



*Better
Together*

Patient information

Long Term Oxygen Therapy (LTOT)

Trust Wide

Your Consultant / Doctor has advised you that you would benefit from long term oxygen therapy (LTOT) on discharge.

This is because you have been ill and at the moment your oxygen levels remain low.

Think of the oxygen as a medicine which has been prescribed to help you get well again. 'Long-term' means that you will be on oxygen for a minimum of 16 hours a day every day at home. It doesn't relate to how long overall you are prescribed oxygen. Part of the 16 hours of usage should include the hours you sleep.

The oxygen may only be temporary until you are well again and should be used as instructed by your hospital team.

Oxygen is flammable – No one should smoke near the oxygen supply

If you smoke you need to stop. Smoking increases the risk of fire and injury to you. It may also stop the treatment working as well as it might. Nursing staff on the ward can refer you to smoking cessation programmes.

What are the risks with Long Term Oxygen Therapy?

Oxygen therapy can cause complications and side effects. These problems may include a dry and/or bloody nose, skin irritation from the nasal prongs or face mask, fatigue (tiredness), and morning headaches.

If these problems persist, tell your doctor and home equipment provider. Depending on the problem, your doctor or assessment team may need to change your oxygen flow rate or the length of time you're using the oxygen.

If the problem is due to dryness in the nose you may use a water based lubricant jelly. If the problem is due to an uncomfortable nasal prongs or face mask, your home equipment provider can help you find a device that fits better. Your provider also can recommend over-the-counter gels and devices that are designed to lessen skin irritation.

If you are a neck breather complications from oxygen therapy can be more serious. With this type of oxygen therapy, oxygen is delivered through a hole in your neck Problems that can occur include:

- Mucus balls may develop on the breathing tube inside the windpipe. Mucus balls tend to form as a result of the oxygen drying out the airways. They can cause coughing and clog the windpipe or breathing tube.
- Problems with the breathing tube slipping from the tracheostomy(hole) or breaking.
- Infection.
- Injury to the lining of the windpipe.

Proper care and handling of the tracheostomy and related tubes and supplies may reduce the risk of complications.

Other Risks

Oxygen poses a fire risk, so you'll need to take certain safety steps. Oxygen itself isn't explosive, but it can feed a fire. In the presence of oxygen, a small fire can get quickly out of control. Also, the cylinder that contains the emergency supply can explode when exposed to extreme heat.

Your home equipment provider will give you a complete list of safety steps you'll need to take at home and when out in public.

For example, when you're not using the oxygen, keep it in an airy room. Never store compressed oxygen gas cylinders and liquid oxygen containers in small, enclosed places, such as in closets, behind curtains, or under clothes.

Oxygen containers let off small amounts of oxygen. These small amounts can build up to harmful levels if they're allowed to escape into small spaces.

Are there any alternative treatments available?

There is no alternative treatment.

What will happen if I decide not to have treatment?

If you have chronically low oxygen levels in your blood and this is not corrected it may reduce the length of your life.

If you are worried about any of these risks, please speak to your Consultant or a member of the oxygen team on 0151 706 2852

Discharge Information

You will be asked to sign a consent form before you leave hospital. This is your permission to us so that we can share your information with the oxygen supplier and they can install the equipment in your home.

The consent form also gives permission so that relevant details can also be passed to the local Fire and Rescue service (they need to be aware of patients who have oxygen in their homes), your electricity provider (so you can obtain electricity refunds using an oxygen concentrator) and your GP.

The equipment will be installed before you go home. We will need to arrange access to the house in order to do this. There will be an information pack in the house explaining how to use the equipment and you will be able to call a 24 hour helpline if you need to.

Getting back to normal

You may take a while to get used to the therapy and you may feel tired after coming out of hospital. This is normal and should improve in time.

Returning to work

If you need oxygen therapy at work we will discuss this with you.

Further Appointments

A few weeks after your discharge you will receive a letter with an appointment to attend the oxygen assessment clinic. When you attend we will take a small blood sample from your wrist. This will tell us whether you need to continue with your therapy.

Further Information

Oxygen Assessment Team

Tel: 0151 706 2852

Text phone Number: 18001 0151 706 2852

British Lung Foundation
<http://www.lunguk.org/>

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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