

HYPERTONIC SALINE TRIAL

Your test explained...

WHAT IS IT?

Hypertonic saline is a strong salt-water solution. When inhaled through a nebuliser, it creates a fine mist which settles in the airways. Individuals suffering from respiratory conditions such as bronchiectasis frequently exhibit thick mucus that can be challenging to expel. This can be painful and may lower oxygen levels due to mucus obstructing the smaller airways. Inhaling hypertonic saline on a regular basis break down the mucus, making it easier to cough up.

WHY DO WE PERFORM THE TEST?

Despite the benefits in mucus clearance, this treatment can cause an adverse reaction of airway tightening. Therefore, in order to determine if this treatment is the right course of action for you, we test your suitability in a safe, hospital setting.

Initially, perform a baseline breathing test (spirometry), followed by administering the hypertonic saline solution via a nebuliser. You will then have to wait in the waiting area for 15 minutes, before performing a repeat breathing test (spirometry).

This allows the Physiologist to determine if your lung function has been affected by inhaling the hypertonic saline solution.

If your lung function remains unchanged, then you will be given a prescription to start the hypertonic saline treatment and collect a nebuliser from the equipment to take home.

WHAT ARE THE PRE-TEST REQUIREMENTS FOR THE TEST?

- Avoid smoking on the day of the test
- Not to consume alcohol for at least 4 hours prior to the test
- Avoid vigorous exercise for at least 30 min prior to the test
- Avoid wearing clothing which substantially restricts full chest and abdominal expansion
- Refrain from eating a substantial meal for at least 2 hours prior to the test.
- Continue all regular medications and inhalers as prescribed.

Please contact the department if you have any of the following:

- ▶ Surgery, stroke/TIA, collapsed lung, blood clot in your lung within the last 6 weeks
- ▶ Heart attack or unstable angina pain in the last 2 weeks
- ▶ Coughing up of blood in the last 48 hours
- ▶ Current chest infection, active TB or large aneurysm at present



For more information please visit: (QR)



or contact the department on 02921 825421



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Lung Function
& Sleep Apnoea
Department

TREIAL TODDIANT HALWYNOG HYPERTONIG

Esboniad o'ch prawf...

BETH YDYW?

Mae toddiant halwynog hypertonig yn doddiant dŵr halen cryf. Pan gaiff ei anadlu trwy nebiwleiddiwr, mae'n creu niwl mân sy'n setlo yn y llwybrau anadlu. Mae unigolion sy'n dioddef o gyflyrau anadlol fel bronciectasis yn aml yn arddangos mwcws trwchus a all fod yn heriol i gael gwared arno. Gall hyn fod yn boenus a gall ostwng lefelau ocsigen oherwydd bod mwcws yn amharu ar y llwybrau anadlu llai. Mae anadlu toddiant halwynog hypertonig yn rheolaidd yn torri'r mwcws i lawr, gan ei gwneud hi'n haws peswch

PAM RYDYN NI'N CYNNAL Y PRAWF?

Er gwaethaf manteision clirio mwcws, gall y driniaeth hon achosi adwaith andwyol o dynhau'r llwybr anadlu. Felly, er mwyn penderfynu a yw'r driniaeth hon yn iawn i chi, rydym yn profi eich addasrwydd mewn lleoliad ysbyty diogel.

I ddechrau, gwneir prawf anadlu gwaelodlin (spirometreg), ac yna rhoddir y toddiant halwynog hypertonig trwy nebiwleiddiwr. Yna bydd yn rhaid i chi aros yn yr ardal aros am 15 munud, cyn perfformio ail prawf anadlu (spirometreg).

Mae hyn yn galluogi'r Ffisiologydd i benderfynu a fydd anadlu'r toddiant halwynog hypertonig wedi cael effaith ar weithrediad eich ysgyfaint.

Os na fydd gweithrediad eich ysgyfaint yn newid, yna byddwch yn cael presgripsiwn i ddechrau'r driniaeth toddiant halwynog hypertonig a chasglu nebiwleiddiwr o'r offer i fynd adref gyda chi.

I gael rhagor o wybodaeth, ewch i:

Cysylltwch â'r adran ar 02921 825 421.



BETH YW'R GOFYNION CYN Y PRAWF??

- Dylech osgoi ysmegu ar ddiwrnod y prawf
- Peidiwch ag yfed alcohol am o leiaf 4 awr cyn y prawf
- Dylech osgoi gwneud ymarfer corff egniol am o leiaf 30 munud cyn y prawf
- Dylech osgoi gwisgo dillad sy'n cyfyngu'n sylweddol ar ehangiad llawn y frest a'r abdomen
- Peidiwch â bwyta pryd o fwyd sylweddol am o leiaf 2 awr cyn y prawf.
- Parhewch â'r holl feddyginiaethau rheolaidd ac anadlyddion fel y rhagnodir.

Cysylltwch â'r adran os ydych wedi cael unrhyw un o'r canlynol:

- ▶ Llawdriniaeth, strôc/TIA, ysgyfaint wedi cwmpo, clot gwaed yn eich ysgyfaint o fewn y 6 wythnos diwethaf
- ▶ Trawiad ar y galon neu boen angina ansefydlog yn ystod y pythefnos diwethaf
- ▶ Pesychu gwaed yn ystod y 48 awr ddiwethaf
- ▶ Haint presennol ar y frest, TB actif neu aneuryism mawr ar hyn o bryd



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Swyddogaeth yr Ysgyfaint
ac Adran Apnoea Cwsg