



Sleep study

01

Purpose of the study

The sleep study or polysomnography studies sleep quality, breathing patterns and movements during sleep. It is usually carried out on snorers who regularly stop breathing during the night (apnoea). This disrupts sleep, which leads to feeling tired and sleepy during the day.

Moreover, sleep apnoea can also lead to an increased risk of cardiovascular disease and diabetes.

02

Preparation

For the sleep study, you will stay one night on our ward in a private room (no extra charge).

What do I bring?

- Sleep and toilet equipment. Pyjamas or T-shirt.
- Shower available. Bring towels.
- The medication you normally take in the evening or morning.
- Gel or acrylic nails have to be removed.
- You will be expected earlier than the actual bedtime. This gives the nurse time to attach all electrodes, for taking measurements.
- You have to complete a number of questionnaires that will help interpret the study.
- An evening meal and breakfast are provided. (Bread)

Applying the electrodes for the measurements is painless. These are attached so that they interfere as little as possible with movement during sleep. Most patients sleep well during the sleep study.

What is measured?

- 11 electrodes on the head measure when and how deeply you sleep.
- An electrode on the chest tracks your heart rhythm.
- Electrodes on the legs record (involuntary) leg movements.
- A sensor on the finger measures blood oxygen levels.
- A sensor near the nose and mouth measures the air flow of inhalation and exhalation.
- Stretch bands around the chest and abdomen measure breathing movements.
- A snore microphone above the neck records snoring noises; there is also a decibel meter in the room.
- During the sleep study, you are filmed. These recordings help in the final diagnosis. The images are automatically deleted after analysis of the sleep study.

When you go to sleep, the electrodes and sensors are connected to the computer. Please then turn off your mobile phone completely to avoid interference with the signals.

If you need to go to the **toilet** at night, **notify the nurse**. The nurse will disconnect you from the computer and switch you back on after you go to the toilet.

You can go to sleep at the hour you are used to, BUT you are expected to go to sleep **by 11pm at the latest**. You notify the nurse and the recording is started.

A minimum recording time of 8 hours is required. Please bear this in mind.

Patients admitted on Friday evening are asked to go to sleep on time (no later than 10pm) as the sleep lab closes at 7h30am on Saturday. They will be woken up around 06h00.

In the morning, your examination ends around 06h00 and we remove the electrodes. Breakfast (optional) is provided around 07h45. You may leave the hospital afterwards.

Hospital parking is chargeable. A 10-turn card is available at the reception. Free parking is possible at the veemarkt.

04

The result

Proper analysis of the sleep study requires a lot of time. The result of the study is sent to the general practitioner and the referring specialist as soon as possible (within two to three weeks at the latest).

If you wish to discuss the result with your sleep doctor, this can be done via consultation.

If moderate or severe sleep apnoea is diagnosed, you will be contacted via the hospital to go over the results and start a possible treatment. The sleep study is reimbursed by the health insurance fund.

05

Doctors

Pneumology (route 430)

dr. K. Demuyndt

dr. J. Leemans

Neurology (route 410)

dr. A. Schreurs

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Contact details sleeping lab

Sleeping lab (route 165)

tel.: 011 69 97 18 or 011 69 97 19

Fabienne (chief nurse)

tel.: 011 69 98 11



Questions?

Contact your general practitioner in the first instance. If the GP refers you or cannot be reached, you can contact:

secretariat neurology
tel.: 011 69 95 60

secretariat pneumology
tel.: 011 69 96 15



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