Meeting with Clinician & Examining sleep studies

Patient 1

Jonathan talking

* Anaesthetic monitoring - profane - what protocol
* thats the best sleep we can have
* we are building a system to replace it
* we measure BIST, SpO and ECG to see when they are sleep
* BIST falls and it is used to monitor wakefulness and degree of sleep
* not routine but very useful
* They are frame of reference at diffent level
* Signs and Demonstrations
* snoring
* phyranx
* collapse / side front
* level
* physiological monitoring / desaturation
* physiological compensation

Suveer talking

* measure vibration sensor
* audio signal studies from
* vibration sensors not sensitive and reliable enough
* make our vibration sensor to activate the device
* predict episodes

Patient focused

* CPAP works
* forced delivery
* Interface challenge
* severe apnea patient are tolerant the interface
* mild moderate do not really tolerant to the interface
* \*\*I need to read more on the anatomy and physiology\*\*
* Most patient who have sleep studies have different options
* It is a surgical journey
* 50 / 50 success rate
* problem - selective problem and guarantee problem
* Two method for making a patient sleep
* Anaesthetic - sudden drop and see it come up
* titration - more control
* titration gives better data
* sleep is "stable airway"
* drugs wear off quickly
* in severe case - airway managemt
* medication

Study

* Images... One endoscope
* HD quality
* different width
* differentiate
* recording system - STORZ
* Cardio respiratory sleep monitor
* Patient said cumbersome
* **system: embla xact belt**
* **angioscope by Rob**
* they used one recording devices
* the ux / layout of the imaging system is so simple (see sketch)
* read more on sleep, sleep disorder and related physiology & anatomy

**Study 1**

* set the endoscope
* into the nose
* big airway
* noticeable mucus
* narrow Bin / Bout
* no change
* suction
* patient asked breath through where?
* sat 80
* deep
* inner
* apnea occured
* closed totally
* phynarx movement
* record snoring time
* noticeable changed in the airway dynamics
* jaw thrust
* catilage structure
* How do people snore? read more
* vocal
* epiglottis upper
* flopping
* 3D trachea measurement
* Flow-volume measurement
* neck vibration
* System: infinity
* 3 levels
* mucus
* phyageral level
* flop &

**NOT IT IS BETTER TO SCAN AND STORE NOTES, THAN TYPE IT. I STOP TYPING!!!**