

Detailed

Case # _____

- Pre-treatment PSG or OCST

Note: Pre and post-treatment sleep study reports should include both the summary page(s) and data page(s). The AHI and lowest oxygen saturation levels or O₂ saturation time below 90% must be circled on both the summary and data pages on each sleep study report so they can quickly and easily be identified.

Patient #5

01-29-13

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DIAGNOSTIC POLYSOMNOGRAM DATA

DOB: PSG Date: 01/29/2013

Lights Out:	10:17 PM	Sleep Efficiency:	91.8%
Lights On:	05:05 AM	Sleep Latency (Min.):	5.5
Total Bed Time (Min.):	407.5	REM Latency (Min.):	311.5
Total Sleep Time (Min.):	374.0		
<u>PERCENT TOTAL SLEEP TIME:</u>		<u>MINUTES TOTAL SLEEP TIME:</u>	
Stage N1 % of TST:	7.9	Minutes Stage N1:	29.5
Stage N2 % of TST:	48.7	Minutes Stage N2:	182.0
Stage N3 % of TST:	19.5	Minutes Stage N3:	73.0
Stage R % of TST:	23.9	Minutes Stage R:	89.5
<u>BASELINE SaO2:</u>			
Awake:	91%	PLM Index:	0.8
REM:	96%	PLM Index/Arousal:	0.3
NREM:	95%	Arousal Index:	23.6
Lowest SaO2 Asleep:	86%	Mean Heart Rate Asleep:	77
<u>Apnea/Hypopnea Index (per hour): 14.1</u>		<u>AHI/TIME VALUES:</u>	
Total Respiratory Events:	88	Supine AHI/Minutes of Sleep:	20.1/214.5
Central Apneas:	1	Lateral AHI/Minutes of Sleep:	0.0/0.0
Mixed Apneas:	0	Prone AHI/Minutes of Sleep:	6.0/159.5
Obstructive Apneas:	0	REM AHI/Minutes of Sleep:	10.1/89.5
Hypopneas:	87	NREM AHI/Minutes of Sleep:	15.4/284.5

Thank you very much for the opportunity to participate with you in further assistance, please do not hesitate to contact me at

care. If I may be of any

Electronically Signed By:

Board Certified Sleep Medicine Specialist
BL/cp/oh

Detailed

Case # _____

- Post-treatment PSG or OCST

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patient #5



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SLEEP STUDY REPORT

PATIENT NAME: DATE OF STUDY: 08-15-2013

STUDY NUMBER: 13-1158-GL DATE OF BIRTH:

REFERRING PHYSICIAN:

IDENTIFICATION AND PRESENTING COMPLAINTS: was studied to evaluate his oral appliance which is used for treatment of obstructive sleep apnea. He is 40 years of age, 5 feet 6 inches tall, and weighs 212 pounds. His current device was at 13 turns of advancement upon presentation to the sleep laboratory. One advancement to 15 turns was tried but he felt at 13 turns was as much as he could tolerate. Comparison is made with a January 2013 diagnostic study when the whole night apnea/hypopnea index was 14.1 and supine apnea/hypopnea index was 20.1 and prone apnea/hypopnea index was 6.0 with 86 percent in SaO₂ nadir.

RECORDED PARAMETERS: The patient's nocturnal polysomnogram was a continuous monitoring of the frontal, central, and occipital electroencephalographic (EEG) derivations, the electrooculogram (EOG), the electromyogram (EMG) from the muscles beneath the chin and the right and left anterior tibialis muscles, arterial blood oxygen saturation and pulse rate, respiratory airflow, thoracic and abdominal respiratory movements, snoring, body position, and the electrocardiogram (ECG).

SLEEP ARCHITECTURE AND CONTINUITY: Sleep latency was 5.5 minutes. REM latency was 207 minutes. Sleep efficiency was 89.8 percent. There were 366.5 minutes of sleep out of 408 minutes. REM sleep was only 2 percent of the night, or 7.5 minutes. Medications could play a role, as he is on REM suppressant medication.

ORAL APPLIANCE TITRATION: He has a DynaFlex oral appliance which as fashioned by D.D.S. set at 13 turns of advancement on presentation to the sleep laboratory. This was studied at 15 turns as well. At 13 turns there was an apnea/hypopnea index of 4.3 per hour and at the 15 turns it was 1.4 per hour. The device was set back to its 13 turn setting at the end of the study.

PERIODIC LIMB MOVEMENTS: There were periodic limb movements noted at 33.7 per hour with only 1.0 per hour arousals.

EKG: EKG showed sinus rhythm.

IMPRESSION/RECOMMENDATIONS:

- The patient's DynaFlex oral appliance gave very good control of sleep apnea. At its current setting of 13 turns, the apnea/hypopnea index was normal at 4.3 per hour. Studied at 15 turns, the apnea/hypopnea index was 1.4 per hour. If he is doing well clinically, the device should be left at the 13 turn setting. It was set at 13 turns at the end of the study.
- There were periodic limb movements noted. They do not require treatment unless they are symptomatic in association with restless legs or sleep fragmentation.

Patient #5

08-15-13

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ORAL APPLIANCE TITRATION POLYSOMNOGRAM DATA			
	DOB: 1	PSG Date: 8/15/2013	
Lights Out:	10:19 PM	Sleep Efficiency:	89.8%
Lights On:	05:07 AM	Sleep Latency (Min.):	5.5
Total Time in Bed (Min.):	408.0	REM Latency (Min.):	207.0
Total Sleep Time (Min.):	366.5		
PERCENT TOTAL SLEEP TIME:		MINUTES TOTAL SLEEP TIME:	
Stage N1 % of TST:	4.4	Minutes Stage N1:	16.0
Stage N2 % of TST:	83.5	Minutes Stage N2:	306.0
Stage N3 % of TST:	10.1	Minutes Stage N3:	37.0
Stage R % of TST:	2.0	Minutes Stage R:	7.5
BASELINE SaO2:			
Awake:	96%	PLM Index:	33.7
REM:	95%	PLM Index/Arousal:	1.0
NREM:	96%	Arousal Index:	9.5
Lowest SaO2 Asleep:	91%	Mean HR Asleep:	59
At Adjustment of:	13 turns, DynaFlex appliance		
Apnea/Hypopnea Index (per hour):	4.3		
Total Respiratory Events:	17		
Central Apneas:	0		
Mixed Apneas:	0		
Obstructive Apneas:	0		
Hypopneas:	17		
Recommended Adjustment of:	13 turns		

Thank you very much for the opportunity to participate with you in _____ care. If I may be of any further assistance, please do not hesitate to contact me at _____.

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Board Certified Sleep Medicine Specialist
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