

SAIL Home Oxygen Program

Tester's Newsletter



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This newsletter is produced by the Lung Association of Saskatchewan through a contract with Saskatchewan Health.

Any questions or comments may be directed to Marion Laroque at 343-9640 ext 241 or marion.laroque@sk.lung.ca



Spotlight on Lung Disease

Sarcoidosis

Sarcoidosis is a multisystem, inflammatory disease. It can affect almost any organ or tissue in the body. The classic feature of sarcoidosis is the formation of granulomas, which are microscopic clumps of inflammatory cells. Granulomas interfere with the function of the organ that has been invaded. Sarcoidosis is not a malignant disease.

Etiology

The exact cause of sarcoidosis is unknown. It may be a combination of several factors including genetics, exposure to viruses such as herpes or Epstein-Barr, or environmental agents such as aluminum, zirconium, or talc. Other infectious agents such as tuberculosis, or mycoplasma have also been implicated. Sarcoidosis is no longer considered to be an autoimmune disorder.

Epidemiology

Sarcoidosis occurs throughout the world, affecting all races and ages. Women seem to develop the disease slightly more than men. The peak age for development of sarcoidosis is between 20 and 40. Blacks and people of Scandinavian descent are the most affected groups in North America.

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Home Oxygen Workshop Telehealth Conference

**Thursday, March 11, 2010
1 pm - 4 pm**

Interested? Talk to your manager about signing on.

Sign up deadline is March 8, 2010.

Symptoms

Since sarcoidosis can affect multiple organs, the range of symptoms can be quite wide. Generally the most common symptoms include fever, fatigue, malaise, weight loss and aching joints. Lung involvement can cause dyspnea, dry cough, and vague chest pain. Other symptoms are usually related to the specific organ involved. For example, involvement of the heart can lead to arrhythmias. Sarcoidosis of the eye can cause symptoms ranging from blurred vision to permanent blindness.

Diagnosis

Most cases are diagnosed by chest x-ray, CT scan, and biopsy of the granuloma. This can be a very frightening time for the patient since sarcoidosis and cancer have very similar radiological patterns.

Prognosis

Nearly two thirds of patients with sarcoidosis will enjoy a spontaneous remission. Fatalities occur in 1-5% of patients, usually as a result of pulmonary fibrosis. Involvement of the central nervous system or cardiac system can also lead to death.

Treatment

For the majority of patients, no treatment is required. Progressive pulmonary symptoms or other major organ failure is usually successfully treated with corticosteroids. Sarcoidosis can progress to pulmonary fibrosis. Treatment of these severe cases can involve lung transplantation. Currently approximately 2.6% of all lung transplants are as a result of sarcoidosis.

Reference: Statement on Sarcoidosis, The American Thoracic Society, Am J Respir Crit Care Med, Vol 160. p736-755, 1999

Lung Transplantation in Canada

For people with advanced lung disease and no other therapeutic options, lung transplantation can offer improved quality of life and survival time. There were 171 transplants performed in Canada in 2006. Worldwide over 20,000 transplants involving lungs have been performed in the last 25 years. The first successful single lung transplant was performed at the Toronto General Hospital in 2003.

Currently there are 5 lung transplant centers in Canada: Vancouver, Edmonton, Winnipeg, Toronto and Montreal. The majority of patients referred for transplant from this province travel to Edmonton.

The number of people waiting for a transplant of any organ has doubled in the past 10 years. The majority of lung transplant patients have suffered from emphysema/alpha-1 antitrypsin deficiency, cystic fibrosis and pulmonary fibrosis. Lung transplants do not happen as often as other organ transplants. The lungs do not fare well in critically ill potential donor and are often too damaged to be harvested from the donor.

The 5 year survival rate for a lung transplant is 60%. Of those people, approximately 40% return to the workforce.

Reference: Life and Breath: Respiratory Disease in Canada, Public Health Agency of Canada.

New Eligible SAIL Benefits

Effective July 1, 2009, the Saskatchewan Aids to Independent Living program has added portable concentrators as a benefit to users who qualify for optional continuous coverage. An optional continuous user is on long term coverage and has demonstrated a willingness to use the portable oxygen tanks each month.

This is an exciting new benefit for home oxygen clients who are still very mobile and wish to have the freedom to travel. There are currently five portable concentrators recognized by the airline industry as safe for use in airplanes. The client should discuss the options available with their supplier. There may be a fee involved with using a concentrator.

Portable concentrators use a pulse dose system. This is not suitable for every client; those with high oxygen demands may not be able to tolerate the pulse dose system.

Examples of Portable Oxygen Concentrators



Inogen One



The Evergo by Respironics



Sequal Eclipse 3

SAIL Stats - October 31, 2009	Lung Association Stats – 2009
Continuous.....1933	Nocturnal tests completed.....445
Exertional385	Waiting list44
Nocturnal229	Waiting time.....2 months
Infants19	
Total.....2566	

Pulse Oximeters

If you need repairs or maintenance on your N-20P oximeter, please call:
Covidien
1-877-664-8926 and press #5 to speak with a representative

For reordering printer paper you can call:
Schaan Healthcare Products, Saskatoon
664-1188 or
1-800-667-3786
Current price for a box of 12 rolls is \$59.80 plus tax
Part # is 901624

Oxygen Bars

What will they think of next?

'Air stations' first surfaced in the heavily polluted downtowns of Tokyo and Beijing in the 1900's. It is from these 'air stations' that the fad of oxygen bars grew. The first oxygen bar in North America called the O2 Spa Bar opened in Toronto in 1998. Similar in style to regular bars that serve alcohol, oxygen bars provide stations, usually with bar stools where people are connected to a nasal cannula and provided oxygen to breathe. The oxygen is sold by the minute at a cost of about \$1.00 per minute. The oxygen experience is enhanced by adding aromatherapy scents such as lavender for calming or mint for reviving.

Oxygen bars have since spread across the world. They can be found in nightclubs, salons, spas, health clubs, airports and yoga studios. One ingenious company called Airheads Inc. promotes renting portable oxygen bars for social functions and trade shows. A bartender/technician is provided along with the rental units. Some web sites also promote liquid oxygen drops which can be added to water to increase its oxygen content, creating 'super water.'

Proponents of oxygen bars claim that the bars are not only safe, but can enhance health and wellbeing. The list of so called benefits includes: strengthening the immune system, enhancing concentration, reducing stress, increasing energy, lessening the effects of hangovers and on and on. They do not mention the positive effect on their own bank balance.

Oxygen is a drug. The administration of oxygen requires a prescription. These oxygen bars are violating regulations and yet somehow they have been allowed to continue. In 1998 the Canadian Society of Respiratory therapists released a statement on oxygen bars: "As health professionals, we cannot ethically or morally support providing oxygen therapy to those who do not require it."

Physicians for a Smoke Free Canada

Physicians for a Smoke Free Canada (PSC) is a national health organization founded in 1985. It is an organization of Canadian physicians who share one goal: the reduction of tobacco-caused illness.

In 2005 PSC compiled a portrait of Canadian smokers using data provided by the Tobacco Control Programme of Health Canada. They found that the average Canadian smoker is around 40 years old. Women over 60 were raised in an era when smoking among women was socially discouraged. The first generation to fully benefit from tobacco control efforts such as advertising bans, high taxes and smoking restrictions were born after 1990. Despite that, 10% of children have smoked before entering high school.

Of every 100 smokers...

- 24 are in their 40's
- 22 are in their 20's
- 3 live in Saskatchewan
- 28 have a family income over \$80,000 per year
- 70 drink alcohol regularly
- 35 consider themselves in excellent health
- 70 consider themselves happy
- 63 have no cognitive problems
- 48 have graduated from college or university
- 66 work where smoking is not permitted at all

H1N1 Update – The Second Wave

The second wave of the H1N1 influenza A pandemic seems to have subsided. This wave is considered to have begun August 30 and essentially ended December 31, 2009. During that time there were 339 deaths in Canada. Since the beginning of the pandemic (April 1, 2009), 417 Canadians have lost their lives to this infection. Worldwide, at least 12,200 deaths have been recorded.

In Saskatchewan, widespread flu activity was reported for most of the fall. A total of 62 people were hospitalized for H1N1, with 47 of those patients admitted to intensive care units. Fifteen people passed away (24% of the total admissions).

This pandemic strained the healthcare system, leading in some cases to exhausted workers. In the end, mass immunizations and timely treatment probably prevented an even worse outcome.



Building Healthy Saskatchewan Communities

2010 Chronic Disease Prevention & Management (CDPM) Provincial Conference

Thursday, June 3 (pm)

Friday, June 4

Regina, Saskatchewan

Conference Description:

The Building Healthy Saskatchewan Communities conference will provide health care practitioners, policy makers, administrators, organizations, and individuals committed to prevention and living well with chronic disease an opportunity to share ideas, practices and expertise.

Who should attend:

This provincial conference will be of interest to:

- All health care providers - physicians, nurses, pharmacists, dietitians, health educators, therapists, and others
- Policy makers & administrators
- Community organizations & individuals committed to CDPM

Conference Partners:

- Canadian Cancer Society
- Canadian Diabetes Association
- Dr. Paul Schwann Applied Health and Research Centre
- Heart and Stroke Foundation
- Kidney Foundation of Canada
- Lung Association of Saskatchewan
- Public Health Agency of Canada

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Tester Reminders

- ✓ All oximetry tests sent to the SAIL program MUST include both a room air test AND an oxygen test.
- ✓ An arterial blood gas is the gold standard for testing for home oxygen coverage. Only a room air blood gas test is required.
- ✓ Hospitalized patients can only be tested at rest for continuous coverage.
- ✓ Exertional or nocturnal testing can only be done on a stable patient.
- ✓ A stable patient has not had a hospitalization, exacerbation or change in treatment in the past 30 days.
- ✓ Questions about home oxygen testing can be directed to Marion Laroque at the Lung Association of Saskatchewan, 343-9511.
- ✓ Questions about a client's SAIL coverage can be directed to the SAIL office at 787-7121.
- ✓ When recertifying on-line: the username required is your tester number.
- ✓ It is recommended that you recertify every 2 years – it only takes about 20 minutes.
- ✓ Patients who do not qualify for home oxygen coverage under the SAIL program may have oxygen; however, they must have a prescription, and pay the costs themselves.

Please recertify on-line every two years

It only takes 15minutes

Go to www.sk.lung.ca

Choose especially for, then oxygen testers

Forgot your password or tester number?

Send an email to Marion Laroque: marion.laroque@sk.lung.ca or you can call her at 343-9640 ext 241.

Phone Numbers

Saskatchewan Aids to Independent Living (SAIL)

3475 Albert Street
Regina, SK S4S 6X6
Phone: 787-7121 Fax: 787-8679

Oxygen Supply Companies

Airgas Puritan Medical

Prince Albert: 922-9040 or 1-800-677-0220
Regina: 522-0220 or 1-888-469-9436
Saskatoon: 933-0202 or 1-800-677-0220

Medigas A Praxair Company

Regina: 721-2380 or 1-866-446-6302
Saskatoon: 242-3325 or 1-866-446-6302
Swift Current: 773-8064 or 1-866-446-6302

Prairie Oxygen Ltd.

Regina: 545-8883 or 1-877-738-8702
Saskatoon: 384-5255 or 1-877-738-8702

Provincial Home Oxygen Inc.

Regina: 790-8491 or 1-877-352-5025
Saskatoon: 651-1243 or 1-877-352-5025

VitalAire Healthcare

Lloydminster: 1-780-875-9777
Regina: 721-0071 or 1-800-567-0071
Saskatoon: 931-3334 or 1-800-461-0096

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