

Expert Interviews

Everything You Wanted To Know About CPAP Masks

**With President of Restoration Medical and CPAP Expert, Mr. Chip Smith and
Mr. Brian Werther, the COO of Restoration Medical**

Find Out:

- The key to getting the right fit
- What's the right mask for you
- How to overcome the most common mask problems
- The newest and the latest in CPAP masks
- And many more useful tips, pearls and hints
- Pictures of common masks

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Dr. Park: Welcome everyone, I'm Dr. Steven Park, of www.doctorstevenpark.com, and I'm glad that you can join me tonight for my *Expert Interview* series.

Tonight's topic will be *Everything You Wanted To Know About CPAP Masks*. Just a few housekeeping issues before we start. First of all, please make sure that you're calling from a corded land line, since the quality of wireless or cell phones is unpredictable. If for whatever reason you get disconnected, please dial back in using the same call-in number and access code.

Please also remember that the content presented tonight is for informational purposes only and that you should talk to your personal doctor before making any changes to your medical, exercise, or dietary regimen.

Chip and Brian will talk for about 50 minutes and then open it up for live questions. If you're listening in on your browser, you should also be able to see slides during the presentation.

So tonight we're going to talk about one of the most frustrating issues when it comes to CPAP treatment and that's dealing with your mask. Some people love the first mask that they're given whereas others struggle to find different masks and are constantly adjusting and struggling to get just the right fit.

There are so many different styles of masks available, and it seems like there's a new model coming out every week. Questions about masks or the nasal interface, in sleep apnea jargon, are some of the more common questions that I get. This is why I decided to invite back past guests – Chip Smith and his partner Brian Werther – to explain to you how to find the right mask that fits, what steps you must take to make sure that you'll be able to use your CPAP machine effectively, and also answer any other questions that you may have about masks in general.

So tonight we have back Mr. Chip Smith, who is the president of Restoration Medical, along with his partner Mr. Brian Werther, the COO of Restoration Medical. In August, Chip gave us a wonderful and insightful talk about CPAP and we wanted to follow up with a more in-depth discussion on CPAP masks. If you missed this last talk, you can go to my website at <http://www.doctorstevenpark.com> and look under Expert Interview for CPAP Success Secrets Revealed.

Chip: Welcome to the program Chip and Brian!
Thank you so much Dr. Park.

Brian: Thank you.

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C: It's great to be back. I really enjoyed the August presentation and as you had said, that was a more general 10 keys to CPAP success discussion and this is zeroing in on one of those things that we talked about during that talk or during that webinar, which was the Face mask. Surprisingly enough we took over an hour to go over those 10 topics. We feel like we're going to be constrained here a little bit to get in all the information we can within an hour just on this one topic of masks.

This is arguably the most important piece that can take a struggling CPAP user and them over the edge or possibly even demonstrate them and get them to either possibly give up or just frustrate them further.

What we're hoping to do today is, I'd like to take you through just generic types of masks that are available, the basic types of masks that are out there. Then we're going to have Brian walk you through the various sealing materials that are available, discuss proper mask selection and fit, and then discuss some other side issues such as mouth breathing, stuff that may come up that may force someone in a particular direction or they might be guided towards a particular type of mask.

We'll also have the chance to discuss skin breakdown and also how to fit the mask, discussing pressures, and then other types of things that you should be discussing with your DME company and with your sleep physician as it relates to the face mask. So it's a lot of ground to cover. We'll do our best to try to keep it moving along. I think the challenge that we face is the same that we faced last time, which is we want this information to be basic enough for the new CPAP user but hopefully not so basic that the experienced user doesn't also get something out of it.

I'll guide you now to the slides and see if we can get into slide #1 (see figures at the end of this document). What I'd like to do first is just take you through the various types of masks because in general there are 3 main types of face masks generally recognized. Those would be nasal pillows, as you're going to find in the first slide those would be sometimes called nasal prongs or direct nasal masks. What they do is they actually fit directly into the nostrils and that's how they deliver the air directly into the nostrils. The other type is going to be a nasal mask and you're also going to have a full-face mask.

What's interesting about these 3 types of masks is that they may be really impacted by the type of pressure you have. In other words, at various pressures certain masks are going to be very difficult to tolerate. So again one is nasal pillow mask.

The great thing about the nasal pillow mask is you see the vision in the model that's there in the middle as far as the picture goes and hopefully everyone can

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see that. If not, or you don't have the ability to see the slide right now, what you basically have are two prongs that fit directly into the nostrils. The air is delivered that way but the benefit of this is usually a much less claustrophobic feel on nasal pillows and you have open vision, which contributes to the lack of a claustrophobic feel.

It's probably the closest to what people usually say they'd be able to tolerate when they first start, which is "Hey give me one of those masks that's more like an oxygen cannula". Of course since this is pressure that we need to make sure is getting into the airway and there has to be a tight seal and that pressure needs to be maintained, we cannot have something like an oxygen cannula that just delivers it diffusely around the nasal passages but actually needs to form that seal. Nonetheless, these nasal pillows are as close – as the model goes – to that cannula-fitting feel as you're going to get in a CPAP mask.

At low pressures these tend to work very well and be open. Usually we think of low pressures as being anywhere from a minimum of 4 up to possibly the 9 or 10 range and then you start to get into that mid-range pressure. Once you get north of 10, certainly when you get north of 14, the feel for this can be difficult to tolerate because you having the air delivered directly into the nostrils.

For those of you that might have had higher pressures but said "You know what, that's the mask I want because it looks good and it'll be the least cumbersome" but you're finding it difficult to tolerate it, may just be because the way the air is delivered into the nostrils. I've had it described to me as "It feels like someone has stuck a fire hose into my nostrils and it's just delivering it up there and it's just really tough to tolerate".

At those higher pressures a lot of times the air needs to be delivered in a more diffused fashion. So again bear with me here, I'm not going to go through so much of the specific masks as much as mask types. A more diffused way of fitting that in is the traditional nasal mask. This is the one you usually see when people are shown in a picture on CPAP. This is the mainstays of the mask line. That's just typically the triangle that goes right around the nose in 90+% of the nasal masks.

The seal that you get is achieved by having a forehead rest on the mask that you can see there extending out above the mask and that in and of itself is going to just help deliver that air in a little more diffusely. It's not going to be having that feeling of having it jammed up there the same way that someone might with a nasal pillow. Traditional nasal masks a lot of times tend to do pretty well even into not only the low pressures but as you get into some of the medium pressures, the 10s, 12s, 14s.

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Don't get me wrong here. There are some people that can tolerate a nasal pillow mask and the nasal mask at very high pressures but they tend to be more or so outliers. As a general rule as you get higher in terms of pressures, there's this need to move from nasal pillow to nasal mask and then into what's going to be next, which is going to be the full-face mask.

If you can see the pictures that are up on the screen, there are some examples in there and I believe at least 3 out of the 5 if not 4 out of the 5 have all been new releases in the past year. I think it speaks to the fact that there's a lot of innovation going on and a lot of differences that are occurring.

There are a lot of questions that came up in the pre-questions saying "What's coming out next, what's the next great development?" These things usually don't happen in big shifts or leaps and bounds but they rather happen incrementally. What you'll see there even with the masks on display is that they each have certain features and benefits, which if they're received well by the market will probably soon be on a lot of different masks. A lot of those are designed to address some of the other problems that we'll get into later. But again it's important to address that fact that if there's not a mask out there today, there very shortly will be at least a different mask for you to try that actually might be able to meet your needs.

Let's move on the next one, which is the full-face mask. We're probably going to spend more time on the full-face mask just based upon the questions that came in than we will and some of it we'll get to a little bit later in the presentation.

The full-face mask is defined as a mask where the nose and mouth are both part of the delivery system of the mask. In other words, with the nasal pillows that you saw earlier and the nasal mask obviously the air is being delivered strictly through the nasal passages and the mouth is open or outside of the system. That's important because on the downside a full-face mask a lot of times just gives people pause. This is the mask that tends to produce the greatest feelings of claustrophobia. It tends to be a little bit bigger, a little bit bulkier, and because just the strict surface area issue it can be the most challenging sometimes to get a seal with just because you have more surface area that you have to in fact seal.

That leads to the question of why would anyone then gravitate towards the full-face mask? There are two main reasons. Obviously there are going to be some people that might just gravitate towards it because they might feel comfortable but the main reasons tend to be that people are mouth breathers so if you think about the air blowing at the therapeutic rate coming out of the machine, if it's all being delivered into the nasal passages and the mouth is outside of the system because you're using a nasal pillow or a nasal mask and that air is being delivered into the nasal passage – we need that to get into the airway or into the throat to maintain the open airway.

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If the mouth opens up on that therapy, that's called a mouth-leak, some of that air is leaking out. We often times get the question from people saying "Well how would I know if I'm opening up my mouth, I'm sleeping" It's a good question. If there's a significant other they can obviously confirm it often times, but if there's not that then one of the best ways you can look to self-diagnose that is a feeling of extreme dryness when someone wakes up in the morning is often times that sign and symptom that they're opening up their mouth in the therapy. Air is then blowing in, the therapeutic air is blowing in from the nasal passages back out through the mouth and there's this extreme dryness that comes about.

If that cannot be addressed or solved, as we will discuss a little bit further, a lot of times people go to full-face masks. This way it doesn't matter if you open up your mouth on the therapy. Some people have a deviated septum, some people just tend to breathe through their mouth, and even though a lot of people can train themselves to get used to a nasal mask and to breathe through their nose and keep their mouth close in the therapy, there are some people that say "It's not worth that fight, give me the full-face mask I'm not afraid of it and I'll use that". That's one of the key reasons.

The other key reason, I was discussing the pressures before and a lot of times the pressure will determine which mask you're going to be able to choose. Some of the questions that came in indicated some people with some very high pressures, which absolutely is a big challenge. Now if you try to take a pressure that's north of 16, the other pressures discussed at 20, 25, one of the questions even indicated a 30 there which is extremely high pressure, you're going to be in an incredible challenge to deliver that just through the nasal passage through a nasal prong or through a nasal mask and you're pretty much going to be forced into most likely using a full-face mask just to deliver that more diffusely through both the mask and through the nose otherwise it's just way too much to tolerate.

But then again, at those high pressures you're presented with the other challenge, which is those high pressures often time create leaks. So if you will, just bear with us. We're going to try to address that a little bit later in the presentation and if not, feel free to ask that question afterwards. But I do know that leaks and full-face masks are something that I want to make sure we take care of during this presentation so we can address probably the biggest question that came in.

Those are the 3 main types of masks. Now we also put up one more slide here and these are just very basic pictures so you can see what the different types of masks are. But we have a fourth category, which we just refer to as specialty masks. They don't fit exactly into any of the specific categories that are currently out there, but what's interesting about this category to me is there is a number of new entrants in here and speaks again to the innovation that's taking place with regard to CPAP in general and just in the entire market place.

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There's a lot of focus, a lot of time, and a lot of money being spent here by companies looking to secure market share and that's a very good thing because it produces things like if you can see the mask on your screen, that's the far left mask on the screen. That is the new mask from Respiroics. Again, I'm trying to get away from here. I don't want to promote specific masks, but this is one that because of its unique nature I just want to call out.

It's called the Fit Life mask. That is a mask kind of like a hockey mask which was first developed in its first form as a bit of a different seal but it was designed for people that might have deformities, facial deformities, could not have the ability to get seal with a nasal pillow or even a full-face mask. This is something that encompasses the entire face. They have re-designed it now and I'll tell you what, it's actually a very interesting mask. It's starting to get a lot of good feedback there as well for people that either have redness issues, skin breakdown, that type of stuff from feeling like that they have to make the mask so tight in order to get the seal.

I think the other thing, and I'll defer to Brian here because he's actually, as the guinea pig in the office, gone ahead and used pretty much every one of these masks. I think what's interesting is the feedback we've gotten on it has been that the sensation of air which we'd normally think is just going to be blowing into your eyes and really annoying, it's pretty amazing that once that seal is formed you don't get that same sensation. Brian I don't know if you have any comments specific to that.

B: No, correct. I think the other interesting thing here, and it's something we've just started to experiment with, is because the surface area of the mask is so large, as we go towards higher pressures the air is more diffused as it goes into your nasal cavities and through your mouth it'll keep your airway open and this actually may end up being a reasonable solution for people with very, very high pressures.

C: So it's one to keep in mind. Again that's called the Respiroics Fit Life. Now as you go through some of the other pictures you'll see a picture there of the CPAP Pro. It's a dental device, not a standard dental device, I don't think it does any mandibular adjustment like a prescribed dental device would, but for people with face pain that just cannot deal with having any type of straps or anything like that on their face.

This was a product that was kept in place with a mouthpiece. That mouthpiece is similar to an athlete's mouthpiece that needs to be form molded. It's a boil template. You boil it, put it in, and it form fits to your upper teeth and it's held into place that way and it's a nasal pillow system. It's interesting because you can see in the picture there there's absolutely no straps on that mask and as you

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keep going on there's a mask – I think the picture that we have is called the Liberty, but there's also a hybrid mask that's out there which is a full-face mask nasal pillow system.

There was a specific question in there about using that product even though they have a lot of nasal issues or some problems breathing in through their nose. The first thing is that's a good mask because it keeps the vision open. A lot of times it can cure some claustrophobic feelings. It could be a bit of a challenge to get a seal because you have three moving parts, but again it's nice to know that there is an option out there for someone that maybe is having skin breakdown still needs to go to a full-face mask but the bridge of their nose for whatever reason they can't get a good feel or they're having a skin breakdown, there is another alternative for them.

Then the other option there you see is this oral mask. That's the Oracle, that's the only one I'm aware of that's out there. I think one of the questions came in asking about the different oral masks. My apologies for not being up on that or knowing which one that was in reference to, but I do know that Fisher & Paykel has the Oracle Mask. That is one that actually bypasses completely the nasal passages and Doctor you might be able to speak to this better than us but we have never had success with that mask. It's a unique one, it looks certainly interesting. It's less cumbersome, there's nothing blocking the vision, people are sort of drawn to it just visually but because it bypasses the added humidification that is added when you go through the nasal passages because you're just going in through the mouth. There is extreme dryness and discomfort that we've gotten as feedback. So keep that in mind it tends to not be a good mask unless there's someone that absolutely cannot have anything that goes into their nasal passages.

Again, this is just our experience. I don't mean to knock any mask but I think you should be aware that before trying it. The rep from Fisher & Paykel did recommend that if somebody does go to this that they should have machine like there's 604, a new one is coming out as well that has heated tubing to it to give you just really double the level of humidification since you're bypassing the nasal passages.

So again, that's up there, it's unique, really for just very, very targeted instances, and can really be a challenge. But again it falls into that category of specialty masks, interesting thing being that for everyone that has a challenge out there, there usually is an answer or a response or something in the marketplace and if you have your sleep doctor or your DME company or even the message board community – I think Dr. Park we tend to meet at *Manhattan AWAKE*, which has been a great resource I think for a lot of people many of whom might be online with us today – but those are great resources as well to find out what else is out there.

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If you're struggling and having a problem with a mask now, turn to others, find out what else is out there because I think you'd be surprised at either what's available, if you're not aware that there are a lot of options out there, or what's new, if the last time you looked in the market place was even a year ago. There have been a lot of innovations coming out.

With that I'll pass it over to Brian. He'll take you through the various sealing materials which is also important. With sealing I'm speaking about what's going to help you form the seal and what's going to go against your face as opposed to what's over our heads right now. So let me pass it off to Brian and then I'll pick it back a little bit later.

B: Thank you Chip, and Chip if you don't mind going back to the slide with traditional nasal masks for those that can see the slides.

The important thing to notice is there are generally 3 different types of materials or methods being used to create a seal from the mask to your face and there are many variations within that. Traditionally we've been seeing mask sealing by air cushion and what that does is it actually takes the pressure from your CPAP machine and creates a cushion of air around the mask and your face to create that suction feel.

There are gel materials which are used to basically create a soft pillow against the mask and your face and then there are also hybrids where they integrate a gel with an air cushion and then foam masks where the cushion is made out of foam with a silicon covering or something of that nature so that they can be cleaned.

All of these different types of sealing materials work really well. Some work better than others against certain faces and certain people but the thing that's important is to recognize that as Dr. Park said at the beginning and Chip had mentioned, that not one mask fits every type of face. They're very close and they're getting a little more ubiquitous as the technology increases, but it's still a little bit of an art as much as a science.

If you're looking at the slide of traditional nasal masks, and the reason I brought this one up is that the mask that's in the middle is a brand new mask that came out and that is a series of air cushions that have been developed. The first light there where there are multiple cushions that complete a seal. To the left is a hybrid where you can see a little blue area, that's a combination of a gel and an air seal. The mask to your right is solely an air cushion that creates a seal. It's one of the lightest masks out there, and then down below is more of a traditional gel mask.

The important thing is that there is not an answer. We are often times asked, "What's the best mask for me?" and it is important that you are willing to take

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the time to work with whatever your doctor prescribed upfront as a starting point – that might be the perfect mask for you based on the initial results of your sleep study or that you – or that you are willing to try different materials and different types and different sizes to find that seal for you.

There have been instances where a patient has walked out with their first mask and been perfectly happy. We often feel that if you are comfortable, when you can sleep, there's no reason to go hunting for a different mask. If it works for you, that's great.

There have been other patients that have taken on the north of 3 months to find a mask that seals properly for them. That can be frustrating, but it is often a combination of the materials and how they're using the material. One of the things that these new materials are bringing into play is that people tend to make masks too tight and one of things that we continue to educate our patients on and we continue to educate the industry on especially with the air cushion masks, is that you don't need to make them as tight as you have in the past to create that good seal.

With that let's go on and talk about how this helps you with proper mask selection and CPAP success because at the end of the day if you can't find a mask that will fit you comfortably it'll be difficult for you to be excited and to be motivated to use your CPAP therapy.

As Chip mentioned early on, different types of masks fit certain guidelines in terms of pressures, whether we use the nasal pillow mask for somebody with a lower pressure moving up to the traditional nasal mask, full-face mask or specialty mask.

It's not so much what mask is the best mask but what's the best mask for you and how does it fit you properly and how do we get used to it so that you can sleep comfortably and allow you to relax through the evening and not have that anxious or claustrophobic feel so that the mask doesn't feel like a burden and isn't the reason that you are not successful with CPAP therapy.

We are firm believers that the way to get to that successful point in time of when you can sleep through the night with your mask starts early on with the ability to start getting used to the machine, practicing for a few nights, and get used to wearing something on your face. Most people have gone through their entire life without having a mask and a hose attached to them when they go to sleep. The longer you can dedicate to practicing before you go to sleep – longer being 3-4 days but get that time in to use the machine and get used to the machine – the more likely you are going to have success and understand where the issues are with the mask selection.

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The key is being able to communicate and speak with your DME company and let them know what you're feeling and what is and isn't working for you because there are a lot of different types of masks on the market and guaranteed there's one that can fit just about every face out there.

The last thing that I'd want to put forth here when it comes to mask selection is that with companies that focus on CPAP and sleep therapy one of the things that you can expect your DME company to do for you is to help you find that mask. Many of the different manufacturers provide guarantee programs that within 30 days you can try a mask, find what works, find what doesn't work, and if that particular mask is not working for you then you can trade that in and try a different mask. I think that's really important in terms of finding that middle ground where you can rest comfortably, get the seal that you need, and move forward with your CPAP success.

C: The next category I want to take you through would be just specifically mouth breathing and then also skin breakdown. I'll go over mouth breathing quickly just because we already touched upon it quite a bit and skin breakdown is the focus of a lot of the questions that came in as well. So let me do my best here to move this along so we keep to the timeframe that we have and we have enough time for questions as well.

Mouth breathing we wanted to take you through mostly because again it drives you back to the conversation we were having about which masks you're going to choose, but the other thing we wanted to add to this was mouth breathing can be concern and a consideration as we said before because it can impact your therapy.

If you're opening up your mouth some of the prescription therapy may be leaking out and therefore we don't know how much of it is getting to your airway to keep it open and whether or not that's going to be an effective enough pressure to keep you from having apnea and basically to maintain an open airway.

That being the case, if you do find yourself having those complaints about excessive dryness or just having someone tell you or recognizing that you cannot keep your mouth closed while on the therapy, it is important to make sure that this gets addressed. Usually we have a certain hierarchy of decisions that we go through or recommendations and first of those is a lot of times the dryness or the mouth opening can be attributed to a lack of proper humidification.

This goes back to one of the other topics we talked about in the August presentation. Humidification is also very important and that can play a role in how effective the mask you're using is going to operate or at least on how the therapy is going to work.

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Basically the way it works is if you get – and Doctor I'd ask you to jump in here if you want me to speak in anything deeper than layman's terms – but you really have an issue of dryness leading to congestion. If you get too dry or you have too many issues just even seasonally – it could be allergies, it could be dryness associated here in the north with winter time, and issues like that – that dryness will lead to congestion and even if you're not having any airway issues or apneas, the nasal congestion that you're having could make it so that your body will compensate, which is you're going to open up your mouth while in the therapy. That in itself could turn someone whose not naturally predisposed to opening up their mouth or being a mouth breather into opening up their mouth and compromising the therapy.

So often times first step – increase your humidity level. If you can do that and can get to the point where you're waking up, and not feeling dry is the primary indicator, in the morning and you're feeling the benefits from CPAP then it's usually problem solved from there. But if that doesn't solve the problem, someone may have some more severe nasal passage issues – deviated septum is often pointed to, those types of things – but they're unwilling to go to a full-face mask, the next step typically is you can also add a chin strap.

You'll be using a nasal pillow mask or a nasal mask a lot of times to maintain that open vision and have the less claustrophobic feel. But if done with the addition of a chin strap, which will actually just be a way to make sure that your mouth stays closed in the therapy through that pressure that's applied. That can also be effective. It could be a way to get someone who's sort of on the border line are able to make through most of the night with their mouth closed, to get them through the rest of the night and do okay, but then there are still some patients that pass through that and are brought into or happen to use a full-face mask and you just want to make sure that you choose the proper one from there.

It is important to know that mouth breathing is something you want to make sure you address. We have a lot of questions that come up from people that say “I do fine on it but my mouth has to stay wide open while I'm on it and we have to try to educate them back into either the proper mask or at least in working and practicing towards being able to keep their mouth closed under therapy.

That's it for mouth breathing, we can come back to that if anyone has any questions later, but I think probably the most important topic in terms of the questions was a question related to skin breakdown and boy this is very much related to proper mask selection and fit that Brian just spoke about.

There are a couple of things that I'll address here. The first that is related to skin breakdown is often times the bridge of the nose can be an area that's the most likely place to have some sort of problem or breakdown. That's where often time

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the seal is made on a nasal mask or on a full-face mask and where most of the pressure is felt. That can be just a huge problem for people. Obviously, how are you going to use this thing night after night if what you find is that you're damaging your face every night that you're using it?

A couple of things that we'll pass along here; the first is how important it is to have the proper fit in a mask and also to recognize what kind of face type that you have and the fact that many manufacturers have all different types or makes and models and fits to try to accommodate different face shapes. An example of this would be that ResMed, Respironics, all have shallow and shallow-wide versions of their masks. In other words, people with a very small bridge of their nose would probably be good candidates for a shallow or shallow-wide mask.

A lot of times if you're trying to take a regular mask and you're not sized properly, whether that's because you don't have a small, medium, or large – the proper one out of those three – or the sort of in-between sizes, which could be a shallow, shallow-wide, those kinds of things to make enough accommodations for the size or shape of your nose or your face, then you're most likely in order to get a seal are going to have to over-tighten that mask and once you over-tighten that that's when it leads to problems.

So if you're fitted improperly that would be the first thing. A lot of manufacturers or at least the major ones have some sort of fitting guide. Some of them have it directly on the packaging that it comes in, other ones sell them separately as sort of shells, but if you're having these problems the first step that I would do is take a look at what type of mask am I using and have I confirmed that I've been fitted properly.

Then from there you should be having discussions with your sleep doctor and your DME company in terms of the specific face type you have. Again I come back to the low bridge of the nose because there is specifically a mask out there that addresses it – for those of you familiar with the ResMed Qauttro, which is probably our biggest selling full-face mask that comes in standard, extra-small, small, medium, and large; but for those people who still can't get a seal because they basically have very small bridge of the nose, their old model, which was called the Ultra Mirage full-face mask, still contains the shallow and shallow-wide versions of that mask in medium and large, I think they may have a small in that as well. But the point being that somebody could be sized as a medium but then they have that low bridge of the nose and you wouldn't know that unless you had the actual ResMed form or shape model that you could put on your face to determine what size you actually are. So again I stress the importance of size.

There are some other features and benefits of different types of masks that will help ease the pressure particularly on that bridge of the nose. But it's also

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important to know that there could be a way to get away from that completely if you can go from, and your pressures are low enough to tolerate it, if you're a nasal mask user and you don't have a problem with opening up your mouth and being a mouth breather to consider pillow mask. Even though it will take a few days to get adjusted to that feel of the air being introduced in a different way, it's always a great way to go because then you alleviate pressure on the bridge of the nose completely by bypassing it.

We actually have a lot of patients that, as their insurance pays for replacement schedule, which we'll touch upon a little bit later, and they're eligible for a new mask, they take very good care of the mask they have and then they'll try a completely different type of mask. We have patients that have nasal masks and nasal pillow masks and they'll go back and forth between the two and based up how their face is feeling or what kind of fit and feel or really what they're in the mood for, and a lot of that comes down to when their face starts feeling the pressure on the bridge of the nose they shift to the nasal pillow; if their nose starts to get irritated from the pillows they would then switch back and they can go back and forth.

That was one of the questions that came up in the pre-questions that were sent, which is "Does it matter in terms of the therapy" and the answer to that is really it does not matter in terms of the effectiveness of the therapy as long as you are not opening up your mouth while under therapy. You can go from one to the other – a nasal pillow to a nasal mask to a full-face mask and there should not be a problem with that therapeutically as long as you're keeping your mouth closed.

But I think, let's say we have situation with some people God bless you're trying to deal with a pressure of 20-25 and trying to get a seal there, even if you are sized properly for a mask it can just be a challenge. You feel like you'll probably have to just lay there in the bed and not move one iota whatsoever or else you'll start to get leaks. That could be frustrating and disheartening.

One of the good things to mention is a lot times the therapy is just as effective, so if it's not waking you up it still may be okay, but it's still annoying a lot of times for a significant other and sometimes it's just outright defeats the purpose, not completely of CPAP therapy but if it's waking you up because it's making noise, the mask is burping or making whatever other types of noise there are there, it could be interrupting your sleep and if that's the case it's certainly defeating the purpose of CPAP in terms of getting a restful sleep.

What's important to know is that there are side products, some of which are covered by insurance, some of which would be out-of-pocket charges, that have come out just even recently. We've become aware in the past two months of just some products which might be appropriate. I also know that there's another product that's been out for a year and I think the owner for the company is on

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the line listening with us as well, which is one thing I'd really note down here is Padacheek which is an attachment you can actually put on to the mask itself so that the straps which tend to dig in, leave redness, marks that type of stuff will certainly be lessened because this is softer material that can go around those straps that tend to dig in and it will prevent or help prevent those red lines that are kind of digging in and just make for a more comfortable fit. Again, less reddening when you wake up from those types of pressures.

In order to form and get a better seal there are two other products that came out in the past two months one of which we actually got some great feedback on. We have very limited feedback so I can't vouch for all, but I certainly would say people have not been able to get a seal with any mask out there and they have those extremely high pressures, look up a product called RemZzzs, they are full-face and nasal CPAP mask liners.

That liner a lot of times can allow you to not have to put the mask on quite as tight or also just eliminate and provide the mask a chance to seal or something to seal against whatever the shape of your face might be or just the high pressure might not allow you to do that. Having this liner in there often times allows people to get that seal and again not have to make the mask even typically as tight.

The other product that we're aware of is called Sleep Pad and that's actually a little thin pad, I'm losing what the material is that it's made of, but it's good for the skin. I think it's mostly made out of mineral oil and it's basically like a very flexible thin pad that will actually fit on top of the bridge of the nose to help you try to get a good seal and most importantly to protect that area so you can wear the same mask but again have a little bit of a layer of protection in there for you.

Now we did not have a lot of experience with this mask. We had one patient that tried it and did not have a lot of success with it so certainly not enough to make a decision on. It's good to know that there's another option out there and I mentioned it because all these things also point to again the innovation that's out there. So again, if you're finding you cannot get success with what you found in the market place today, all this stuff is coming out new.

Most of the masks we're talking about here have been released in the past 6-12 months as new models. We have these models coming out there. And all this is a sign that you know what, there's recognition by the market place that this is just huge. It's a big problem and it needs to be address and it's being imperfectly addressed today. So there's an opportunity for companies to come in that have a better mousetrap to deliver to the market place and all that stuff is a good thing.

Again, I would say take a look at those, especially for those people that are having those really high pressure problems. In a full-face mask you might want

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to consider these RemZzzs to try it and then you may also want to try just – there’s no right answer for each mask that’s out there doesn’t fit everyone and so if you haven’t tried an array of full-face masks that are out there then it would be time and it would appropriate to give that a shot and try other ones just because what works for someone else may not work for you just based upon the shape of your face. But the model that they use from a different company, the actual form that the mask has might be a perfect fit for the shape of your face.

That’s why you just have to continue to keep at it, to not get discouraged most of all, and just continue trying. The answer is out there, you just need to have people help you to get to it and also have the stubbornness and I think the willingness to fight through each of those and continue trying until you get that solution.

With that I’m going to pass it over to - I think I’ve touched upon a few issues that Brian is going to address, which is actually a really important one which is really how to fit the mask, what should your process be. So Brian if you would take it away.

Brian:

Sure. Fitting a mask starts with your first fitting or the first time you’ve gone through the booklets and you’re trying to understand how it sits on your face because I think the one thing that as mask innovation has improved or gone through a tremendous amount of R&D over the last year, headgear has changed alongside.

Generally what we try to do is we try to introduce how the headgear and how the mask sits on the face and actually bring the CPAP user over to a mirror without the CPAP attached and actually just look at the straps. Just look at that straps, just look at your image and make sure that the straps are parallel, that everything is fitting correctly and the mask is not askew.

I say this because some of the new masks have integrated, I wouldn’t call them a chin strap, but straps that go underneath the chin and a series of new types of headgear. It’s important to understand what it’s supposed to look like and how you’re comfortable doing it because ultimately the goal is to be able to put this on fairly easily, lie down in bed and go to sleep.

Again, we continue to promote practice, practice, practice. The more you practice upfront the easier time you’re going to have going forward. That said, the fitting process we go through is we put the mask on snug, not tight but just snug so that it does not fall off your face and we attach the mask to the machine.

The first thing that we do when we’re going through a mask fitting is we make sure that we remove the ramp. Now while this may be uncomfortable for some patients for a moment, it’s important that the mask is fit without the ramp feature

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on. The ramp, I'm sure you're all familiar with that, lowers the pressure so that you can go to sleep comfortably but we want to make sure and ensure that you have a good solid fit and seal so that as the pressure increases as you're asleep, the mask will continue to do its job.

Where possible, and I say where possible because not every time that we do an introduction to a CPAP machine is somebody in their home, we like to get them into the position where they are going to sleep, whether they are lying down or lounging in a chair or just relaxing back with their head tilted back. The most natural position or the closest position of how you're going to use the mask also helps.

I think the 3 things to take away are:

1. Make sure you fully understand how mask fits and how the mask is supposed to fit on your head with the headgear and the cushions, the positioning of them.
2. If you're using ramp, make sure that you take the ramp off the machine so that you fit the mask with the pressure that you'll be experiencing for your full therapy.
3. Try to do this in a place where you're going to similar to how you're going to be sleeping at night, whether you are lying down or lounging back in a chair or however you are ultimately going to relax.

The last thing I would say on this topic is that some machines, the ResMed machine is an example of one of them, have mask fit features on them and those work relatively well. You use the start button, you press, you hold it down for a period of time, it gives a solid pressure of 10 so you can start to fit the mask. It is a good solution, clearly not a perfect solution for those that have the pressures high in the high teens and 20's, but it certainly will get you there as you fit the mask.

The other thing to recognize is that if you're using an auto titrating machine, an AutoPAP, you may want to work with your DME company to get fit on a machine for the mask that will give you closer to your 90% pressure and this way as the fluctuations in your pressure during sleep with the AutoPAP machine you'll ensure that you have a good sleep.

Lastly, when the mask is fitting properly the CPAP machines are pretty quiet. You know when your mask is on properly. If you're hearing a lot of noise or a lot of extraneous air blowing around, you have a leak somewhere and I think the guidelines that most mask manufactures use are that if the air is leaking or the sound is coming and your partner might be able to help you with this, from your cheeks and up you might want to adjust the top straps. If it's from the cheeks down, use the bottom straps and that will pretty much get you in any good seal with a mask.

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But, as we started off the conversation, the key is – and especially with the masks that use air cushions as the seal – tighter is not necessarily better. You want to let the mask do its job and a snug fit is about all you need if that mask is the right mask for your face.

Chip:

I think I'll bring it home here, we're pushing up I think up on I think about 8:50, which is the time that we wanted to go to Q&A session. So Dr. Park if you'd allow me to just address these last few points, I'll try to be brief and quick and then we can go to any questions that we have out there.

The one thing I want to mention is you should really insist upon your partner to not only provide you with good advice but if you think about it, one of the things that we offer now and it's through the support of the manufacturers that we work with – ResMed, ResPironics, Fisher & Paykel, there are a few other manufacturers out there that support this as well – but it's a 30-day guarantee program. We've had a lot of success with it. It's a very important program to us and to our patients but it's not unique to us. So it should be something that whoever you're using as your medical supply you should definitely ask them about it. If they're not offering it ask them why not.

Basically that is the idea that when you first, especially for a new CPAP user or a struggling one that has never had success, for you to get an idea in an office setting even if you get the chance to put the mask on your face but it's more theoretical if you're in an office setting and you're looking around at a mask or looking online, you may or may not be able to put that mask on even for a few minutes just to try and see what it feels like.

It's very tough to predict what kind of success you're really going to have with that until you've had the chance to take it home and to use it for several nights. Again, with great support from the manufacturers, we've been able to offer this 30-day guarantee. Take the mask home, if you're unsatisfied for whatever reason, we will be able to take it back and I think that's a big one to ask for and to swap it out for a new mask.

Again, it's typically through the feedback we learn on the first or second failure if someone has a failure with a mask. That kind of feedback as long as you're being candid and honest with the manufacturer usually leads you to quick success in pretty short order.

If you try a nasal pillow mask and you can't tolerate it for whatever reason, usually the feedback we get leads us to what is the correct answer usually the next time if not certainly by the time after that. So keep that in mind, 30-day guarantee should be something you ask for and it just makes sense. How are you going to know what something is going to feel like or how it's going to work for you unless you have the chance to actually use it.

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The final thing is just a reminder to make sure, for most of you this is an item that is covered by insurance. Make sure that you're aware of the insurance replacement schedule for your items. That's important because most insurances will approve a new mask, a new tube and new filters for your machine on a regular basis, which is for a mask at least for Medicare it's every 3 months, a lot of insurances it's usually 6 months. So somewhere between there you can get a full new mask. What a lot of people are not aware of though is that in between those 3 or 6 month timeframes, you can usually get replacement parts for your mask as well, which could be a new cushion, or if you're using a nasal pillow mask, new nasal pillows.

This is important because over time, especially if you're maintaining it well by cleaning it every day, a lot of times whether it's the pressure that's applied there, the materials can start to break down and the seal that was perfect in that first week by month 2 or month 3 all of a sudden the mask does need to be adjusted or it just doesn't fit the same as it used to and that's just because it's getting worn out from use.

So a lot of masks you can keep the frame and just ask for a new cushion and that's an item that's reimbursable as well on a more regular schedule or basis. The insurance companies usually want you to replace those items both because they want you to use this item, they'd rather use it as opposed to it gathering dust, but also because it's better for them to switch out the cushion than it is necessarily for them to be switching out an entire mask.

Keep that in mind, make sure you're taking advantage of the replacement schedule even if you're paying out of pocket. It's recommended that you keep those around and at least up to date so you're not using some stuff that's really, really old causing you to have to rip the mask very tight or to put up with a mask that doesn't leak and the other reason to have that around is to make sure you take good care of your stuff so that if something does break – you're on a trip or it's just difficult for you to get any type of backup – at least you're carrying your own backup with you.

Just understand what that replacement schedule is and make sure replacing your materials just on a regular basis.

So with that, Dr. Park I think we've drawn this to a close and we can either open this up to either questions from the group if that's what you prefer or else we can start to go through some of the questions specifically that were submitted.

Dr. Park:

Thanks Chip and Brian, that was a wonderful talk and I learnt so much from this past 40 or 50 minutes. Why don't we just go ahead and open it up for live Q&A.

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I also have some questions that came in through the web and I think you answered most of these questions, so why don't we just open it up.

Everyone is muted right now. If you have a question please press *7 to unmute yourself, state your name and where you're calling from, and ask your question. That's *7 to unmute yourself to ask your question.

While we're waiting for people to come online let me just start it off with some of these web-based questions.

One person asked, "What was the name of the pad that you put on the bridge of the nose that's made of mineral oil?"

Chip: It's called Sleep Pad, so nice and easy. I believe there is a website out there, let's see if I can find out exactly what that is for you. Unfortunately we didn't have success with it the first time that we did use it, but it was difficult for us to get it to actually adhere to the patient's face.

Dr. Park: Someone actually wrote in that on one of the forum sites it said to use Citrus II wipes of the edge of a mask on your mask and on your face before putting it on. They have tried it several nights with great seal. So I guess that's another variation of what you're talking about.

Chip: Yes Citrus wipes are a great way to keep the mask clean and just to clean your mask as well so that can help. I think part of it is any suggestion that comes up that might help is worth trying for someone that's struggling. Skin oils and things like that will build up in the mask and sometimes that can interrupt or interfere with the seal that's produced as well so a lot of times doing that wipe-down can help.

I don't know if there's like a different tactile sensation that's produced when you use that specific wipe but it's certainly worth a shot.

Dr. Park: Sure. Someone has asked, "What's the brand of the new nasal mask with multiple layers of cushions that Brian mentioned?"

Chip: That's a Respiroics – Brian do you remember the actual model of that?

Brian: I'm looking it up now. We can get back to you, I don't remember that name.

Chip: We'll be able to get it for you while we're on the call. That one that again had that interesting sort of curve to it, that also helps with the bridge of the nose and also the non-forehead rest.

Dr. Park: Sure. Does anyone have a question? You have to press *7 to unmute yourself.

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They're either having problems unmuting themselves – let me unmute everyone manually.

Participant: Hi this is Danny Heller can you hear me?

Chip: Sure, hi Danny.

Participant: Hi I have a question for you. I am thinking about going back for a second trial with CPAP and I have been using an oral appliance. I want to know whether I should use the oral appliance in conjunction with CPAP or what is your recommendation?

Chip: The first time you went for a sleep test were you prescribed a dental device right out of the gate or did you try CPAP, fail, and then go to the dental?

Participant: I tried CPAP, I go absolutely no support from the home care company and it was a bad experience all around. I tried it for about 7 months and I had all kinds of problems and the only answer that they would give me when I would call them up would be just keep using it, just keep using it, it'll work for you, just keep using it.

Chip: Did you return your CPAP or do you still have it, is it something you purchased and you still have?

Participant: No I used it like I said for about 7 months and it was on a lease-to-buy arrangement through the insurance company and so I returned it. I have been using a dental/oral appliance for about close to 8 months. The good thing about it is that I tolerate it and we've advanced it pretty much close to the maximum, 100% compliance. The only problem is, it's not working the way I would want it to work.

Chip: In terms of relieving symptoms or...?

Participant: No, there may be some improvement but I'm certainly not getting a restful night's sleep.

Dr. Park: Mr. Heller what I would recommend is that I know that there are people that use the dental devices and CPAP together, because what that does is it pulls your tongue forward and it can actually lower the pressures that are needed, define good titrations.

So I think you need to experiment but to answer your question, you should probably do it without your dental device just to get a baseline number to start with and then you can experiment by adding the dental device to see if that gives you any benefits.

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Brian: What I understand is that if you're going to use it in conjunction with an oral appliance and Chip you would know this, you can only use it with the nasal pillows, is that correct?

Chip: You should be able to use it with a nasal mask as well. It just might interfere in terms of the upper lip but some people have been able to get seals using both. But it tends to be a nasal pillow.

I refer again to the Manhattan Awake Group, which is a CPAP support group for those not familiar with it or calling in from wherever, it's obviously based in Manhattan and that's where they've had a few dentists come in and speak to this and that's where we first learned actually about this sort of hybrid therapy. But I think the patients that we've seen that have gone down that path typically have been people that for whatever reason could never tolerate having the full-face mask on, they just didn't want to do that, they could only use the nasal pillow mask because it was just that it was the only way they could go and then they were ready to give up on CPAP and they used this because they couldn't their mouth closed so they were kind of caught between that I'm not willing to go to a full-face mask but I can't keep my mouth closed when I'm on the one mask that I can tolerate, which is the nasal pillow.

So this is a great middle ground to allow someone to use the dental device along with the therapy. It helps keep the mouth closed and they did use a nasal pillow but now again our experience is that only people who have nasal pillows use that but I haven't heard that it was because that was the only one that they could use as much as they sort of backed into that because of what they were comfortable with or what they could tolerate with the CPAP.

Participant: Also I understand that if you use an oral appliance that it probably will require a lower pressure than it would if you didn't use the oral appliance.

Chip: It's certainly possible. If you think about it if for no other reason than if you're using that in your mouth you're not have issues with mouth leak.

Participant: Right.

Chip: That's the first thing that I would think of when you say that. So you're pretty much guaranteed because you have the dental appliance in that you're not going to have mouth leak occurring whereas if you were just using a nasal mask you might, in which case if you have the mouth leak they might have to increase the pressure a little bit higher to compensate for the fact that some of it is leaking out of your mouth.

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If there's another reason I'm not aware of it, so I don't want to state that would be the only reason why that would be the case.

Dr. Park: The tongue base would be pulled forward somewhat so there wouldn't be as much resistance against going behind the tongue into the windpipe. So that's basically how these dental devices work. That's what I'm hearing from the dentists that in many cases when patients using it in conjunction the pressures can be lowered.

Chip: To go back to that, first of all I think it's great if you're going to go back and use the therapy. There have been a lot of people that have been able to be rescued that might have fallen into the cracks before – kind of like you did previously – because I never thought of combining those two therapies.

If you think about it, there are some people also that just rip the mask off half way through the night. They can only get in a few hours on CPAP therapy and almost involuntarily pull that off. If you have the dental device then at least you're getting some therapeutic effect for the rest of the night as well.

So I think only good things can come from that. I'm assuming you're going in for a CPAP titration do you know or for a full sleep study?

Participant: I've already had three full sleep studies.

Chip: Okay, so this is to determine your pressure then. You're going in for the CPAP titration?

Participant: No I was thinking more along the lines of going with an AutoPAP in which case it would not require a titration study.

Chip: Okay so you're going back to for the sleep study if you wanted to keep the device in, is that what you're saying? I'm sorry I just want to know what the...

Participant: No I'm not going back for another study I just had a study in December.

Chip: Oh okay, so I misunderstood from the gecko. I don't think that there's any harm in doing that. It's good that you're going to be going to an auto set I think because the machine, as long as it sets at the right range should be able to compensate whether you're using the dental device or not. And I think you'll be able to play around with that.

The other interesting thing is most auto sets do also produce pretty good level of detailed data that comes out of them that a lot of patients get good at reading themselves, but even if you're not, whether it's your sleep doctor or your DME company, find someone that's proficient at reading those.

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It's very rudimentary, I think any sleep doctor that might be listening to this would say it's certainly not as good as spending the night or nowhere near as spending the night in a facility, but it's still really rich data which can help us out in pointing out some issues and some problems. So just make sure you have somebody good at reading those reports and you can even probably compare what a few nights with just a nasal device on and the nasal device in conjunction with your dental device and how they might look different in the report.

There are a lot of ways you can go at this if you have someone that can help you read this stuff. It can get interesting, it can get you really determine how effective it's being. So I strongly encourage that. Find someone that could help you read the reports that your machine will produce. It's a good thing that you produce the autaset [over talking 1.03.37]

Participant: Alright, thank you very much.

Chip: The other thing is, do you know what your pressure was before on the CPAP?

Participant: Yes it was 14.

Chip: Okay so just be aware that a lot of times the autaset default pressures are set between 4 and 20 and there could be sometimes when somebody with pressure would naturally gravitate in the middle or higher range – 14 is kind of upper middle – where if the machine is starting at 4 it can't respond quickly enough to get up to fight through the onset of the apnea and you want to raise that lower pressure up. Because again the autaset is designed to work within a range of pressures but if it's starting at 4 and you have that quick onset apnea so sometimes you want to increase the lower pressure for a patient like you. Just be aware of that as well.

But that's all stuff that you can go through when you speak with your DME company and feel free to email us with any questions.

Participant: Okay, thank you very much gentlemen.

Chip: Good luck.

Participant: Goodnight.

Dr. Park: Anyone else with a question?

Participant: This is Karen Moor. I wanted to say that when I started my therapy that I noticed that when I routed the hose up over my head the lack of the hose tugging on my

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mouth it reduced the leaks and I was able to increase my therapy very much and it made a big difference. Do you notice that with your patients?

Brian: You know that is a good point. Some people who are active sleepers or who don't have the machine very close to their bed can actually benefit from a longer hose because that keeps the mask from being tugged within the face. Depending upon how it's routed, depending upon where the machine is, depending on how active you are when you sleep and the sides of your bed, these all could play a part in how the mask fits throughout the night.

Participant: I actually suspend mine with a scrunchy and a cup hook above my head and it goes around the hose and it makes a huge difference for me.

Chip: I think that's a great point to especially because a lot of times the solution for some of these issues doesn't require an extra pocket spend. As much as it's great that there are a lot of new products coming on the market place, not all of them are ones that have to be purchased or can't just be addressed.

A lot of people wrapping their hose around their bed post – if they have a bed post around the top – it can be a good solution that meets that need and I think like Brian was alluding to he's an extended length tubing person as well so you can ask your DME company for that also for some of the extended length tubing which is 10 ft rather than 6 ft can be benefit also.

Great point Karen.

Dr. Park: I actually saw a product similar to what you just mentioned where you suspended a middle rod over your head with a little hook and the hook and the hose slide through so it slips back and forth as you turn round and round [over talking 1.06.42]

Brian: There's also another product for those interested. It's almost like a Velcro strap with a little clip on the end that people can clip the hose to their pajama tops and that helps reduce the swing between the top of the hose and the mask itself.

Dr. Park: That makes sense. Thanks for the question.

Participant: Sure.

Dr. Park: Anyone else with a question for Brian or Chip?

Let me go ahead and give you this questions from the web. Steve from Virginia says "I had very good luck with Sleep Pad, it gets better the more I use it [inaudible 1.07.32]."

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Chip: I'm glad to hear that because boy do we want to make it work. Other than the fact that they're having skin breakdown they're doing great on the therapy and that kind of interrupts it so please yes don't take our sample size of one as any time negative or [inaudible 1.07.56]. We want to make that work and want to present it – it's just kind of telling you like we've seen it. It is possible that we didn't even use it the right way in terms of pulling it loosely enough or shaping it.

Just imagine this kind of amorphous gel-type material that it's supposed to form fit around the nose around the nose. That's really what the device is, it protects it, and so that's what the Sleep Pad is.

Again it could be that we need a little more practice with this in order to make it work. It's good in theory, we hope it's going to be good in practice. I'm glad to hear that somebody out there has had success with it.

By the way I think in the meantime we had a question out there what that Respironics mask was called. The name for that is EasyLife from Respironics. Again, with that mask the person that asked the question what was the one with sort of that inner seal or inner tube that you saw on the traditional nasal mask slide.

Dr. Park: Karen Moore has emailed me on the web with that same answer too. Actually there's another great question that's coming in. It says "If a manufacturer says to use a mask to get better therapy is that true? Does it matter which manufacturer's mask you use? Are they interchangeable?"

Chip: They are absolutely interchangeable. All of them believe that their mask is the best, but the nice thing about it is that it doesn't matter if you've got a ResMed machine or a Respironics machine. It can be hooked right up to your Fisher & Paykel or ResMed/ Respironics mask or any other manufacturer that's out there making masks.

It's probably easier to enter the market as a mask manufacturer than it is than a machine manufacturer just given the technology. There are just a lot of different products out there. One other one in the specialty unique mask category we personally have not had a lot of success with it for boy it's different and it's always good to see the different because you never know how that might address somebody's needs that otherwise couldn't be tolerating CPAP and that is there is a Sleep Weaver mask.

Again, I can't speak that we've had a lot of success with it here, but it could be our fault, but the fact is that it's a cloth mask and has an elephant-trunk type look to it. That could be another option for somebody that's having rashes, skin breakdown, and that kind of stuff because of whatever reason.

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All these masks are latex-free by the way, it's important to note that. No one is going to get any latex allergy from these masks, but that doesn't mean that from pressure or from whatever somebody might not have some irritation develop and maybe going on to a cloth might be a possible option and a better one than having somebody give up on the therapy. So again, the Sleep Weaver, I failed to mention earlier.

Participant: I had one more question, this is Karen Moore again. The nose protector that you're talking about that you said is made of mostly mineral oil you believe, with a mineral oil base, I'm concerned about the mineral oil versus the silicone seal because if you're told not to use anything that is petroleum based around the silicone to increase breakdown. Is that a concern or has that been tested?

Chip: Apparently it's been tested. Now again we don't have a lot of experience with this. I'm trying to see if I can pull up for you the website. Let me continue to try to look for this. The answer is that I'm not sure. The company that came in here they came in to bring us a few samples as well as to show us the product. It has been FDA approved and it also has been assigned, which is odd for these type of products so quickly, a HIC suffix number from Medicare so it is reimbursable as a cushion.

All of that pointing to the fact that it's been tested or accepted at least by the market place but honestly Karen I don't know and it's a good question in terms of mineral oil versus another type of material.

Participant: Okay, because I know that we recommend to use some sort of a gel for the nasal pillow for people that have irritation for the nasal pillow but not to use anything that's Vaseline or anything that's petroleum based, put something that's water based.

Chip: Yes that's a good point that I failed to mention as well, I think at the end I started to get all the information we could and skipped over some stuff. Related to what Karen just brought up in terms of mineral oils and Vaseline and all that stuff, same thing holds true when you're cleaning your mask. You want to avoid stuff that's going to help break down the material in the mask.

An anti-bacterial based soap – a lot of times soapy water will clean these masks and the nasal tubes and the pillows, but try to use a mild [inaudible 1.12.30] like a dove or an ivory because the anti-bacterial soap, what's anti-bacterial about it is typically alcohol is the base that helps to make it anti-bacterial and that will hurt some of the materials the same way that a Vaseline or a mineral oil will help wear down the same material in the same way or in the same fashion.

I think that's the risk or the concern with using that though Karen, if I'm not mistaken. It's the impact it has on the longevity and the usefulness of the mask.

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Participant: Absolutely. Thank you that was my question.

Chip: Good point.

Dr. Park: Anyone else with a question for Chip or Brian?

By the way Chip do you have your control panel in front of you?

Chip: I do.

Dr. Park: Right next to it is a tab called Q&A. You can see the questions that are coming in real-time so you can scroll through it and if you think there's anything that you haven't answered already...

Chip: Okay that's great, thank you. And in the meantime I actually got a quick note. SeQual a Select Comfort Care Pad for CPAP mask – so if someone is writing this down it's SeQual Select Comfort Care Pad for CPAP masks. That's good to write, if you want to do a quick search on that or Google it, that's what you'll find at least what it looks like to give you an indication of what it looks like and kind of what it's for.

Okay, "Is there a full-face mask that will encourage nasal breathing" is a question that I see coming in from [inaudible 1.14.04] in Charlotte.

Well not that I'm aware of, but it kind of begs the question why do you need that. If you're trying to work your way off of a full-face mask into a nasal mask if you can get a [inaudible 1.14.20] full-face mask I'd say unless you're having skin breakdown or something like that you should enjoy the fact that you found a mask that's going to work for you.

If you're using a full face mask then we'll just focus on comfort because your mouth is part of the system. You don't have to worry about being focused on nasal breathing as long as you're using the full face mask.

Again, it just comes back at that point to comfort, not waking up dry and that kind of stuff. But I wouldn't worry about and I'm also just not aware of a full face mask that would encourage you to breathe through your nose. It's something you can work on, you can practice to get better at it, and other than that I don't think there's a particular mask that's going to help you go ahead and do that.

Sorry I don't have a better answer for you.

Larry from St. Antonio "Do you recommend special pillows for side sleepers?"

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For nasal pillows there's a bunch of good masks out there. The Swift LT is a good one. What you thinking of there is you have to take a look at a nasal pillow mask that has the tube that's going to connect to your hose, something that's going to come out of the front or up around the top of your mask.

The old stand-by, which is the Puritan Bennet Breeze Mask might be an interesting one to look at which is like a shell that's on top of your head and there's a nasal pillow coming around down the top of your head. The Swift LT has a mask where the tube just comes down through the center of your face as opposed to its predecessor the Swift II which actually had the tube coming out of the side that made it very difficult for side sleepers or at least people that wanted to sleep on both sides, switch from side to side.

I'd say there's a bunch out there. What you can do a lot of times is go on to a good website whether it's cpap.com or any place like that and take a look at different masks and mask options by different category. Those categories allow you to see pictures of what the different types are and anything that's going to allow the pillow to stay in place in the center of your nose is going to be okay for a slide sleeper.

The bigger impact I think on slide-sleeping is going to be a lot of times the pillow and getting used to having to adjust the pillow so it's not pushing into your face but that's true whether you're using nasal pillows, nasal masks, especially a full face mask. There are some specific pillows out there with cut-outs that will allow you to have the mask on and are specifically designed to have a cut out there so that they don't press into your face.

I hope that answers the question but a lot of nasal pillow ones are good for side sleepers and should work effectively as long as you can get probably good and adapted to managing your pillow and pushing your pillow into different positions.

I see another question here, Robert [inaudible 1.17.24] in New York with a nasal pillow at a pressure of 8 experienced pain, which I believe was the result of a lack of cushioning between my nasal septum cartilage and the hard plastic of the pillow. This experience was about 2 years ago, can you suggest any potential remedies?

The benefit of 8 first of all is you should be able to use any mask that's out there, meaning any type, whether it's a nasal pillow or a nasal mask or a full face mask, you should be able to tolerate the pressure in any one of those types of masks.

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Since the question is specifically about a pillow I will assume he wants to stay with a nasal pillow here and I would say to take a look at a product called the Swift LT for no other reason than it has sort of like a ball at the end with like a little reservoir. It's very soft, very pliable and that might be enough of a difference compared to what you may have tried previously where the pillows might have been a little bit stiffer, when pressed in or if on too tight, the shell of the mask actually may have added to that pressure and made things more difficult to tolerate as well.

This Swift LT you should be able to have on very loose but it still forms a seal very easily especially as long as you have the right sized pillow on the end of it. I would recommend trying that and if you cannot find success with that rather than giving up on the CPAP therapy I'd take a look at going to nasal mask and then a full-face mask, especially something like that FitLife even though it's a low-pressure of 8, it could get you away from having any pressure whatsoever on the face other than around the margins of the face.

I'd kind of go in that hierarchy of taking a look at those nasal pillows, the new ones that are out, especially the Swift LT, and then I'd go into different models. The nasal mask is followed by the full face mask. I hope that helps.

Dr. Park: Chip why don't we wrap it up for tonight. I'm sure we can go a full more hour [over talking 1.19.22]

Chip: Yes absolutely. We'll do our best to get to any of the questions that came in as well.

Dr. Park: Actually why don't you make one comment about the pillows for CPAP users. I know that on apnealife.com they have a number of different models of pillows that are available for CPAP users. So I think maybe Mike was about to comment about that.

So why don't we just wrap it up. Thanks Brian and Chip for all the valuable information that you provided. We learned a lot. How can they get in touch with you or ask you any questions they may have?

Chip: Anyone that's on right now if you go to restorationmedical.com, the website is fairly new and up and running. We're trying to add content all the time, but you at least will see a Contact Us page. For those of you in New York area the picture you'll see in the front are several of our respiratory therapists who you may see in your house.

The Contact Us page is Melissa and Melinda who you call in to and you can contact us through that way or also our phone number here is 718-268-5505. I would just urge you that if you can be patient with us because your webinar, Dr.

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Park tends to produce a lot of feedback, a lot of questions, a lot of results and we do our best to try to address everyone and give everyone time on those questions. So be patient with us if you can and we'll do our best to get you as full a response as we can.

Dr. Park:

Great, thanks again. So that's it for tonight's program with Chip Smith and Brian Werther of Restoration Medical. Their website again is www.restorationmedical.com. I'd like to thank everyone for joining me on tonight's program. I hope you found it helpful.

Just a few announcements on upcoming events:

On Wednesday, March 17th I'm co-leading a live Yoga breathing workshop with Yoga teacher Deborah Quilter at the Jewish Community Center in New York City and on March 23rd sleep medicine physician Anita Bhola will give us a talk on sleep studies. Please check your email for further details. You can also check my website www.doctorstevenpark.com and look under upcoming events for more information.

So that's it for tonight. Thanks for joining me. For more information about this program or for other past topics please visit www.doctorstevenpark.com. This is Dr. Park, helping you to breathe better, sleep better, so that you can live better. Until next time, goodnight.

PAP MASK OVERVIEW

Nasal Pillows



Traditional Nasal Masks



Full Face Masks



Specialty Masks

