



Royal Victoria  
Regional Health Centre

Date:

Mailing Address:

Dear:

Re: Your Sleep Lab Appointment for:

**READ THIS LETTER FULLY AS IT CONTAINS IMPORTANT INFORMATION ABOUT YOUR APPOINTMENT. PLACE A CHECK WHEN EACH OF THE FOLLOWING IS COMPLETED:**

- 1. Please confirm your appointment.
- 2. Please contact bookings if you feel your appointment will not be covered by OHIP.
- 3. Prepare for your sleep study as outlined in the preparation guidelines.
- 4. Bring your Health Card and register for your sleep study in the Emergency Department.
- 5. Overnight parking is available and fees can be paid using cash or credit card.
- 6. Complete and bring with you the attached questionnaire.

**CONFIRMING YOUR SLEEP LABORATORY APPOINTMENT**

- Please call to confirm or cancel your appointment upon receiving this letter. The Cardio-Respiratory Booking Clerk can be reached at 705-739-5604 (select Option #4 and leave your name, date of sleep study, message and daytime telephone number).
- If you need to cancel your sleep study on short notice due to flu/cold like symptoms and/or emergency, please call the Sleep Lab directly at 705-728-9090 ex 46238 and leave a message for the Sleep Lab Technologist.
- **If you miss a sleep study without notifying our office prior to the appointment time you will be billed \$400.00 by Royal Victoria Regional Health Centre.**

**OHIP COVERAGE FOR SLEEP STUDIES**

If you have had any prior sleep studies, please read the following.

- You are allowed ONE initial diagnostic study in your life time. Repeat diagnostic studies are permitted ONLY IF you are seen by a physician in the sleep clinic first. Please contact bookings at 705-739-5604 (select Option #4) if you need to schedule a sleep clinic appointment for the purpose of having a repeat diagnostic study.
- You are allowed ONE therapeutic study every 24 months. Therapeutic studies include the following treatment options for sleep apnea: CPAP, BiPAP, oral appliance and oxygen titrations, re-evaluation following surgical procedures and significant weight loss. Please contact bookings at 705-739-5604 (select Option #4) if you have had a therapeutic study the past 24 months.
- You are allowed one Multiple Sleep Latency Test per 12 month period. Please contact bookings at 705-739-5604 (select Option #4) if you have had an MSLT in the past 12 months.
- **Any hospital billings to OHIP that are rejected for greater frequency than allowed will become the responsibility of the patient. The charge will be \$548.35.**

## **WHAT TO EXPECT DURING YOUR SLEEP STUDY**

A sleep study is a recording that captures several types of measurements (data) that assist in the diagnosis of various sleep disorders. The data collected identifies different sleep stages and monitors breathing, snoring, body movement, heart rate and oxygen levels. The test requires specialized equipment to be applied to the surface of the skin with tape and electrode paste. It is important to arrive for your appointment on time so that the entire setup process can be completed without delay. The test is conducted in a private room and monitored continuously throughout the night by qualified staff. Patients are able to use the washroom at any time through the night. There is a call button available for any required assistance. All patients are awakened between 5:30-6:00 a.m. and leave shortly thereafter. There is a shower available to use in the morning with towels and face cloths provided. Please visit [www.rvh.on.ca](http://www.rvh.on.ca) for more information related to your sleep study.

## **PREPARATION GUIDELINES:**

- Please wash and dry your hair before you attend the sleep lab.
- Please shave to remove facial stubble; beards and moustaches are acceptable.
- Please remove any creams, sunscreen, or make-up.
- Please remove nail polish from your finger nails.
- Do not consume any alcohol within 48 hours prior to your sleep study.
- Do not consume any caffeine (i.e. chocolate, coffee, tea, soft drinks) after 3:00pm on the day of your sleep study.
- Please continue with your current schedule of medications if applicable.

## **WHAT TO BRING WITH YOU:**

- Bring your Health Card and get registered in the Emergency Department on the night of your study before making your way to the Sleep Lab.
- It is important to bring all medications that you will require overnight. Take these according to your normal schedule (including sleeping pills) unless otherwise indicated by your doctor. The hospital does not provide any medications.
- If you are currently using CPAP, please bring your mask, headgear and tubing (distilled water is provided).
- A comfortable robe, slippers and night attire (preferably 2 piece pajamas or loose fitting clothing) will be required.
- Your personal hygiene items including soap and shampoo if showering in the morning are required.
- You may choose to bring your own pillow or other items which will make your stay more comfortable i.e. book, snacks, drinks. No electrical devices that need to be plugged in are permitted.
- Complete the attached questionnaire and bring it with you.

## **PARKING INFORMATION**

Please refer to RVH website for current parking rates and locations.

## **SMOKE FREE POLICY**

Please be aware that as of May 31<sup>st</sup>, 2006 the Royal Victoria Hospital is a smoke free facility. This means that there is no smoking anywhere on RVH property.

Sincerely,  
RVH Sleep Lab



NAME: \_\_\_\_\_  
 DOB/SEX/AGE: \_\_\_\_\_  
 ACCT#: \_\_\_\_\_  
 UNIT #: \_\_\_\_\_

**SLEEP CLINIC QUESTIONNAIRE**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Medications: \_\_\_\_\_  
 \_\_\_\_\_

- Have you ever had a sleep study done before? If yes,when? \_\_\_\_\_ where? Yes No
- Have you been told that you snore while asleep? Yes No
- Have you ever been told that you stop breathing while asleep? Yes No
- Do you have any history of **Epilepsy** or **seizures**? Yes No  
 If Yes, please comment \_\_\_\_\_
- Have you ever had a **Heart Attack, Stroke, Bipass surgery or angioplasty**? Yes No  
 If Yes, please comment \_\_\_\_\_
- Do you have a **pacemaker, cardiac arrhythmia or any other cardiac problems**? Yes No  
 If Yes, please comment \_\_\_\_\_
- Do you have **Asthma, COPD, Emphysema** or other **lung related problems**? Yes No  
 If Yes, please comment \_\_\_\_\_
- Are you a smoker? If yes, how many packs per day/week? \_\_\_\_\_ Yes No
- Do you drink alcohol? If yes how many per day/week or month? \_\_\_\_\_ Yes No
- Have you (or anyone else) noticed that your arms or legs jerk or twitch while you are sleeping? Yes No
- Do you experience vivid dreams immediately upon fall asleep? Yes No
- Do you experience sudden muscle weakness when you are angry or laughing? Yes No
- Have you ever been unable to move, even if you try, when you are abruptly awoken? Yes No
- Do you experience headaches when you wake up in the morning? Sometimes Always Never
- Do you drink coffee/tea/cola? If Yes, how many cups per day? \_\_\_\_\_ Yes No
- Typical bed time \_\_\_\_\_ Typical wake time \_\_\_\_\_ Naps per day/week \_\_\_\_\_
- Any additional information that you think may be helpful?

**EPWORTH SLEEPINESS SCALE**

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Even if you have not done some of these activities, try to figure out how they would affect you. Use the following scale to choose the most appropriate number for each situation. **Please mark the appropriate boxes with an "X". (0= would never doze, 1 = slight chance of dozing, 2 = moderate chance of dozing, 3 = high chance of dozing**

Situation	Chance of Dozing			
	0	1	2	3
Sitting and reading .....				
Watching T.V.....				
Sitting, inactive in a public place (e.g. a theatre or a meeting) .....				
As a passenger in a car for an hour without a break .....				
Lying down to rest in the afternoon when the circumstances permit .....				
Sitting and talking to someone .....				
Sitting quietly after lunch without alcohol.....				
In a car, while stopped for a few minutes in traffic.....				
	Total			/24

