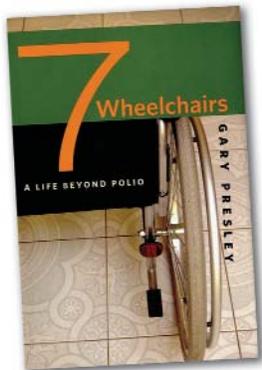


My Favorite Mask

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Gary Presley had both bulbar and lumbar polio in 1959. His essays have appeared in a variety of publications, and his memoir, Seven Wheelchairs: A Life beyond Polio, was published in October 2008 by the University of Iowa Press.

Twenty-two years of noninvasive nasal ventilation in response to post-polio respiratory insufficiency began with the bridge of my nose rubbed near to the bone.

“How can you stand that?” asked another polio survivor.

I laughed. For the first time in six years, I was resting so well, feeling so good, reducing edema, and gaining energy that I would have put up with a cut on my nose for the rest of my life.

That first mask was LIFECARE’s (later Philips Respironics) standard issue. It was triangular with a hard plastic outer shell and a plastic gasket inner seal. I don’t know why it was tough on my nose. Perhaps I kept it too tight to prevent the noise and flutter of seal leaks that I hate. Perhaps it was the shape of my face. I didn’t complain, but I eventually compensated for the weak spot by making a “saddle blanket” from a single Kleenex® tissue to lay over the bridge of my nose. The piece of tissue – I later came to prefer Puffs® because of their lotion content – also helped seal air leaks.

Now I use a Profile Lite™ nasal gel mask with the PLV®-100 (both from Philips Respironics). It’s comfortable, and it seals relatively well. I love it. I would even use it if it cut my nose, but I’m thankful that two decades of progress in noninvasive ventilation have overcome that minor problem.

Because I sometimes labor with nasal congestion, I tried nasal cannulas about three years ago, thinking direct insertion of positive pressure would help keep my nose clear. I found myself back in the same boat, although this time it wasn’t the bridge of my nose being worn thin – it was the interior of my nostrils.

I went back to the comfortable Profile Lite™ and added a chin strap to my night-time wardrobe. It’s not perfect, but I rest easily nine nights out of ten, and I ventilate well enough to keep my blood gas levels in the right place.

My advice to new noninvasive ventilator users is to not to worry if things don’t seem perfect initially. It is an adaptation process. There is no one-size-fits-all solution, but there is an interface out there that will sustain your respiratory function without damaging your face. To find it, I suggest a three-prong approach: consult a pulmonologist knowledgeable in neuromuscular conditions, talk with a competent respiratory therapist, and finally don’t take “It can’t be done” for an answer. ▲



Gary sleeping with his Profile Lite™ mask