrive for the sleep study?

The reception and scheduling office closes at 5:00 pm. The Dallas Center for Sleep Disorders opens at 8:30 pm for overnight sleep studies. **IT IS IMPORTANT THAT YOU ARRIVE ON TIME!!!!** If you need to cancel your overnight sleep study appointment or if you are running late after our office closes for the day, please call the Sleep Clinic answering service at 972-473-7300 ext 229 and leave a message.

- If you have difficulty staying alert while driving please make arrangements for transportation to and from the Sleep Clinic.
- **NO SMOKING** is allowed inside The Dallas Center for Sleep Disorders according to building and state regulations.

11. Is this test covered by Insurance?

We are an accredited Sleep Center and most major insurance companies routinely cover our services. We recommend that you check with your insurance company about details regarding coverage for sleep testing, treatment, and follow up care (durable medical equipment). We will provide medical descriptions of the tests provided if this is useful for insurance purposes. If you have questions or concerns, please contact the clinic coordinator at 972-473-7300. If you have any questions regarding follow up arrangements for durable medical equipment (CPAP / BiLevel), please call the Sleep Center at 972-473-7300.

12. What happens to the polysomnogram?

The record of your sleep test will probably be about 1000 epochs long and it is stored on an optical disk. It will be analyzed in detail by a technologist and our board certified physician, Dr. Kakar. If you are being seen by one of our clinic physicians, you will be asked to make a follow up appointment to receive your sleep study results. If you are not being seen by one of our doctors, you should make an appointment to see your referring physician 1-2 weeks after your study date.

Emergency Information

Patient Name: _____

Age: _____

Room: _____

Person to notify in case of emergency (relative or friend)

Name: _____

Address: _____

City/ ST: _____

Phone: _____

Allergies to medications and/or drugs (please check off)

- _____ LIDOCAINE
- _____ LATEX
- _____ ASPIRIN
- _____ SOLVENTS (ACETONE/ COLLODION)
- _____ ENVIRONMENTAL ALLERGIES
- _____ TAPE
- _____ OTHER _____

The Kakar Apnea Survey

1. Have you ever been told that you snore? Yes No
2. Have you ever been told you stopped breathing during sleep? Yes No
3. Have you ever awakened from sleep gasping or choking? Yes No
4. Do you generally wake up more than once per night? Yes No
5. Have you been told you are a restless sleeper? Yes No
6. Do you move or change positions frequently during sleep? Yes No
7. Do you generally wake up with a dry mouth? Yes No
8. Do you usually wake up feeling unrefreshed from sleep? Yes No
9. Do you regularly wake up with headaches? Yes No
10. Do you often feel tired or sleepy during the day? Yes No
11. Do you ever take a nap during the day? Yes No
12. Do you ever doze off unintentionally during the day? Yes No
13. Have you ever been drowsy while driving? Yes No
14. Any history of a motor vehicle accident due to drowsiness? Yes No
15. Any near-accidents due to drowsiness? Yes No
16. Have you smoked tobacco in the past year? Yes No
17. Do you regularly drink 2 or more cups of coffee per day? Yes No
18. Do you regularly have 2 or more caffeinated drinks per day? Yes No
19. Any heartburn or gastric reflux in the past year? Yes No
20. Do you have history of high blood pressure or hypertension? Yes No
21. Do you have any history of heart disease or arrhythmia? Yes No

The Kakar Apnea Survey is a screening tool and is not intended to provide a diagnosis of any disease or illness. The Author of the Survey assumes no liability for its use.

The Amrit Measure for Sleep Apnea in Cardiovascular Disease

1. Do you have history of hypertension or high blood pressure? Yes No
2. Do you have history of diabetes? Yes No
3. Have you ever had a heart attack? Yes No
4. Do you have history of heart disease or arrhythmia? Yes No
5. Do you have history of congestive heart failure? Yes No
6. Have you ever had a stroke? Yes No
7. Have you ever had atrial fibrillation or other arrhythmia? Yes No
8. Any heartburn or gastric reflux symptoms in the past year? Yes No
9. Do you regularly have 2 or more caffeinated drinks per day? Yes No
10. Have you ever been diagnosed with depression? Yes No
11. Have you ever been told that you snore? Yes No
12. Have you ever been told you stopped breathing during sleep? Yes No
13. Have you ever awakened from sleep gasping or choking? Yes No
14. Do you generally wake up more than once per night? Yes No
15. Do you generally wake up with a dry mouth? Yes No
16. Do you usually wake up feeling unrefreshed from sleep? Yes No
17. Do you regularly wake up with headaches? Yes No
18. Do you often feel tired or sleepy during the day? Yes No

THE EPWORTH SLEEPINESS SCALE

Name: _____

Your Age (Years): _____

Your Sex (Please Circle): M F

Date: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

- 0 – *Would never doze*
- 1 – *Slight* chance of dozing
- 2 – *Moderate* chance of dozing
- 3 – *High* chance of dozing

<u>Situation</u>	<u>Chance of Dozing</u>
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (i.e. a theater or meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon (when circumstances permit)	_____
Sitting and talking to someone	_____
Sitting quietly after lunch without alcohol	_____
In the car, while stopped for a few minutes in traffic	_____

Thank you for your cooperation