

Now that you have had your initial evaluation with one of our physicians and you are being scheduled for a polysomnogram (sleep study). Spending the night in our sleep center is necessary for the evaluation of the physical factors affecting your sleep.

A polysomnogram is a non-invasive, painless, medical procedure and can last one to several nights. Basically, you sleep at one of our on-site facilities and your brain wave activity, eye movement, respiration; blood oxygen level, limb movement and heart rate are all monitored. The study ends around 5 AM. Test results are usually completed within 48 hours. Depending on your results, the sleep lab may call you for a second night or you may have an appointment with the physician between your first and second night.

Our private sleep rooms are furnished with patient comfort in mind, featuring regular beds instead of hospital beds and a pleasant atmosphere that looks and feels as much like home as possible. This setting provides a more favorable environment for conducting your polysomnogram, the most common procedure for evaluating and classifying disorders.

1. **Bathe and shampoo your hair prior to coming.** This will remove the oils from your skin and hair, which might otherwise interfere with the sleep study. Except for deodorant do not add anything to your skin or hair such as makeup, moisturizers, and hair spray or hair oils as these would also interfere with the sleep study.
2. **Have your routine throughout the day be as normal as possible.**
3. **Take your usual prescription medications, unless otherwise instructed by your physician. Bring any that you may need through-out the night (i.e. Albuterol Inhalers)**
4. **Try not to nap** on the day of your study.
5. **Eat your evening meal** before arriving at the sleep lab.
6. **Smoking is not allowed inside the lab.**
7. **Friends and family members cannot remain in the testing area during the study.** Exceptions include parents of young children or caretakers of adults with special needs. If you fall into one of these categories, please inform us so arrangements can be made.

Items to bring

Loose fitting 2-piece cotton pajamas, sweat suits, T-shirts, shorts or pants to wear to sleep. **Do not wear 1-piece gowns or silky material.** You are free to bring a robe and slippers.

1. Although we will provide pillows and linens you are welcome to bring your favorite blanket or pillow.
2. If you typically read before going to bed, then you may want to bring a book.

After you check-in and get settled, a sleep technologist will ask you to change into your nightclothes. Small sensors or electrodes will then be attached to parts of your head and body. Flexible wiring is attached to the sensors, which is then connected to a central unit. A monitoring area is located close to your room, just down the hallway. Once all of the sensors, electrodes, and belts are attached, the technician will take some initial readings while you are awake.

Sleep Lab Procedures

1. **You will be "hooked up" by the technician; you may read or watch T.V. until the sleep study is ready to begin.**
2. **Lights out will need to be by 11PM so that we have enough time to collect the needed data and also meet insurance requirements. A minimum of six hours of recording time is needed to satisfy most insurance companies.**
3. **The study usually ends around 5AM. If you did not drive yourself, please arrange for someone to pick you up.**
4. **You will sleep in a private room that is designed to feel as much like a bedroom as possible.**
5. **A technician will be listening to you on a microphone at all times and can "unhook" you for bathroom breaks. Also, there are night cameras in each room for monitoring.**

So, what are all the sensors for and what are they recording? Depending on the symptoms you have described to the sleep specialist, some or all of the following will be monitored:

- Brain activity - Multiple sensors attached to your head record your brain waves. This reading shows the technologist which sleep stage you have reached.
- Airflow - A sensor placed on your upper lip monitors the airflow and temperature from your nose and mouth. For patients that suffer from apnea, these sensors show a flat reading when there is no airflow. The temperature can determine when you inhale or exhale (inhaled air is cooler than exhaled).
- Neutral area - A sensor clipped to your ear is used as a neutral reading; the ear is a part of the body that does not move much during sleep.
- Rapid eye movements - One or two sensors placed near the eyes record rapid eye movements (REM), which are associated with dreaming and deep sleep.
- Breathing - Elastic belts around your chest and stomach will measure your respiratory effort.
- Muscle tone - Muscle tone and relaxation are measured with one or more electrodes attached to your chin. It is important that this reading is low during REM sleep, the period when your muscles should be paralyzed. This reading also helps technicians determine which stage of sleep you are in.
- Heart rate - Your heart rate and activity are monitored with multiple sensors attached to your chest or back.
- Oxygen level - An oximeter, a device that measures oxygen levels, is clipped or taped to either your finger or earlobe. In patients with sleep apnea, this measurement can determine how serious the apnea episodes are.
- Leg movements - If RLS or PLMD is suspected, sensors will be placed on your legs, usually near the knee.
- Body position and movement - The last area observed is your body position and any other activities.

You will be videotaped while you sleep. One or more technologists will observe you the entire night while you sleep. The sleep technologists will note if you snore and how loudly, if you kick violently, or if you have periodic movements. They will also chart your sleep stages and other measurements.

If you have any questions regarding your study, please call us and we will be happy to answer them!

IMPORTANT CANCELLATION/NO SHOW POLICY

Please remember that a private room has been reserved, in your name, and a sleep technologist assigned to your sleep study, so costs are being incurred to plan and perform your sleep study.

We understand that sometimes things occur that may cause you to reschedule your appointment with the sleep lab. We do ask that you call the lab during normal business hours [428-7200 or 386-423-0505 x2 (Cindy)] at least 24 hours in advance to reschedule.

By giving a 24-hour notice, you will incur no costs for cancellation. However, if you do not cancel and/or do not show up for your appointment, a fee of \$250 may be billed to you and you may be personally responsible for that fee (most likely will not be covered by your insurance). We want to avoid that as much as you do.

Your room is reserved on _____.

___ 1055 N DIXIE FREEWAY, STE ONE, NEW SMYRNA BEACH

___ 575 N. CLYDE MORRIS BLVD., STE B, DAYTONA BEACH

___ 780 DUNLAWTON AVE., STE ONE, PORT ORANGE

___ 638 W. PLYMOUTH AVE., DELAND

PLEASE ARRIVE BETWEEN 8:30 – 9:00 PM

REMEMBER THAT YOU WILL BE LEAVING BETWEEN 5-5:30AM

PLEASE COMPLETE THE FOLLOWING FIVE PAGES AND BRING WITH YOU THE NIGHT OF YOUR SLEEP STUDY:



Rajesh K. Ailani, M.D.
Theodossis Zacharis, M.D.
Christopher DiBello, M.D.

Sleep Study Consent Form

I authorize a baseline polysomnogram & follow-up polysomnogram w/CPAP/BiPAP/ASV to be performed on _____ under the medical direction of Dr. Rajesh Ailani, Dr. Theodossis Zacharias & Dr. Christopher DiBello.

The nature and purpose of this as well as the risks involved and possible complications have been fully explained to me. No individual with PCCC of Volusia, LLC or the physician's office has given me a guarantee or assurance as to the results that may be attained. **I was informed at the time the appointment was made that the technician performing the study may be of the opposite sex and have agreed to continue with the test.**

I understand that video monitoring and recording will be performed as part of the diagnostic test. I hereby give permission to release my medical information that may be deemed necessary as part of this procedure. I also understand and consent to the results of this procedure being released to other physicians as deemed necessary in my continued care.

If the patient is a minor under the age of 16, as a guardian, I am aware that an adult over the age of 18 must stay in the lab with the minor.

I do consent to the release of medical records in the process of filing insurance claims. I understand the billing of this procedure will be managed by PCCC of Volusia, LLC. Any benefits paid on my behalf, will be paid to PCCC of Volusia, LLC.

Patient/Guardian Signature

Date

Witness

Date