

Dialed In: Helping Veterans Take Control of Their Health Care **Mechanical Ventilation — An Option for Breathing Problems**

Narrator: Hi, and welcome to *Dialed In: Helping Veterans Take Control of Their Health Care*. I'm Ian Holk, a Veteran of the U.S. Army and a writer with the VA National Center for Ethics in Health Care. If you have a serious illness and have trouble breathing, or you can't breathe on your own, you have a choice about treatment options. One choice might be mechanical ventilation. Dr. John Osterholzer is a pulmonologist with the VA Ann Arbor Health Care System who specializes in treating lung problems.

Dr. Osterholzer: If you're at risk for serious breathing problems, it can help to think about your options ahead of time. Mechanical ventilation is one treatment that might be considered. Some people choose this option, and others don't.

Narrator: Mechanical ventilation has several possible benefits.

Dr. Osterholzer: It can make it easier for you to breathe, or help you breathe while you recover from a serious illness. It might prolong your life, depending on your condition. Some people live for years using mechanical ventilation.

Narrator: There are two basic types of mechanical ventilation: invasive and non-invasive. With non-invasive mechanical ventilation, a machine pushes air through a mask that you wear over your nose and mouth. It's a treatment that might be considered if you needed some help with your breathing.

Dr. Osterholzer: One type of non-invasive mechanical ventilation is called CPAP, which stands for Continuous Positive Airway Pressure. Some people might be familiar with CPAP because it's also used to treat sleep apnea, to help people breathe regularly while they sleep. Another type is called BiPAP, or Bi-level Positive Airway Pressure. It also involves wearing a mask over your nose and mouth.

Narrator: Both CPAP and BiPAP have possible side effects.

Dr. Osterholzer: They might cause you to have a dry or runny nose, sore throat, congestion, or sneezing. You may get nosebleeds. They might irritate your eyes and the skin on your face. You may have abdominal bloating that causes discomfort or nausea, or you might feel anxious wearing the mask.

Narrator: Some people choose not to use non-invasive mechanical ventilation.

Dr. Osterholzer: If you have trouble breathing and choose not to use CPAP or BiPAP, you would receive care to keep you as comfortable as possible. You would be offered medications to help you relax so that you're not uncomfortable and so you don't struggle for breath.

Narrator: Another treatment option is called *invasive* mechanical ventilation. This might be considered if your breathing problems are more severe and you can't breathe on your own.

Dr. Osterholzer: With invasive mechanical ventilation, a machine called a ventilator is used to push air and oxygen into your lungs through a tube in your windpipe. The tube goes through your mouth or nose, or through an opening that's been made in your throat, through your windpipe into your lungs. A ventilator might be considered if you have severe lung problems, severe weakness of the muscles of your chest, or if your brain or the upper part of your spinal cord are damaged and causing problems with breathing.

Narrator: If you were on a ventilator, you would need a lot of assistance.

Dr. Osterholzer: You would probably have to be in an intensive care unit or a similar setting – although some people who are on a ventilator for a long time can be cared for in a nursing home, or in their own home, but only if they have the right level of professional care. If you needed the ventilator for more than about two weeks, you would need a short surgery to place a hole in your neck for the breathing tube. This is called a tracheostomy.

Narrator: A ventilator has some risks.

Dr. Osterholzer: It can be uncomfortable to be on a ventilator, and it raises your risk of infection. Generally, you would not be able to talk, eat, or drink while on a ventilator, so nutrition would have to be provided through a feeding tube. If you are confused, you might try to pull the tube out. To prevent this from happening, you might be given medication to make you sleepy, or your hands might be restrained.

Narrator: At first, it might be hard to predict how long you would need mechanical ventilation.

Dr. Osterholzer: You might need it for just a few hours, a few days, or the rest of your life, depending on your condition and the reason you're having trouble breathing. You should know that mechanical ventilation does not cure the problems that cause you to have trouble breathing. It just helps you breathe, or breathes for you, while your medical team works to treat those problems. Sometimes those problems get better, and sometimes they get worse. Some people on ventilators never recover to the point where they can breathe on their own again.

Narrator: Some people choose not to use a ventilator even when they have serious breathing problems.

Dr. Osterholzer: If your breathing problems become severe and you don't use a ventilator, you would receive care to keep you as comfortable as possible. You would be given medicines to help you relax or sleep. If you're not on a ventilator and your lungs fail completely, you might die within minutes or hours. If you're already on a ventilator and decide to stop using it, you might die within minutes, although you could live for several hours. Sometimes a person unexpectedly survives for several days or even longer after stopping the ventilator.

Narrator: Remember: if you have serious breathing problems, it's your choice whether to try mechanical ventilation.

Dr. Osterholzer: Your health care team can tell you if you're at risk for serious breathing problems. Talk with them about what's important to you, and if there are any situations that you want to avoid. Talk with them about treatment plans that are likely to help you reach *your* goals.

Narrator: To learn more about life-sustaining treatments such as mechanical ventilation, or about setting health care goals when you have a serious health problem, visit www.ethics.va.gov/for_veterans.asp. *Dialed In* is produced by the Department of Veterans Affairs National Center for Ethics in Health Care.