

**THE SLEEP DISORDERS CLINIC Raymond  
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Director, Quality Advisor**

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**PREPARATION FOR SLEEP STUDY**

**\*\* IMPORTANT: PLEASE REMEMBER YOUR HEALTH CARD**

**You must be able to care for yourself in the laboratory. We do not have nurses on staff. If you require assistance, you will need to be accompanied to the appointment by a family member or aide. If this applies to you, be sure to speak to our reception staff prior to your sleep study.**

You will be hooked up by a technologist to a series of wires, to the head and face and other parts of your body that will monitor you while you sleep. This will take approximately 30-45 minutes. Depending on your bedtime you may have time to watch TV in the common area or bring some reading material with you to read in your bedroom. The use of personal computers or game devices is discouraged before bed.

The technologists require all patients to be in their rooms by 10.30pm at the latest so that they can collect the data required. During the night you will be monitored on a computer screen. There are microphones in each room if you need to get up to use the washroom. You will just need to call the technician and they will come to your room and unhook you to use the washroom facilities. If you have a medical or physical condition that a family member or nurse needs to stay with you overnight, this must be confirmed with our office prior to your sleep study.

In the morning you will be awoken at 6:00am. The technologist will unhook all the wires and you may get changed. You will need to complete a morning questionnaire and then you are able to leave. **All patients are required to leave the building by 6:30 a.m.**

**ARRIVAL TIME:**     **Hamilton location –At your designated arrival time.  
St. Catharines location – At your designated arrival time.**

**CLOTHING:**        You should bring two piece pajamas or a T shirt and sleeping pants to sleep in. You may bring your own pillow to use overnight.

**SHOWERS:**         Please have a shower or bath before arriving for your appointment. If you wish to have a shower in the morning we will provide a towel, but bring your own toiletries.

**WAKE-UP TIME:**    Wake up time is 6:00am. Departure time is no later than 6:30a.m. You can arrange an earlier wake up time with your technician at time of hook up if required.

**MAKE-UP:**         Please ensure all make-up and fingernail polish is removed. If you have acrylic nails we prefer that at least one be removed for the measurement of oxygen saturation.

**ALCOHOL:**         Alcohol is not to be consumed on day of sleep study.

**CAFFEINE:**         Limit coffee, tea or caffeine beverages. Nothing with caffeine after 4:00pm on day of study.

**FOOD:**            If you require a night time snack, please bring your own food with you. We do not provide food or drinks.

**EQUIPMENT:**      If you have your own CPAP machine, please bring mask and tubing only for the sleep study.

**MEDICINE:** BRING ALL YOUR MEDICATION, including those you normally take to help you sleep, including herbal remedies etc. You will take your own medicine at your usual time at the sleep clinic. There are no nurses on staff to administer meds. We cannot provide a sleeping pill to you but you may take what you would normally take to help you sleep.

**ACTIVITIES:** Do not have a nap day of study as it may inhibit your sleep.

**CANCELLATIONS AND/OR RESCHEDULING:**

If for any reason you have to cancel or reschedule your appointment please call the office immediately at 905-529-2259. **We require 24hrs notice to cancel or reschedule appointments or a charge of \$125.00 will be levied against you.** Please note if you are more than 15 minutes late for your appointment and you have not notified the office that you are running late your appointment may be taken by another patient as reception staff will begin calling other patients to replace you. **If you no show you will be billed the full OHIP cost of the study.**

**NIGHTTIME EMERGENCY CALLS:**

In the event of an emergency only, family members can call 905 529 2259 and a message will be given to the patient.

**PARKING:**

In the winter months, please park at side of parking lot or in middle parking lane. Please do not park in front of building to allow for snow removal. (Hamilton location only)

**Please shave yourself with your razor in the identified areas prior to attending this appointment.**

1. Right and Left shoulders, just below the collarbone.
2. Left above waist, on ribs halfway up your side.
3. Left and right leg approximately 5 inches below kneecap towards outside of leg.

Each shaved area should be 3 inches by 3 inches in diameter.

