

## **INFORMED CONSENT FOR THE TREATMENT OF**

### **SLEEP-RELATED BREATHING DISORDERS WITH POSITIVE AIRWAY PRESSURE (PAP) THERAPY**

You have been diagnosed by your Sleep Doctor as requiring treatment for a sleep-related breathing disorder, such as snoring and/or obstructive sleep apnea (OSA). OSA may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels. This condition can increase your risk for excessive daytime sleepiness, driving and work-related accidents, high blood pressure, heart disease, stroke, diabetes, obesity, memory and learning problems, and depression.

#### **What is Positive Airway Pressure (PAP) Therapy?**

PAP therapy is a generic term applied to all sleep apnea treatments that use a stream of compressed air to support the airway during sleep. Auto-adjusting continuous positive airway pressure (APAP) is the most common form of PAP therapy that assesses your airflow and breathing and adjusts the pressure automatically to make sure your airway stays open. This ensures that blood oxygen levels stay within normal range and minimizes sleep disruption due to obstructive events.

#### **Benefits of Oral Appliance Therapy**

PAP has effectively treated many patients. However, there are no guarantees that it will be effective for you. Every patient's case is different, and there are many factors that influence the upper airway during sleep. It is important to recognize that even when the therapy is effective, there may be a period of time before you fully adjust to the presence of a mask on your face and the flow of air maintaining your airway. Your mask will require specific maintenance and periodic replacement.

#### **Possible Risks, Side-Effects and Complications of Oral Appliance Therapy**

Some patients will rarely experience aerophagia which occurs when you swallow air that goes into your stomach and causes symptoms of bloating, abdominal discomfort and burping. Using pressure-relief settings can help. Most of these side effects are minor and resolve quickly on their own or with minor adjustment of the appliance. Nasal and oral dryness can cause discomfort and increased nasal congestion. Adjusting the humidity settings and tube temperature (if applicable) on your PAP machine will help improve dryness. Feelings of claustrophobia and anxiety are a normal reaction to using PAP therapy for some people. Remember, it takes time for most people to become accustomed to PAP therapy, and there are various strategies to help you remain compliant with therapy. There are no long-term complications with PAP therapy.

It is mandatory for you to complete follow-up visits with the Doctor who prescribed your PAP therapy to ensure an optimal response to therapy and to monitor your progress.

#### **Alternative Treatments for Sleep-Related Breathing Disorders**

Other accepted treatments for sleep-related breathing disorders include mandibular advancing devices, also known as oral appliance therapy (OAT). There are also various surgical procedures and positional therapy (which prevents patients from sleeping on their back). The risks and benefits of these alternative treatments should be discussed with your Physician who diagnosed your condition and prescribed treatment.

It is your decision to choose PAP therapy alone, or in combination with other treatments to manage your sleep-related breathing disorder. However, none of these may be completely effective for you. It is your responsibility to report the occurrence of side effects and to address any questions to this office (address below), or to your Sleep Doctor. Failure to treat sleep-related breathing disorders may increase the likelihood of significant medical complications and/or accidental injury.

#### **Patient's Privacy and Confidentiality**

I acknowledge receipt of the office's privacy policies. This includes a summary of the HIPAA federal law and the applicable state laws.

**Patient Obligations and Acknowledgements**

1. I understand the explanation of the proposed treatment. Further additional communication tools such as videos, pamphlets or articles may be available at my request.
2. I have read this document in its entirety and have had an opportunity to ask questions. Each of my questions has been answered to my satisfaction. If I do not understand this document, I have been offered this document in a different language or have been offered a language interpreter. My family alone is not acceptable to be my interpreter.
3. I agree that regularly scheduled follow-up appointments with my Sleep Doctor are essential. These visits will attempt to minimize potential side effects and to maximize the likelihood of management of my OSA.
4. I understand that I must schedule any post-adjustment assessments with my Physician to verify that the PAP therapy is providing effective treatment.
5. I will notify this office of any changes to the PAP therapy and my medical condition(s).
6. I understand that if I discontinue PAP therapy, I agree to inform and follow up with my Sleep Doctor.
7. I understand that refusing to participate and cooperate as stated herein will put my health at risk.
8. I consent to treatment with Health Canada approved PAP therapy to be delivered by the specified CPAP Vendor. I agree to follow all post-delivery and homecare instructions

Please sign and date this form below to confirm your agreement with the above statements. You will receive a copy of this document for your records, and it will be included in your patient records.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**If patient is a minor, please sign as Parent or Legal Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

(Parent or Legal Guardian)

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Dentist Acknowledgement**

**Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_