Sleep Apnea

by Michael H. Keehn [mhkeehn@gmail.com]
October 26, 2017

<u>Sleep Apnea</u> is a dangerous and insidious affliction. It comes upon the victim in a stealthy manner, hardly noticeable, yet the victim can easily end up dead. I have chosen to write about this because: 1) There is not a lot written about it in the periodicals of today, they are too busy making up FAKE NEWS, and: 2) Because I have experience with this affliction for many years, and as such I have some knowledge of the stages and dangers of *Sleep Apnea*.

Here's the deal. When you have <u>Sleep Apnea</u>, you stop breathing. This <u>will</u> cause you to wake up. Perhaps not fully awake and alert, but awake enough to start breathing again. And you may not realize that you've been awakened every few minutes all night long. Now, what this does, is that it prevents you from reaching REM (<u>Rapid Eye Movement</u>) sleep, or if you prefer, deep sleep. And if you don't reach REM sleep, you are not getting the necessary sleep you need to be truly rested and refreshed.

For me, the affliction began back in the 1980's. I began to periodically dream I was drowning. Probably two or three times a week, maybe more, I would dream of drowning and wake up, gasping for air. Being a <u>macho male</u> I didn't think much of it, and did not go to a doctor.

This continued into the 1990's. A few times at work, when I took a break, I would fall asleep in my chair. Eventually, I noticed that all I had to do to sleep was to sit down and shut up. But then it got even worse. I eventually reached a level of sleep deprivation in which I could, and would go to sleep while talking with another person, often in the middle of a sentence.

My work as an Electrical Technician often required me to drive to outlying stations and facilities. I found that I often had to pull off the road and sleep for ten or fifteen minutes. Eventually, I went to sleep while driving on Interstate 5, a major Freeway out here in California. The second time I went to sleep while driving on Interstate 5, I nearly wrecked, thus the reason I said the victim could end up dead... and some probably have.

As time went on, I ended up in the hospital emergency room twice for <u>out of control blood pressure</u>. The hospital staff would give me something for lowering blood pressure, and it worked, but they could not figure out what had been the cause of the very high blood pressure. It wouldn't be until after I was diagnosed with <u>Sleep Apnea</u> that I realized what was taking place. I had quit breathing during my sleep, and as a result of that, oxygen levels in my blood took a nose dive. With the cells in my body starving for oxygen, the body's response was to increase the heart rate and pump much more blood. Ending up with very high blood pressure... 190 to 205 over 130 to 140. This, of course, could be life ending if a blood vessel in the brain were to rupture.

It was now in the latter half of the 1990's and this second driving event was <u>the line for me</u>. I decided this problem was not normal, and that it had to be dealt with, so I made a doctor's appointment. He, in turn, made an appointment with a <u>sleep study group</u> in Redding, California. Back at that time, it was necessary for me to show up at the <u>sleep study facility</u> and spend the night. They attached all kinds of sensors to me, and a large bundle of wires, but believe me, if you have <u>Sleep Apnea</u>, you will have no trouble going to sleep.

And so I went to sleep and was awakened at midnight to have a mask put on my face, covering my mouth and nose. Again, I had no trouble going back to sleep. The staff then began adjusting the air pressure in the mask, ultimately finding the right pressure to keep my air way open. From that data a prescription was written for a CPAP (**C**ontinuous **P**ositive **A**irway **P**ressure) machine. The machine I got was somewhat intelligent, and would keep the pressure at a minimum until I quit breathing, and then ramp it up til I started breathing again.

About the same time I was diagnosed with diabetes. And after this diagnosis I realized that I had diabetes years before the diagnosis because of the amount of water I had been drinking. Drinking what seems like an excess of water is a sign of diabetes. And I strongly suspect that starving my body of oxygen during sleep for so many years may well have been the cause and reason for acquiring diabetes. I had, formerly, been so very healthy.

In other observations, I went through a period of double vision, which came and went periodically. Beside driving a car, I ride a motorcycle, and I found that if double vision came upon me while driving, I had to close one eye to avoid confusion. Eventually, I would go completely blind in one eye, which was fixed with surgery in which the lens was replaced. It was like looking through a frosted bathroom window, I could tell that the sun was up, but that was about it. I could not see any detail. It would eventually occur in the other eye as well and that eye was corrected by the same surgery. I suspect this was an off shoot of diabetes.

For those interested, the eye surgery is preceded by accurately measuring your eyeball. Then a lens is ordered. After the lens arrives, surgery is scheduled. The surgery consists of numbing the eye, cutting a small slit in the side of the eye and then sticking a tiny tube vacuum cleaner into your eye and sucking out the lens. Then, the new lens, which is evidently rolled up on a small tube, is inserted through the same slit, unrolled and then a stitch closes the slit. I can tell you, from having both eyes done, that there is absolutely no pain and the surgery is finished in about a half hour. Therefore, in 30-minutes you go from blind to seeing again.

You might think that the thread used in the stitch would aggravate your eye lid, but that is not the case. I didn't feel a thing. The stitch dissolves on its own, so you don't have to go back. In my case, one eye had been blind long enough that it began to wander. Thus, when I got sight back, the eye took a second or two to track and line-up with its brother. The brain had to relearn how to use this eye. But that only took three or maybe four days, and I was completely normal, and with eye sight as good as I've ever had. Oh, I still need glasses to read, but that's because the eye is less elastic than when I was young, and so the eye muscles are not able to squash the eye enough to elongate it for focusing up close, a common affliction as we get older. But, at a distance, I have crystal clear vision.

OK, back to <u>Sleep Apnea</u>. If you snore, if a bed-partner hears you quit breathing, if you wake up coughing, you are a good candidate for having <u>Sleep Apnea</u>. If you suspect you might have <u>Sleep Apnea</u>, you can buy an inexpensive digital recorder and record yourself while sleeping. I suspect that

if you stop breathing, you will hear that in the recording. But probably your main clue is to wake up feeling tired. The morning after my <u>Sleep Study</u> I felt wonderful. First good nights rest I'd had in a long time.

Today, you don't have to got to a <u>Sleep Study Facility</u> for diagnosis. They now have small electronic devices you can take home with you, which will tell them if you have <u>Sleep Apnea</u>. Following this, they will likely send home with you a special CPAP machine, which acts to determine the pressure you need to keep your airway open. When you take this machine back to them, they will read the data, and order your CPAP machine. And, if you're smart, you won't sleep without it.

This concludes the brief write-up on <u>Sleep Apnea</u>. If you have any comments, criticisms, or questions, you may send them to:

mhkeehn@gmail.com

All the very best to my fellow Americans... mike