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SICK... AND TIRED

BY DAN BAIN

Okay, I admit it – sometimes I fall asleep while I’m waiting at a red light. No problem; the bigger concern is that I fall asleep after the light changes and I’m moving again. This happened one morning on I-540, where I woke up in a different lane from the one I’d just been in.

When my boss heard about that little commuting adventure, he recommended a sleep study. That’s where they give you a bed, connect monitors to nearly every body part, point an infrared camera at you, tell you they’ll be watching you constantly and expect you to sleep.

He told me I might have sleep apnea, which can be diagnosed and treated. This, he assured me, would help me stay awake not only behind the wheel, but during staff meetings. I didn’t have the heart to tell him nothing would help me stay awake at staff meetings, so I promised to think about it.

A sleep apnea patient stops breathing in their sleep – a lot. This interrupts sleep and causes daytime drowsiness, impeding normal activities. Like driving. Or conversing. Or holding a job.

So I scheduled a sleep study. Rather, I scheduled a doctor’s appointment to get permission to schedule a sleep study. My doctor referred me to a specialist. The specialist referred me to a clinic. The clinic referred me back to the specialist, who told me the clinic’s results. (But there’s nothing wrong with our healthcare system.)

I checked in, found my room and nearly fainted. The bed was hidden beneath an alarming array of equipment, the purpose of which I could only imagine: swabs; electrodes; cords; snap buttons; two large rolls of tape; some sort of gray putty; a

couple of long, ominous-looking belts; a large clump of short white wires; a small clump of longer gray wires; a pair of very long red wires draped over the edge of the mattress; one of those thick wax pencils that can write on anything (or anyone); a long, clear, flexible tube that looked suspiciously like a catheter; and about two dozen gauze squares, each covered with two blobs of an unidentifiable yellowish substance that looked sort of like toothpaste mixed with glue.

The technician asked me to "relax" while he prepared another patient. Seems that patient needed immediate attention because she was nervous. I could empathize.

He told me to stay awake until he came back, which naturally made me feel drowsy. I turned on the TV, hoping it would keep me awake. Nothing doing – Nancy Grace was on.

So I switched to Star Trek. In Spanish. But it beat sitting there, staring at the electrodes on my bed and letting my imagination get the better of me.

It wasn't too long, though, before the technician returned to hook me up – literally. I sat in a chair while he scraped, polished and wrote on my skin, then snapped and taped an unending supply of wires and electrodes to my head, torso and legs. The wires ran to a black box that recorded everything – I assumed it would be the first thing they'd look for if I crashed.

The belts went around my chest and belly, and lit up when they were buckled. The shiny lights distracted me from being nervous! I'm not sure if that was their actual purpose, but we take what we can get.

The long tube turned out not to be a catheter. I lost track of it and never saw which body part it was attached to – I only know which part it wasn't attached to, and that's good enough.

I was free to use the bathroom on my own, as long as I carried the black box and stayed connected. I tried this and nearly jumped out of my skin when I saw my reflection over the sink. With all of the attachments, I'd mistaken myself for a Borg sentinel, waiting to assimilate me. In Spanish.

Fortunately, resistance was futile and I eventually slept. During nearly six hours of sleep – an all-time high – they recorded 189 "respiratory events." That means my breathing stopped or was significantly decreased 32 times an hour – every two minutes, on average. I was fully awakened nine times and aroused 42 times (and not in a good way). All of this meant I wasn't sleeping well – something I already knew.

Unfortunately, the problem's in my head – literally. According to the black box, after I fall asleep, my brain forgets to make me breathe. Then it realizes I'm not breathing, panics and wakes me up to breathe. Stupid brain.

An obstructive apnea patient stops breathing because his airway gets blocked – lucky! He can wear a mask to bed, using pressure to keep the airway open. He'll breathe all night, sleep all night and wake up refreshed.

I have central apnea – the mask can't remind my stupid brain to breathe for me. But the specialist wanted me to buy one, anyway. I was skeptical. I'm not saying my sleeping doctor would lie, but he tends to be overly optimistic – he gets paid regardless.

Is there any other career where someone can get paid without producing results? If you take your car to a mechanic, you don't pay them if they can't fix it. If you take your body to a doctor, you have to pay before they even look at it – and they're not likely to fix it before you pay more. (But there's nothing wrong with our healthcare system.)

The sleeping doctor assured me the mask sometimes helps central apnea. So I tested one – the pressure was like breathing through a block of cheese – but the technician claimed it worked. I bought it and am getting used to it – now it's more like breathing through Velveeta. But my problems haven't melted away.

With obstructive apnea, it often takes only one night with the mask to feel refreshed. With central, if it works, it can take months. If not, I'll have to be content to let sleeping docs lie.



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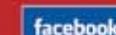
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