

Patient information

Why do I still have difficulty breathing?



Breathing problems, even after you have left Intensive Care (ICU) and returned home are not uncommon. A severe lung infection or pneumonia may have been the reason you were admitted to ICU. You may have needed support from a ventilator (breathing machine) and possibly a tracheostomy (insertion of a tube directly into the airway).

Lung problems such as asthma, bronchitis or emphysema may have made your breathing difficult before you were ill and may have aggravated any new lung problems. Lung infections are not the only reason you may have needed help from a ventilator – other medical problems may have been the cause.

Being on a ventilator means that the respiratory (breathing muscles) do very little work for themselves and so they become weak. Prolonged periods in bed and immobility (as happens when you are severely ill), cause significant muscle weakness throughout the whole body.

You will probably have noticed that daily activities are much harder to do and that you have less stamina. So, it is not just your limbs which have become weak, your respiratory muscles have also lost strength.

As you recovered from your illness you gradually required less help from the ventilator but as with your other muscles, the breathing muscles need to learn to work again and to rebuild their strength. This can take weeks and months to achieve - in fact there may still be signs of pneumonia on a chest X-ray months later.

What breathing problems might I encounter?

The following are some commonly occurring breathing problems that may occur after a spell in ICU. You may experience some or all of these problems. **THEY DO GET BETTER.**

- ★ Shortness of breath when doing activities which you would not normally expect to make you breathless and which previously you carried out without difficulty e.g walking around your home, washing, dressing.
- ★ Reduced stamina: respiratory muscles which are weak have difficulty with activities which require sustained activity. Walking (even short distances) may make you tired and

short of breath. You may notice you walk more slowly or have difficulty keeping up with others. Activities of daily living such as washing, bathing and dressing may take more time than is usual for you, perhaps also requiring frequent rests. Activities involving your arms (hanging out the washing, doing your hair, reaching up to a cupboard or lifting even light objects) may be particularly difficult because those muscles are in close proximity to the respiratory muscles. Initially stairs or slopes may be impossible simply because the weak respiratory muscles together with weak limb muscles have insufficient strength and stamina. These problems are frustrating and you may feel at times they will never get better.

★ Cough and/or sputum: a persistent (dry, tickly or “phlegmy”) cough or the presence of sputum are reported by many people following stays in ICU. This may be the result of resolving infection (the lungs clearing remaining bacteria in the form of sputum) and can take months to clear, even when you no longer require help from the ventilator.

It may also be due to irritated airways (because of inhalation of dry gases), because you have had a tracheostomy or weak muscles. The muscles which help you cough effectively are weakened with illness and immobility, making it harder to cough up phlegm. Persistent coughs, particularly those which are ineffective (i.e. don't clear mucus) will make you tired and possibly breathless. Not clearing mucus may mean infections are even slower to resolve. It may also mean you are unable to lie flat at night, making sleep less comfortable. You may also experience shortness of breath or coughing on waking due to the build up of mucus overnight.

These problems do resolve over time but can take many months. There are some things which you can do to help this process.....

What can you do to help with your shortness of breath?

There are a few things that will help you cope with your shortness of breath and aid its natural resolution. Your physiotherapist will advise you on the following activities.

Breathing exercises

While you were in critical care many of you will have been shown breathing exercises by your physiotherapist. These should be continued when you go home and until you are back to your normal level of activity and your breathing problems have resolved.

As a reminder.....

Breathing Control

In normal breathing, 70-80% of the work is done by the diaphragm (large breathing muscle) as this allows the most energy efficient way of breathing while facilitating relaxation. Much of the area in your lungs that uses oxygen is situated towards the base of the lungs near the diaphragm which is why people breathing from the top of their lungs will get tired

quickly and suffer shortness of breath. This frequently happens with patients that have been on Critical Care.

The sooner you learn to use your lungs in this normal breathing pattern , the sooner you will feel you can increase your level of activity and return to normal living.

Let's have a go.....

- ★ To practice breathing control you should be in a comfortable, well supported position.
- ★ Rest one hand on your stomach, keeping your shoulders and upper chest relaxed.
- ★ Breathe in through your nose, allowing your hand to gently rise as the air fills the bases of your lungs. Imagine a big balloon filling with air.
- ★ Let the balloon fill up and then gently and quietly sigh out through your mouth.
- ★ Keep your shoulders relaxed.

Tips for breathing control

- ★ **Try to practice for at least 10 minutes a day. If you practice it regularly, when you become breathless you will be able to use breathing control to reduce your breathing rate and to help your breathing settle again.**
- ★ Practice breathing control when you have some time to yourself (i.e. listening to music) and ensure there are no interruptions.
- ★ Incorporate breathing control into your daily life (i.e. when you are out walking) and use it when you are feeling short of breath. It should allow you to regain control.
- ★ If you find breathing control difficult, try placing a light object on your tummy. Watch the object rise as you breathe in and fall as you breathe out. Visual cues often help.
- ★ Above allpersevere. Mastering breathing control won't happen overnight, but with time will become second nature.

Deep breathing exercises

These are very similar to the breathing control exercises you have just practised although the breaths are slightly larger. If some of you have had problems with sputum/secretions since your critical care stay, these may help with clearance thus reducing shortness of breath.

Remembering what you have just learnt, now take a deep breath in, allowing the lower chest to expand. At the end of the breath in, hold the air in for about 3 seconds and then let the air out gently. Repeat for 3 breaths and then do normal breathing control again.

These bigger breaths will allow a little extra air to get to the bases of your lungs, providing additional oxygen and getting air behind any sputum on your lungs. This helps move the sputum into larger airways where it can be cleared more easily by coughing.

The number of times you repeat this breathing control and deep breathing exercise cycle will depend on how breathless you are and the quantity of secretions. Your physiotherapist will advise you.

Positioning

Have you found that when you are breathless, there are certain positions that you automatically adopt to help ease your breathing?

If you get breathless, there are several positions that can help you get control of your breathing with minimum effort. These are often referred to as positions of ease and allow your diaphragm muscle to work more effectively allowing you to use your breathing control to minimise your breathlessness.

Next time you get breathless try the following positions. Each of you will find different positions helpful so use the one that gives you the most benefit.

High Side Lying

If you are lying down, make a slope with 3 or 4 pillows, placing an extra pillow to fill the gap between your armpit and your waist. Lie high up on the pillows with the whole of your side supported.

Forward Sitting

Sit leaning forward from the hips. With a straight back, rest your head, shoulders and arms on the pillows. Relax into the pillows. Alternatively, sit and lean forward with a straight back. Rest your forearms on your thighs with relaxed wrists.

Standing

Stand and lean forward from the hips onto something of a suitable height such as a windowsill. Your back should be straight and your arms apart. Rest your head on your hands. Alternatively lean the lower half of your back against a wall, with your feet shoulder distance apart.

The choice of position you choose may depend on the circumstances at the time. For instance if you are out shopping, forward leaning in standing may be the most appropriate position to adopt.

Combine breathing control and positions of ease when you are feeling breathless. If you are carrying out a task such as making a bed, simply stop and adopt a position of ease.

Continue the task when your breathing has returned to normal. Never rush to complete a task as this will make the breathlessness worse.

Exercise tolerance and activity pacing

Many of you may find that following your critical care stay your breathlessness has limited your normal activities of daily living.

Prior to your hospital stay; walking up stairs, dressing and washing up may have seemed quite simple. However, now these 'simple' activities might well present a struggle and cause you to become breathless.

The following advice incorporated alongside your breathing exercises aims to tackle these problems, improving quality of life for you and your family.

Your aim over the next few months should be to increase your activities day by day. However in order to achieve this you will need to pace yourself. Regular exercise is good for you, but keep in mind that you have been less active for some time and it will take time to get back into a routine.

Activity will inevitably cause shortness of breath following a period of critical illness. Moderate shortness of breath will not do you any harm, providing you then stop and regain control of your breathing prior to continuing. It is this 'control' that is important. If you get moderately breathless but don't take time for this 'control' phase, you will feel progressively more short of breath. This means you will lose confidence and stop participating in activities you are capable of because you have introduced an unwanted 'FEAR' element.

If you are confident that following a period of moderate breathlessness you can regain control of your breathing, you are more likely to be successful in the gradual progression back to normality.

Remember....you are in control of your breathing.

Pacing Yourself ... General Advice

- ★ Start slowly and introduce new activities gradually.
- ★ Set yourself realistic targets with realistic timescales allowing for periods of breathing control.
- ★ Slowly increase your activity level each day/week.
- ★ Try and establish a balance between doing nothing and overdoing it.
- ★ Choose your activities carefully. If an activity makes you too breathless you may not be ready for it yet.

★ Adequate rest is as important as exercise. It is a good idea to plan 20-30 minutes rest times each day during your first weeks at home. It is not necessary for you to go to bed each time, maybe just rest with your feet up and practice your breathing control.

★ Introduce activities that use your arms slowly and only once breathlessness on walking and 'simple' tasks is resolving. Your arm muscles are close to your breathing muscles, which is why you may find these activities more difficult initially.

Smoking

Lastly, one of the best ways to help combat breathlessness is to give up smoking.

Many of you may have found that being critically ill has been enough to make you give up smoking...the rest of you should seriously consider the following points.

★ Smoking is bad for you because it makes your heart beat faster and your blood pressure rise. It reduces the amount of oxygen that can be carried in the blood meaning the heart and lungs struggle to keep up with demand. Breathlessness results from this increased demand on your vital organs.

★ The poisonous gases in cigarettes paralyse and dry out the cilia (lung hairs) and the sputum cannot be swept away as normal. Old sputum sitting in the warm, moist lungs is a breeding ground for infection, increasing your risk of re-admission to hospital and further lung/heart damage and breathlessness.

★ Breathlessness is inevitable in a person that smokes.

★ As you have not smoked during your time in the West Suffolk Hospital, this is an ideal time to give up, putting yourself one step closer to a breathless free life.

★ If you want help with giving up smoking contact the smoking cessation team at the hospital.

If you do not understand any of the advice in this leaflet or would like further assistance, contact one of the Critical Care follow-up team via the hospital or speak to them at your next clinic appointment.

Contact:

Follow-Up sister

Critical Care Services

West Suffolk Hospital

Tel: 01284 712543 or 01284 71300 (Ask for Bleep 939)

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

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