

# Sleep Study



Penn Medicine

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## I. GETTING STARTED

# Welcome To Your Sleep Study Journey

Your team at Penn Medicine is here to help you better understand sleep apnea and other sleep disorders—and prepare for your upcoming sleep study. You will also learn more about how sleep conditions are caused, treatment options, and helpful lifestyle changes.

Using this information as a guide will help you feel more informed, comfortable, and supported.

Let's get started.

## Your Medical Care Team

Video: [Your Sleep Apnea Care Team, Explained](#)

The [Penn Sleep Apnea Program](#) is part of the [Penn Sleep Center](#), where physicians both diagnose and treat patients with mild, moderate, and severe sleep apnea, as well as other sleep disorders. Experts work together to create sleep treatment plans that include medication, supportive devices, and surgical approaches. And while sleep apnea is the most frequently treated problem, other sleep-related problems—like narcolepsy, insomnia, and restless leg syndrome—are all routinely treated. Sometimes, more than one sleep problem is identified following your sleep study.

The Penn Sleep Center experts include:

- Sleep specialists and their sleep teams
- Pulmonologists
- Oral and maxillofacial surgeons
- Head and neck surgeons
- Sleep dentists

Because apnea may be associated with other sleep disorders, the Penn Sleep Center also works with other specialists at Penn Medicine, like insomnia specialists, primary care physicians, cardiologists, neurologists, pulmonologists, bariatric surgeons, nutritionists, behavioral health experts, and more, to meet all your health needs.

Penn Medicine has five accredited sleep centers, each offering cutting-edge diagnostic services and treatments for people with sleep apnea and other sleep disorders. Services include telemedicine visits, home testing for sleep disorders, on-site CPAP support at some locations, inpatient apnea and ventilatory care at the Hospital of the University of Pennsylvania (HUP), outpatient visits, comprehensive overnight sleep studies, and daytime nap studies.

Your Penn Sleep Team works closely with CPAP equipment companies to provide added CPAP support care.

The Penn Sleep Center is one of only three sleep centers in the United States designated by the National Institutes of Health as a specialized center for sleep research.

## Navigating Resources



When you're a Penn Medicine patient, the [MyPennMedicine](#) patient portal is the easiest way to organize and manage all aspects of your care.

With MyPennMedicine, you can:

- Complete sleep questionnaires
- Message members of your care team
- Schedule visits and check in online
- Access and share your health information
- Get test results and notes from your doctor
- Pay your bill online

Check out [Penn Sleep Medicine](#) for more information on sleep center locations and treatment providers. You can also call (800) 789-7366 for more information.

If you're being seen by a Penn Sleep Center physician, you can also have your CPAP set up for you at the [Penn Sleep Center CPAP Clinic](#) (3624 Market Street, 2nd Floor).

Learn more about [managing your chart on MyPennMedicine](#)

## II. UNDERSTANDING SLEEP APNEA

# What is Sleep Apnea?

Video: [What You Should Know About Sleep Apnea](#)

When you have sleep apnea, your airway becomes blocked at night, which briefly interrupts your breathing. Because your body takes in less oxygen, your sleep is fragmented, and you don't feel rested in the morning.

There are two main kinds of sleep apnea: obstructive and central. With obstructive sleep apnea, tissue in the back of your throat may block your airway, or your upper airway may collapse, so you're unable to inhale. Because lack of oxygen triggers your brain to wake you up, you may gasp or choke. But many people don't remember these brief but repeated awakenings.

Oxygen can travel through an unblocked, normal airway, which carries air down the back of your throat and into your lungs. But with obstructive sleep apnea, that corridor of air is blocked.

Central sleep apnea, the less common of the two, is when the brain fails to signal your muscles to breathe.

Both kinds of sleep apnea can cause health problems, like cardiac issues and high blood pressure. It can increase your risk of developing Type 2 diabetes, metabolic syndrome, and nonalcoholic liver problems. Sleep apnea is a chronic disease. But if you're diagnosed, treatment can help you feel much better—and improve your life too.

Learn more about [sleep apnea conditions](#)

## What Are the Symptoms?

Video: [The Common Symptoms of Sleep Apnea](#)

The most common symptom of sleep apnea is loud snoring, as anyone who shares a bed with someone who has it can tell you! But not everyone with sleep apnea snores.

Other sleep apnea symptoms include:

- Stopping breathing during sleep (someone else notices this)
- Gaspings for air during sleep
- Trouble staying asleep
- Waking up with a dry mouth
- Excessive daytime sleepiness
- Morning headaches
- Trouble paying attention during the day
- Irritability

If you have sleep apnea and you're tired during the day, naps don't help, because even that sleep won't be restful. Daytime sleepiness puts you at risk of falling asleep at the wheel of a car.

Though some of the symptoms of sleep apnea may seem minor, it can be a serious disorder. The good news is, it's treatable.

# What Causes It?

Video: [Here's What Causes Sleep Apnea](#)

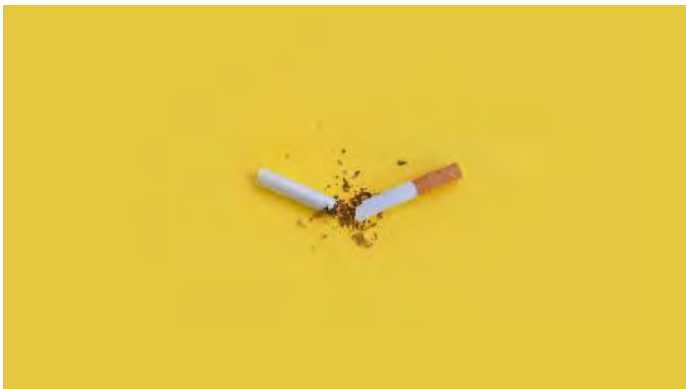
The most common cause of sleep apnea is obesity. In people with obesity, fatty tissue can build up in the neck, tongue, and throat and contribute to airway blockage. In addition, excess body fat can cause the volume of your lungs to decrease, which can make the tissues in the back of your throat more likely to collapse while you're sleeping.

If you have a BMI over 30, your doctor will likely recommend strategies to lose weight. Lifestyle changes (diet and activity) are the foundation of weight loss and always encouraged, but when you need to lose 50 pounds or more, prescription weight loss medications and sometimes surgery can be effective added tools to support long-term weight loss and help relieve sleep apnea symptoms.

Other causes of sleep apnea include family history and the anatomy of your jaw and neck; people with a recessed jaw are more likely to experience sleep apnea. Older people and people with diabetes may also be at risk for sleep apnea.

Smoking is another risk factor. Drinking alcohol or taking sedatives at night can worsen the condition, too, because of the way they relax the muscles in your throat.

## Navigating Resources



You likely already know why it's important to stop smoking—or at least cut back—to reduce your risk of cancer and improve your overall health. Smoking is a major risk factor for sleep apnea, so quitting should be a part of your treatment plan.

If you're ready to quit for good, ask about Penn Medicine's [smoking cessation program](#).

You can also visit [smokefree.gov](#) for tools, tips, and resources that will help you quit smoking.

### III. UNDERSTANDING OTHER SLEEP DISORDERS

## Narcolepsy



### What is narcolepsy?

If you have overwhelming daytime drowsiness, find it hard to stay awake for long periods, or have sudden "attacks of sleep" (immediate onset) during the day, you should be checked for narcolepsy.

Your doctor will ask you about your symptoms, medical history, and lifestyle. They will also be interested in hearing from daytime companions or a sleep partner, who may know details about your sleep patterns.

You may be asked to keep a sleep diary for up to two weeks. In it, you'll record the time when you wake up and go to bed, how many times you felt drowsy during the day, and any sleep attack episodes you experienced.

### What are the symptoms?

Symptoms can vary, but include:



- Excessive daytime sleepiness
- Sudden loss of muscle tone
- Sleep paralysis
- Changes in REM (rapid eye movement) sleep
- Hallucinations
- Sometimes people with narcolepsy also have sleep apnea.

### **What causes narcolepsy?**

The specific causes of narcolepsy are unknown, although it has been linked to changes in brain chemistry or an immune response. Some studies suggest a genetic component, but it is rare that a parent will pass this on to a child.

### **How is it treated?**

While there is no cure for narcolepsy, medications and lifestyle modifications are both effective ways to manage symptoms:

- Medications: Drugs that activate the brain are the primary treatment. These include prescription stimulants and some types of antidepressants.
- Lifestyle: Sticking with a regular sleep-wake cycle can help—go to bed and wake up at the same time every day (including weekends). Schedule short 20-minute (or longer if needed) naps. Focus on healthy eating and limit alcohol. And get some daily physical activity (walking is great!).

# Insomnia



## What is insomnia?

If you regularly find it hard to fall or stay asleep, or can't get back to sleep after waking up too early, you should get checked for insomnia.

While it's normal to have occasional nights of insomnia—usually due to stress or life events—when it lasts for a month or more, it's time to reach out for help.

Your doctor will ask you about your symptoms, medical history, and lifestyle. They will also be interested in hearing from a sleep partner, who may add important details about how you seem to be sleeping.

You may be asked to keep a sleep diary for up to two weeks. In it, you'll record what time you go to bed, how many times you wake up during the night, and what time you get up in the morning.

## What are the symptoms?

Insomnia can appear in a variety of ways:

- Difficulty falling asleep at night
- Waking up during the night
- Waking up too early
- Not feeling well rested after a night's sleep
- Daytime tiredness or sleepiness

You might also have some mood changes related to a poor night's sleep, including:

- Irritability or anxiety
- Ongoing sadness or depression
- Difficulty paying attention or focusing on tasks

### **What causes insomnia?**

Sometimes insomnia is the main problem, but it might be related to other medical conditions.

Chronic insomnia usually results from life events (like stress or trauma) that disrupt sleep. When these events are fixed or better managed, insomnia often goes away. It's important to address those underlying issues for consistent good sleep.

### **How is it treated?**

The underlying reasons for your insomnia determine your treatment plan. These range from lifestyle to changing medications. But it's important to know that sleep disorders can overlap, and some people with insomnia also have sleep apnea—and are also treated for that to help fix the problem.

- Lifestyle: Managing stress and setting a structured sleep-wake cycle.
- Medical conditions: Improving management of chronic pain and mental health conditions.
- Medications: Some medicines can cause insomnia, so consult with your doctor or pharmacist and switch when possible.
- Sleep-related disorders: Get tested for sleep apnea or other sleep-related conditions.

# Restless Leg Syndrome (RLS)



## **What is restless leg syndrome (RLS)?**

If you find you have an uncontrollable urge to move your legs, especially in the evening or nighttime, you might have restless leg syndrome (RLS). It might make you uncomfortable, and can often interfere with a good night's sleep. While moving around can temporarily relieve the uncomfortable sensation of your legs' movement, it's important to get treatment when your sleep is disturbed. Some research studies have linked RLS with sleep apnea.

Your doctor will ask you about your symptoms, medical history, and lifestyle. They will also be interested in hearing from a sleep partner, who may know details about your sleep habits.

You may be asked to keep a sleep diary for up to two weeks. In it, you'll record what time you go to bed, how many times you wake up during the night, and what time you get up in the morning.

## **What are the symptoms?**

The primary symptom of RLS is the strong urge to move your legs, while at rest—especially when sitting for a long time (like on a plane or in a movie theater). This sensation typically occurs at night, and is often described as an unpleasant tingling in the legs or feet. RLS can also be described as feelings of crawling, throbbing, aching, itching, or electricity. It is not at all the same as a muscle cramp.

## What causes RLS?

Sometimes there's no explanation for what's causing RLS. It can be related to medical conditions like iron deficiency, damage to the nerves in the legs and feet (like from diabetes), and some spinal cord conditions.

Some research suggests it is related to changes in the brain chemical dopamine. It does tend to run in families, and can occur at any age although, it's most often experienced as you get older.

## How is it treated?

Because RLS can interfere with your sleep and lead to daytime drowsiness, it's important to evaluate and treat the underlying reasons for your RLS. These range from lifestyle to changing medications. But it's important to know that sleep disorders can overlap, and some people with RLS also have sleep apnea.

When an underlying medical condition—like iron deficiency—is causing RLS, correcting that often fixes the RLS. Otherwise, key lifestyle changes and sometimes medications can help.

Your doctor will discuss the best combination of treatment solutions, based on your personal history.

## IV. DIAGNOSIS & TREATMENT

# How Sleep Apnea is Diagnosed

Video: [How Doctors Diagnose Sleep Apnea](#)

If you're sleepy during the day and you snore at night, especially if your body is in the overweight or obese range, you should get checked for sleep apnea.

Your doctor will ask you about your symptoms, medical history, and lifestyle. They will also be interested in hearing from a sleep partner, who may know details about how you sleep, and whether you snore.

You may be asked to keep a sleep diary for up to two weeks. In it, you'll record what time you went to bed each night, how many times you woke up during the night, and what time you woke up in the morning.

## **Sleep study**

If your doctor suspects you have sleep apnea, they may order a [sleep study](#) called a polysomnogram. Penn Sleep Centers perform over 5,000 sleep studies each year. During a sleep study, you stay overnight while equipment tracks your brain waves, movements, and more.

## **Home sleep test**

In some cases, a home sleep test may be an option. You'll wear specialized equipment while you sleep that will monitor your breathing patterns, oxygen levels, and heart rate. The device will store information that your doctor can use to diagnose sleep apnea. You'll get instructions on how to set everything up yourself.

Whether you have a laboratory test or a home sleep apnea test (HSAT), your sleep specialist will discuss treatment options and follow-up plans with you.

Some consumer sleep tracking devices claim to track sleep, snoring, heart rate, oxygen, and other data. You may want to share device or app data information with your sleep specialist as an avenue for discussion about your sleep concerns. Please note that data from many consumer sleep tracking devices are not medical grade.

Read [more about testing for sleep apnea here](#)

# What To Expect at a Sleep Study

Video: [Here's What Happens During a Sleep Study](#)

During a sleep study, you will spend the night at a sleep laboratory, where trained technicians can monitor your sleep and watch for disruptions. You will be hooked up to equipment capable of tracking things like brain waves, eye movements, and muscle activity.

The whole process is completely painless. While it may sound strange to be sleeping in a lab while people monitor you, it's much more pleasant than you think. Your test will occur in a comfortable, bedroom-like space, and you'll be sleeping in a real bed. Technicians will place sensors on your head, face, chest, and legs. Then, you'll drift off to sleep.

The sensors will transmit electrical signals to a computer, which records details about your breathing, oxygen levels, heart rate, and movements. Doctors use these measurements to help them diagnose and treat your sleep apnea, getting you on your way to better sleep and better days. With that information, they can tailor solutions to you that will work quickly.

The sleep study is just one day or night that can lead to improvements that will last the rest of your life.

## **In-home sleep studies**

An in-lab study is the best way for doctors to get the data that will tell the story of your sleep patterns. But in some cases, sleep studies can be done at home. If you qualify, your doctor will send a sleep study kit in the mail. It will include all the instructions you need, along with information about the on-call team to contact if you have questions.

## **Scheduling your sleep study**

Your doctor will help you decide whether your study is best done overnight or during the day (a daytime sleep study is also called a nap study). When scheduling your sleep study, take care to select a date and time that you can definitely commit to. If a conflict does come up, do your best to reschedule as far ahead as you can. With enough notice, another patient can take your place. This is important for more complex testing procedures, like sleep studies, that require a lot of staff and coordination.

The Penn Sleep Center will contact you three days before your sleep study to confirm your appointment and answer any questions you may have. This is the best time to raise any concerns you might have or to reschedule if you don't think you'll be able to make it.

Sleep testing may require pre-certification with your insurance company.

Learn more about [what happens at an overnight sleep study](#)

## How Sleep Apnea is Treated

Video: [The Non-Surgical Treatments for Sleep Apnea](#)

There aren't many quick fixes in life, but for some people with sleep apnea, a CPAP machine may be one of them.

For those with sleep apnea, improving it can improve daily life, too. You'll feel less sleepy during the day and more energized. You'll be able to play with your grandchildren and cut back on caffeine. For men, impotence is a side effect of sleep apnea. With treatment, that should improve, too.

Not treating sleep apnea may increase the risk for heart problems and high blood pressure, in addition to the day-to-day difficulties that a lack of quality sleep can cause. Treating sleep apnea can be like getting a new lease on life.

Many people start with a CPAP.

### **CPAP**

CPAP stands for continuous positive airway pressure. It's a machine that corrects sleep apnea by increasing air pressure in the throat so that it doesn't collapse during inhalation. Most patients can tolerate the machine, and it provides immediate relief. By keeping the airway open, a CPAP machine enables them to have better sleep, which makes them feel more rested in the morning.



If your doctor prescribes a CPAP device, they connect you with a home care company that provides CPAP masks and units. You would then be assigned to a home care company that takes your insurance.

This home care company delivers the unit and supplies, provides instructions on how to use and clean it, and answers other questions that may come up.

The CPAP unit is usually about the size of a tissue box. It should also come with a heated humidifier. Using the humidifier to add warm moisture to the forced air can make CPAP treatment more comfortable. The CPAP unit should also have tracking technology like a modem or smartcard that monitors treatment progress. This provides the care team with information about how often the CPAP unit is used and how well it is working. If you have sleep apnea, your sleep doctor or nurse can use this information to monitor your progress and give you feedback with daily texting.

If you have been diagnosed with sleep apnea but require a different solution, or don't qualify for CPAP, other solutions are available:

## **BiPAP**

BiPAP stands for bi-level (two-level) positive airway pressure. It's similar to a CPAP machine, but the positive pressure goes in both directions—inhaling and exhaling—while a CPAP only supports inhaling.

BiPAP machines are useful for people who need extra respiratory support for certain heart and nervous system conditions. Your doctor will determine whether this is the right choice for you.

## **Oral appliances and positional devices**

For people whose anatomy contributes to their sleep apnea, an oral appliance may be prescribed. It fits on your upper and lower teeth to move your lower jaw forward. This helps move your tongue forward, which opens your airway.

## Lifestyle changes

Lifestyle changes that affect sleep apnea can include losing weight, cutting back on alcohol, and stopping smoking. Excess weight, drinking alcohol, smoking, and the use of sedatives all worsen sleep apnea. Your doctor will make recommendations that will result in the best outcome for you. If you need extra support, you may be referred to a nutritionist or behavioral health specialist.

## Surgical options

For some patients, such as those with anatomical issues contributing to sleep apnea and those who can't tolerate the CPAP machine, surgical solutions may help restore airflow and make breathing easier. Surgical solutions can include procedures in the nasal cavities, jaw, throat, and tongue.

Some surgeries, like functional pharyngoplasty (a tongue reduction), involve the removal of tissue. Other procedures, like a hypoglossal nerve stimulator, involve an implantable device that monitors your breathing and stimulates a nerve responsible for moving your tongue.

Read more about [surgery for sleep apnea](#)

## Medication

For some patients who don't get better with CPAP alone, your doctor may also prescribe a wakefulness-promoting medicine to help keep you feeling awake during the day.

# Losing Weight with Surgery

Video: [The Surgical Options for Sleep Apnea Treatment](#)

If you have severe obesity, bariatric surgery can help you get to and maintain a healthier weight and more active lifestyle. In turn, losing weight can help relieve sleep apnea. However, it is not a quick fix—it's a tool to help make a lifestyle effort easier. Bariatric surgery is another step to consider in your weight loss journey when lifestyle changes alone are not enough.

Read more about your options at [Penn Bariatric](#)

# Starting Treatment

Video: [Here's How to Adjust to Your CPAP Device](#)

Using a CPAP machine takes some getting used to, but it can truly turn sleep apnea around overnight. If you've been prescribed a CPAP machine, here's what to expect.

- You'll wear a mask connected to a small air pump that makes sure you're breathing continuously. It may take a night or two to adjust, but newer units are quiet, smaller than what you might picture, and easy to use. The units have screens that let you know how you did the next morning.
- Your mask should fit comfortably; if it doesn't, let your home equipment company know. You also may want to call or send your doctor a MyPennMedicine message. There are many different designs, and the right option can be found for you.

As you get started, the home equipment company may call you to make sure that you are off to a good start. They also may contact you about replacing old or leaking masks, hoses, or filters. Mask or other air leaks affect the treatment CPAP air pressures and it is important to know how to clean and replace your CPAP supplies. Additionally, they will provide you with online resources provided by the CPAP manufacturers that provide CPAP use tips and coaching.

## What the CPAP can do

Thanks to new technology, your doctor can track information on your sleeping patterns through the CPAP device. The device can also track whether you're using it nightly, if there is an air leak, if the air pressures need to be adjusted, or if you need changes to your apnea treatment. If you've been diagnosed with sleep apnea, this information helps you and your doctor ensure it's been managed well.

If you've received a CPAP device, your doctor will call to follow up on your tracked data. You can also bring your equipment to an on-site CPAP clinic at the Penn Medicine Sleep Center locations to see new options, get retrained on how to wear your device, or have the mask refitted.

If your CPAP isn't working, you can visit the CPAP Alternatives Clinic. If you have sleep apnea but don't qualify for CPAP, your doctor will discuss alternate treatments, which can include medication, lifestyle changes, and other appliances.

Learn more about scheduling a surgical [evaluation for alternative therapies](#)

## Adjusting To Life with Sleep Apnea

Video: [Staying Positive With Sleep Apnea](#)

If you have sleep apnea, you may not realize how much it affects your life until it starts to get better. Suddenly, after you start sleeping well, you will feel more alert, and your mood will likely improve. You'll often be less irritable and able to handle stress better than you could when you were sleep deprived.

This is a chronic disease that can change with age (including menopause), weight changes, medications, and other conditions (heart failure). Regular follow-up with your sleep specialist over time is important to ensure ongoing control of your apnea.

If you've been diagnosed with sleep apnea and prescribed a CPAP device, your biggest hurdle may be using it consistently and according to your doctors' instructions. Though it's tempting to sleep without it, remember that using it consistently is the best way to get a restful and restorative night's sleep. Your doctors want your sleep apnea—and all the havoc it wreaks in your life—to be a thing of the past. The best way to make that happen is to use your CPAP every single night.

Losing weight and cutting back on alcohol is hard, but they are two important lifestyle changes that can help reduce the severity of sleep apnea. Sometimes weight loss alone is sufficient to stop using a CPAP device. That's a result worth working for!

# Cutting Back on Alcohol



Cutting back on alcohol is easier for some than others. If you're a social drinker, drinking less may be as easy as planning how many drinks you'll have and sticking to that number. Remember that mocktails and nonalcoholic beer are also great options. Alternately, you can water down your drinks down with a bit of soda water. You may also want to consider making a note of each drink you have, or use a smartphone app, to make sure you don't accidentally exceed your limit.

Let friends and family know you're cutting back so they can keep you accountable. And always drink lots of water to stay hydrated.

If you're struggling to cut back on your drinking, [Penn Medicine's Total Recovery program](#) may be a helpful resource.

## Finding Support

Video: [How to Find Support for Sleep Apnea](#)

Finding the right support, especially from friends and family, can be a big help if you have been diagnosed with sleep apnea and are seeking treatment.

Your friends and family can help you use and maintain the CPAP device, especially if anyone has used one before. Someone who has experience with it may have tips and tricks.

CPAP manufacturers offer online resources such as [Philips DreamMapper](#) and [Airview MyAir](#).

If your doctor has recommended losing some weight, you should also lean on friends and family for help staying physically active (an exercise buddy can make a big difference!) and cutting out alcohol. Often, drinking alcohol is a social activity; the people you spend free time with can help keep you accountable as you commit to drinking less.

Sometimes, the best supporters are people going through this at the same time. The American Sleep Apnea Association lists support groups by geographic region and has a Facebook group you can join.

## VI. WHAT COMES NEXT

# Following Your Treatment Plan

Video: [The Lifestyle Changes That Affect Sleep Apnea](#)

In order to reap the many benefits of CPAP therapy once it's been prescribed, you must use it with nighttime sleep, napping, and when you travel. You should use it every night. If you're having trouble sticking to the plan, call or send a MyPennMedicine message to your doctor and let them know about any issues.

### **Weight loss**

Another important part of treatment if you've been diagnosed with sleep apnea is weight loss. Excessive weight is the number one cause of sleep apnea. Losing weight can make a huge difference in your sleep quality and improve your overall health. Depending on how much weight you need to lose, you may need prescription medications or surgery to support your lifestyle efforts. Talk to your care team about the best options for you.

### **Physical activity**

Getting active is another big component of your plan. Many people begin with a walking program to increase their daily steps, with a goal of working up to 10,000 steps a day. This daily goal is not the endpoint of exercise but a good place to start. If you're new to physical activity, check with your doctor before advancing beyond a daily walking program.

Aiming for a goal of 30 minutes of moderate activity 5–7 times a week. Try to incorporate the “three pillars of activity:”

- Aerobic (cardio activities like walking, swimming, biking, hiking, and dancing)
- Strength training (like lifting weights, using resistance bands, and doing planks)
- Flexibility (stretching, yoga, tai chi, and martial arts)

Do what you enjoy, so you’ll stick with it. And get personalized advice from your care team.

### **Alcohol and sedatives**

The use of alcohol and sedatives are both connected with worsening sleep apnea. Some people drink or take sedatives to help them sleep; when their sleep apnea is resolved or improved, they find they won't need help sleeping! Remember that sleep apnea can be managed, and the benefits of life without it are many.

## **When Things Are Getting Worse**

Video: [These Signs Mean Sleep Apnea is Getting Worse](#)

If you have sleep apnea, a sign it may be getting worse is having more daytime sleepiness despite getting the same amount of sleep. Maybe your bed partner is noticing that you’re snoring more, or you’re falling asleep at the office. These are all reasons to call your doctor and get to the bottom of these changes.

It’s unusual to have an emergency with sleep apnea. But go to the ER if you develop chest pain or a racing heart while you’re sleeping or if you can’t breathe when you wake up in the morning.

# The Road Ahead

Video: [What to Expect When Sleep Apnea Is Controlled](#)

You've already taken the biggest step. By learning about treatment for sleep apnea, you're on a path towards improving your health and overall well-being.

There are huge medical benefits to controlling sleep apnea—from preventing stroke and heart disease to better management of other conditions like diabetes and helping daytime sleepiness.

In your day-to-day life, you'll be less sleepy, less irritable, and less likely to fall asleep at the wheel or on your job.

All of the lifestyle changes you'll make as part of your treatment plan, from losing weight to quitting smoking and cutting back on alcohol, come with their own benefits.

Sleep apnea is a chronic disease that requires ongoing follow-up and treatment. If you've been diagnosed, it is important to follow up with your doctor about sleep apnea treatment. And remember that newer technologies and treatments continue to be found and made available to apnea patients.

Your journey doesn't end here. If you have sleep apnea, Penn Medicine will follow up with you continuously to make sure your treatment is working and that you've achieved your goals—better health, brighter days, and a good night's sleep, every night.