



Testing Center

What is an ARES sleep study?

ARES (Apnea Risk Evaluation System) sleep study device is a non-invasive, diagnostic homecare device that allows patients to be evaluated for OSA (Obstructive Sleep Apnea) in the comfort and convenience of their own home. OSA or obstructive sleep apnea is the most common sleep disorder and causes interruption in healthy sleep for 1 out of every 12 adults. Diagnosis and treatment can restore normal sleep and improve your overall health and quality of life. ARES measures sleep/wake behaviors, oxygen saturation, airflow, pulse rate, snoring, head position, head movement, REM/NREM (Rapid Eye Movement), RDI (Respiratory disturbance index) and AHI (Apnea/Hypopnea index). The sleep testing unit is worn like a baseball cap, small, lightweight and simple to use.

The ARES is not recommended for UNASSISTED USE by patients with conditions that would make it difficult. These conditions include: deafness, blindness, severe heart rhythm problems, severe arthritis, inability to understand or follow printed instructions, use of supplemental oxygen at night, and tics or tremors of the head.

The ARES is not recommended for patients under the age of 18, patients with extreme sensitivity of skin or scalp and/or open wounds of the forehead or scalp; allergic reactions to extended exposure to synthetic fabrics (e.g., polyester, rayon); current upper respiratory infections or congestion: inability to sleep at least 5 hours per night or a total of 8 hours over two nights; head circumference less than 20 inches or greater than 25 inches; suggested sleep disorders other than obstructive sleep apnea and patients currently prescribed and utilizing overnight oxygen.

PATIENT DO'S AND DON'TS:

Do's:

- Follow the User Guide that will be provided for step by step instructions at all times.
- Keep device away from children/pets.
- Keep the ARES unit in its case **at all times** when not in use.

Don'ts:

- Do not get the monitor wet.
- Do not forget to put the ARES unit in the plastic bag provided when returning the unit to the Testing Center.

**PATIENTS MUST BRING THE UNIT BACK THE NEXT DAY BETWEEN 7AM- 9AM
NO EXCEPTIONS!**

Patient printed name: _____ DOB: _____

Patient signature:

_____ Date: _____