Laci, Michaud

Alaska Sleep Clinic

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First Name: LaciLast Name: MichaudAge: 33 yearsBirth Date: Its a mystery!Test Date: 11/13/2015Gender: Female

Interpreting : Mauricio Reinoso MD Primary Care : Mauricio Reinoso MD

Diplomate, AmericanDiplomate, AmericanBoard of SleepBoard of SleepMedicine andMedicine andDiplomate, SleepDiplomate, SleepMedicine, ABIMMedicine, ABIM

Referring : Mauricio Reinoso MD Technician Penny

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Medical Record# : need Ordered Study : NPSG

Study Type : NPSG

Clinical Information:

The patient was referred to the sleep center for evaluation of OSA. Indications include snoring.

Medications:

No sleep medicine administered.

Sleep Study Technique:

A multi-channel overnight Polysomnography study was performed. The channels recorded and monitored were frontal, central and occipital EEG, electrooculogram (EOG), submentalis EMG (chin), nasal and oral airflow, thoracic and abdominal wall motion, anterior tibialis EMG, snore microphone, electrocardiogram, and a pulse oximetry.

Sleep Architecture:

The study was initiated at 22:31 and terminated at 05:16. The total recorded time was 404 minutes. EEG confirmed total sleep time was 370.5 minutes yielding a sleep efficiency of 91.7%. Sleep onset after lights out was 9.5 minutes with a REM latency of 82.5 minutes. The patient spent 3.4% of the night in stage N1 sleep, 37.9% in stage N2 sleep, 22.4% in stage N3 and 36.3% in REM. Wake after sleep onset (WASO) was 24 minutes. The Arousal Index was 7.1/hour.

Respiratory Parameters:

There were a total of 9 respiratory disturbances recorded; 1 apnea (1 obstructive, 0 mixed, 0 central), 4 hypopneas and 4 RERAs. **The apnea/hypopnea index (AHI) was .8 events/hour and the RDI was 1.9 events/hour.** The central sleep apnea index was 0 events/hour. The REM AHI was 2.2/h and NREM AHI was 0/h. The REM RDI was 4.5/h and NREM RDI was .5/h. The supine AHI was 2.1/h, and the non supine AHI was 0/h; supine during 39.0% of sleep. The supine RDI was 5/h, and the non supine RDI was 0/h. Respiratory disturbances were associated with oxygen desaturation down to a nadir of 84% during sleep. The mean oxygen saturation during the study was 94%. The cumulative time under 88% oxygen saturation was 1.1 minutes.

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Leg Movement Data:

The periodic limb movement index was .6/hour, not significant (<=14/hour), with an associated arousal index of 0.0/hour.

Cardiac Data:

The underlying cardiac rhythm was most consistent with sinus rhythm. Mean heart rate during sleep was 91 bpm. Additional rhythm abnormalities include None.

Impressions:

- Sleep architecture revealed a normal sleep efficiency, normal primary sleep latency, and normal REM latency.
- No significant obstructive sleep apnea syndrome (OSA).
- No significant upper airway resistance syndrome (UARS).
- No significant periodic limb movement during sleep.
- No clinically significant oxygen desaturations during sleep.
- Snoring documented.
- No cardiac abnormalities.
- No EEG abnormalities in montage used

Diagnosis:

Primary Snoring (786.09 [R06.83 ICD-10])

Recommendations:

- Consider dental appliances or ENT procedures if otherwise indicated for snoring.
- Weight management and regular exercise should be initiated or continued.
- Positional therapy avoiding supine position during sleep.
- Sleep hygiene should be reviewed to assess factors that may improve sleep quality.
- Caution with driving or operating potentially dangerous machinery if sleepy.
- Avoid alcohol, sedatives and other CNS depressants that may worsen snoring, trigger sleep apnea and distrupt normal sleep architecture.
- Follow up with sleep specialist, Dr. Reinoso, to discuss results.

Electronically Authenticated By Mauricio Reinoso MD Diplomate, American Board of Sleep Medicine and Diplomate, Sleep Medicine, ABIM on 11/20/2015 08:01 AM, from 76.30.145.181

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