

RESPIRATORY TERMS

Below are some brief definitions of the terms you may come across during your visits to the ALS Clinic. Please feel free to discuss any of these with the clinic Respiratory Therapist. All of the equipment is available to see, and the techniques available to demonstrate.

The **Heimlich Maneuver** is an abdominal thrust, which may be performed on a choking individual in an attempt to dislodge a foreign body from the upper airway. This technique may be easily learned and practiced by taking a CPR course with the Heart and Stroke Foundation or St. John Ambulance.

A **suction device** is a portable vacuum machine, which can be used to remove unwanted saliva from the back of the throat, just as you would at the dentist.

Spirometry is a measure of chest and lung function. **FVC** is short for Forced Vital Capacity. It is a measure of how much air a person can blow out. **PCF** is short for Peak Cough Flow. It is a measure of how fast a person can blow out air to produce an effective cough.

Breath stacking, also known as “Volume augmentation” and “Lung volume recruitment maneuver,” is a method of periodically increasing the amount of air in the lungs using a resuscitator connected to a mouthpiece or mask.

Two main benefits:

1. Generate a more powerful cough so mucous can be more effectively cleared from the throat and lungs. This is more comfortable in the short term, and in the long term will reduce the risk of respiratory infection by cleaning out the lungs.
2. Create a bigger breath to help open up seldom-used areas of the lung, making them available for use for several hours. This means oxygen will be coming into the bloodstream and carbon dioxide will be leaving more efficiently. Keeping these areas open also reduces risk for developing infection.

A **resuscitator** is a simple device that can be repeatedly squeezed and released to provide artificial breathing. It is commonly used in hospital and referred to as a “Bag.”

Assisted cough is a method of increasing the forcefulness of a cough. Commonly done by using an abdominal thrust, similar to the Heimlich maneuver, or by squeezing the lower part of the rib cage. **Assisted cough** is done when lungs are full of air, which can be achieved through breath stacking or by using an inxsufflator.

An **Inxsufflator** is a machine, which can be used with a mask or mouthpiece to help remove mucous from the lungs. First it helps make the breath bigger by pushing air into the chest, then it vacuums the air out so it leaves the chest rapidly, just as it would with a real cough. If the mucous can be brought up to the back of the throat, it can be suctioned out from there. Sometimes the **inxsufflator** can be used with an assisted cough technique.

A **tracheotomy** is a surgical hole made in the neck to create a direct route to the windpipe. Once it is healed, the hole itself is called the stoma. The stoma is kept open by keeping a **tracheostomy tube** in place.

CPAP is short for “Continuous positive airway pressure.” A small machine can generate this pressure and it can be applied to the nose, and possibly the mouth, through a snugly fitting mask. The pressure helps to hold the upper airway open even when all the muscles are very relaxed during a deep sleep. This prevents upper airway obstruction, which could cause disrupted sleep, and possibly reduce breathing while asleep to an inadequate level.

A **Bilevel** device is a small machine that can generate two levels of pressure; a lower level of pressure during exhalation, and a higher level of pressure during inhalation. In addition to doing what the CPAP device does, this device can assist with the work of inhalation, so it is easier, as well as possibly increasing the amount of air actually going in. One **Bilevel** device brand name is “**BiPAP**”

A **Ventilator** is a machine capable of doing all of a person’s breathing for them. It can be used in this way by connecting it to a person’s tracheostomy tube. Or, it can be modified to assist with mouth breathing.