Nitelife Sleep Lab, LLC
Meyerson Medical Bldg.
100 Sarah Ann Blvd.
Troy, MO 63379
(636) 528-0831

PATIENT: [redacted]
DOB: [redacted]
STUDY TYPE: Split Night PSG

STUDY DATE: 6/06/07
REFFERRING PHYSICIAN: [redacted]
INTERPRETING PHYSICIAN: [redacted]

HISTORY: Mr. [redacted] is a 37 year old who is 69 inches tall and weighs 190 pounds (BMI of 28). The patient complains at least frequently of the following sleep issues **(in bold)**:

snoring	nocturnal awakenings
witnessed nocturnal breathing abnormalities	nocturnal leg discomfort
daytime sleepiness	daytime leg discomfort
cataplexy-like events	depression
sleep paralysis	anxiety
hypnogogic hallucinations	chronic pain
difficulty falling asleep or maintaining sleep	restless sleep

Patient typically sleeps for 6-7 hours per night with an average sleep latency of 15 minutes and awakens on average 3-5 times per night. Patient scored a 16 on the Epworth sleepiness scale consistent with excessive daytime sleepiness. A partial medical history was available at time of dictation. The patient states that he was previously diagnosed with obstructive sleep apnea. He subsequently underwent an uvulopalatopharyngoplasty. He now returns for repeat sleep testing.

SLEEP STAGING: This attended sleep study consisted of at least a 13 channel montage. Total recording time for the screening portion of the test was 161 minutes. Total sleep time was 136 minutes. Sleep efficiency was reduced at 84%. Sleep latency was normal at 6 minutes. One episodes of REM occurred with a normal 109 minute REM latency, accounting for 4% of total sleep time. Stage 1 accounted for 7% of total sleep time. Stage 2 accounted for 88% of total sleep time. Stage delta accounted for 0% of total sleep time. Patient exhibited 14 awakenings, 52 arousals, 0 of which were spontaneous, 0 were due to PLM's and 52 were due to respiratory abnormalities. Overall, patient demonstrated mild sleep fragmentation.

RESPIRATORY ABNORMALITIES: Using a nasal pressure transducer to measure airflow, the patient exhibited 24 obstructive apneas, 0 central apneas, 0 mixed apneas, and 68 hypopneas. The apnea-hypopnea index (AHI) based on Medicare/CMS definitions was severely elevated at 40.6 events per hour.

OXYGENATION DATA: Patient's average oxygen saturation while awake was 95%. The lowest recorded desaturation while asleep was 86%. Overall, the patient's nocturnal saturation tracing demonstrated frequent mild saw-toothing desaturations. Patient spent 5% of total sleep time with saturations below 90%.

Nitelife Sleep Lab, LLC
Meyerson Medical Bldg.
100 Sarah Ann Blvd.
Troy, MO 63379
(636) 528-0831

PERIODIC LEG MOVEMENT DATA: Patient demonstrated 35 PLM's, 0 associated with an arousal. Total PLM index was 15 kicks per hour (normal < 5/hr).

BODY POSITION DATA: Patient spent 84 minutes in the supine position with an AHI of 46 noted, 51 minutes on the left side with an AHI of 30 noted, and 0 minutes on the right side with an AHI of 0 noted. **Single lead EKG** revealed a baseline of normal sinus rhythm/sinus bradycardia.

SNORING DATA: Patient was noted to have frequent mild to moderate snoring.

NASAL CPAP TITRATION: Total recorded time for the CPAP portion of the test was 264 minutes. Total sleep time was 213 minutes. Sleep efficiency was 80%. Sleep latency was 24 minutes. Three episodes of REM accounted for 15% of total sleep time. Stage 1 accounted for 8% of total sleep time. Stage 2 accounted for 75% of total sleep time. Stage delta accounted for 0.2% of total sleep time. Sleep demonstrated mild fragmentation. Patient was started on a CPAP pressure of 4 cm and titrated as high as 10 cms. Due to time constraints a therapeutic nasal CPAP setting was not obtained on this initial night. Patient experience significant oral and mask leaks, despite trying multiple masks and chin straps.

IMPRESSION & RECOMMENDATIONS:

Severe Obstructive Sleep Apnea – split night sleep study demonstrated an elevated AHI (Apnea Hypopnea Index) of 40 events/hr (normal < 5/hr) associated with nocturnal desaturations to 86%. Nasal CPAP was initiated and titrated from 4 to 10 cm. Due to time constraints, a therapeutic pressure was not achieved on this initial nigh despite the best efforts of the patient and the sleep tech. Recommend that the patient return to the sleep lab for a full night nasal CPAP titration study. The patient's prior sleep study results were not available for comparison.

Hypersomnia

S/P UPPP/Tonsillectomy (1993)

Anthony M. Masi, MD
Diplomate of the American Board of Sleep Medicine