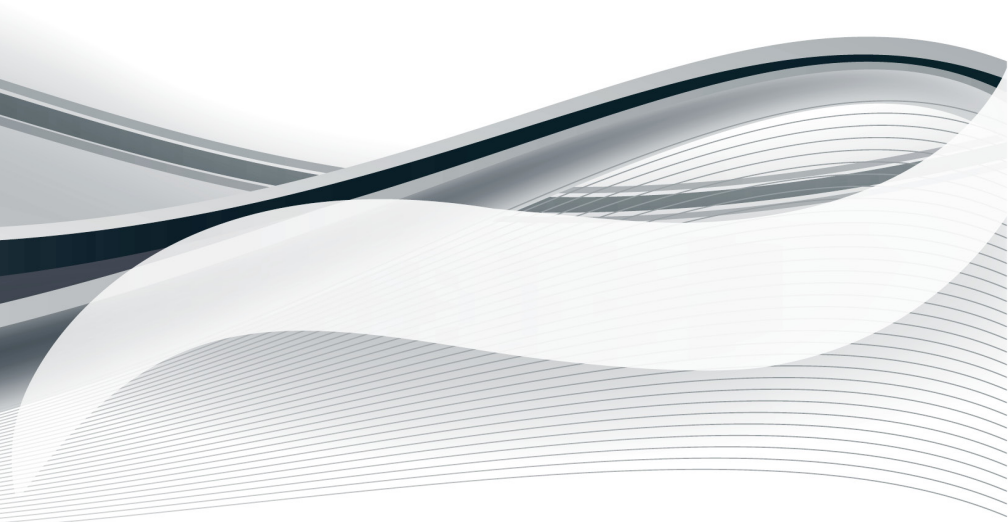


Acute Services Division



Information for Patients about the
Autogenic Drainage
Technique



What is Autogenic Drainage?

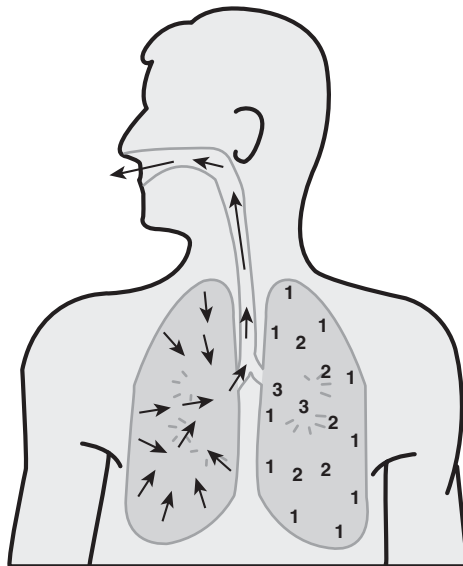
Autogenic Drainage (AD) is a breathing technique to help you clear secretions (mucus) from your chest.

It is a form of breathing control that uses air flow to move mucus from the smaller airways into the larger airways. Your physiotherapist will teach you how to use this technique properly and you can use this leaflet as a guide to help you remember what you have been taught.

This technique allows you to 'breathe up' your mucus by changing the:

- rate at which you breathe
- size of your breaths
- amount of air in your lungs

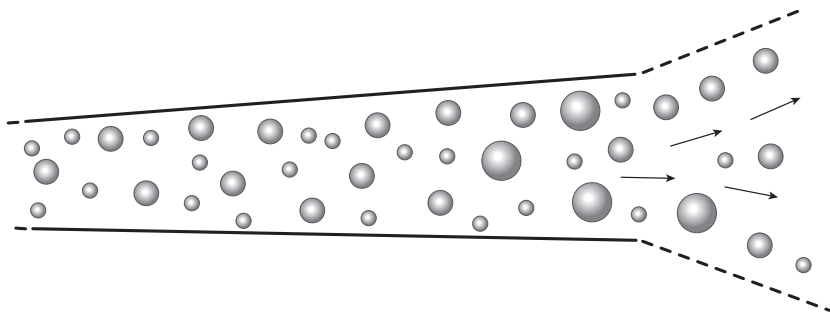
Doing this will help move the mucus into the larger airways and allow you to clear it by coughing. This will make it easier for you to clear your chest and stops you wasting energy on tiring coughing fits.



Why use Autogenic Drainage?

Using this technique can help to prevent the build up of mucus in your chest. It is important to clear mucus from your chest for several reasons:

- Uncleared mucus can become infected and cause a chest infection.
- Repeated chest infections may cause further lung damage.
- Mucus irritates the lining of your lungs, causing it to produce more mucus.
- Excess mucus can prevent air getting through your airways, making you short of breath and wheezy.



The Autogenic Drainage Technique

It is important to drink plenty of fluids (not tea, coffee or alcohol) every day (as long as you are not on fluid restriction). Try to drink 2-3 litres a day; this will keep the mucus loose and help make it easier to clear.

Use the Autogenic Drainage Technique first thing in the morning, to clear mucus that has gathered overnight and before going to bed, to stop you coughing during the night.

Before your start

Take all your nebulisers and inhalers as advised. These may include medication to help open up your airways (your reliever) and medications to help loosen your secretions. Take any salty water nebulisers (normal saline or hypertonic saline) before autogenic drainage.

Please remember that you should take your antibiotic nebulisers and steroid inhalers after autogenic drainage. This allows them to be delivered more effectively and stops you coughing them back out.

Clear any mucus from your nose and throat by blowing your nose and taking a drink of water.

Make sure you find a comfortable position where you are well supported, such as sitting upright or lying down with pillows supporting your head and upper chest. Your physiotherapist may advise you to use another position.

Test Breath

A 'test breath' will help you to find out if the mucus is in the smaller airways (deeper down) or in the middle or the larger airways (higher up).

To do this, breathe in slowly and quietly through your nose if possible. The breath should be around twice the size of your normal breath and fill up your lungs completely.

At the end of your breath in, try to hold the breath for around three seconds keeping the back of your throat relaxed. Do not worry if you are too breathless to hold your breath; just practice the technique without holding your breath. Your stomach should rise as you breathe in. Breathing in this way will help to get air in behind the secretions and help to fill your lungs more evenly.

Breathe out through your mouth. This should be a steady flow of air as a fast “sigh”. Try not to force the breath. Try to imagine ‘huffing’ on glasses to clean them or steaming up a mirror to help you get the correct technique. Your mouth should be shaped like you are saying “huh”. The back of your throat should be relaxed and open. You should hear the ‘crackling’ of secretions if you are doing this correctly. If you hear a wheeze, you are breathing out too hard and fast.

When you are doing this test breath, you should breathe out as far as you can, until you feel your stomach muscles tense.

Listen and feel for the secretions on the breath out:

- If the crackles are **loud** and at the **start of the breath out**, then the secretions are **higher** up in your **large** airways.
- If the crackles are **mid-way** through your breath out, the secretions are in the **middle sized** or **central** airways.
- If you hear **quieter** crackles towards the **end of your breath out**, then they are **deeper down** in the **smaller** airways.

The position of the crackles in your chest will guide you in recognising what size of breaths you need to take clear chest.

Moving the secretions from the small airways to the large airways clear them:

There are three parts to this exercise:

UNSTICKING

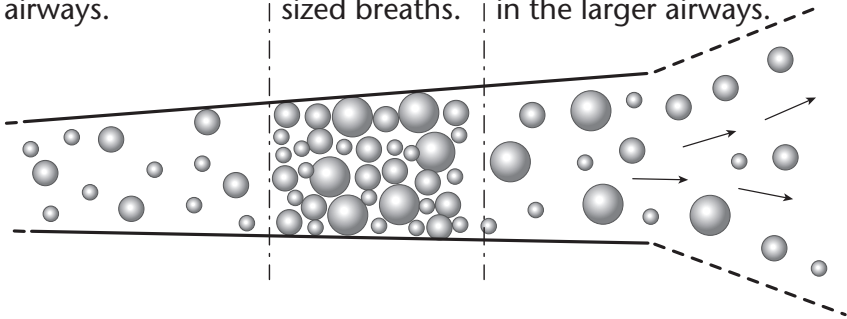
By starting your breathing with low shallow breaths, mucus can be loosened or "unstuck" from small, narrow airways.

COLLECTING

Next, mucus needs to move from the smaller airways to the middle sized airways with middle sized breaths.

EVACUATING

When you feel the secretions in the larger central airways, they are then ready to be cleared by a deeper breath and a cough. You may hear a low pitched "rumble" which suggests that secretions are in the larger airways.



Putting it all together

1. Start with small shallow breaths; hold your breath in for a couple of seconds if you can.
2. Breathe out through an open mouth for as long as you can. You should hear mucus rumbling after a few breaths.
3. Repeat this cycle; remember to breathe in slowly and not too deeply and try to pause at the top of your breath.
4. Continue until you can no longer hear the mucus or you feel it has moved up.

5. Repeat the exercises with medium sized breaths.
6. Continue until you hear the rumble at the start of your breath out.
7. Repeat with a larger breath.
8. Remember to try not to cough until the mucus is in the large upper airways.

Clues you are breathing out properly are:

1. Crackling of mucus when you breathe out.
2. Feeling mucus moving in your chest.
3. Having a strong urge to cough.

Cough Suppression (Stopping a cough):

Before starting this technique, it is important to try not to cough until mucus has gathered in the larger airways. Coughing before you are ready will be much less effective. Coughing puts the airways under great pressure and may cause the smaller airways to narrow, preventing mucus from moving.

Repetitive coughing also irritates the lining of the lungs. You can help to stop a cough by:

- swallowing
- sniffing
- sipping water

To begin with, stopping a cough may be difficult but gets easier with practice.

Clearing mucus from upper airways:

Once mucus is in the upper airways you can clear it by a huff or a cough. A huff involves less effort than a cough:

- Take a slow, deep breath in
- Push the air out as fast as you can through an open mouth.
- 1 or 2 huffs at a time.

One strong, effective huff is better than five weak ones.

Common Problems:

To begin with, you may find that taking shallow breaths is difficult and makes you cough or feel short of breath. In that case, use your normal level of breathing but try to concentrate on breathing out completely, as it is the breath out which is the most important and effective part of the exercise.

If you feel that you are wheezing on the breath out, you may be forcing this breath out too much. Push the air out more gently.

Can't hear any rumble when you breathe out:

- You may be breathing too deeply. Try a shallower breath.
- If mucus is too sticky it will not move. Drink more water or try inhaling some steam (adding menthol crystals or eucalyptus oil to hot water may help) or taking your nebuliser if you have one.
- You may not be breathing out a strong enough sigh or holding your breath long enough on the breath in to let the air get behind the mucus.

You can feel mucus moving to the upper airways but you can't clear it:

- Your huff or cough may not be effective, try to aim for one strong one.
- The mucus may not be in the upper airways yet. Continue the technique for longer before huffing again.

This is a guide to help you remember what your physiotherapist has taught you.

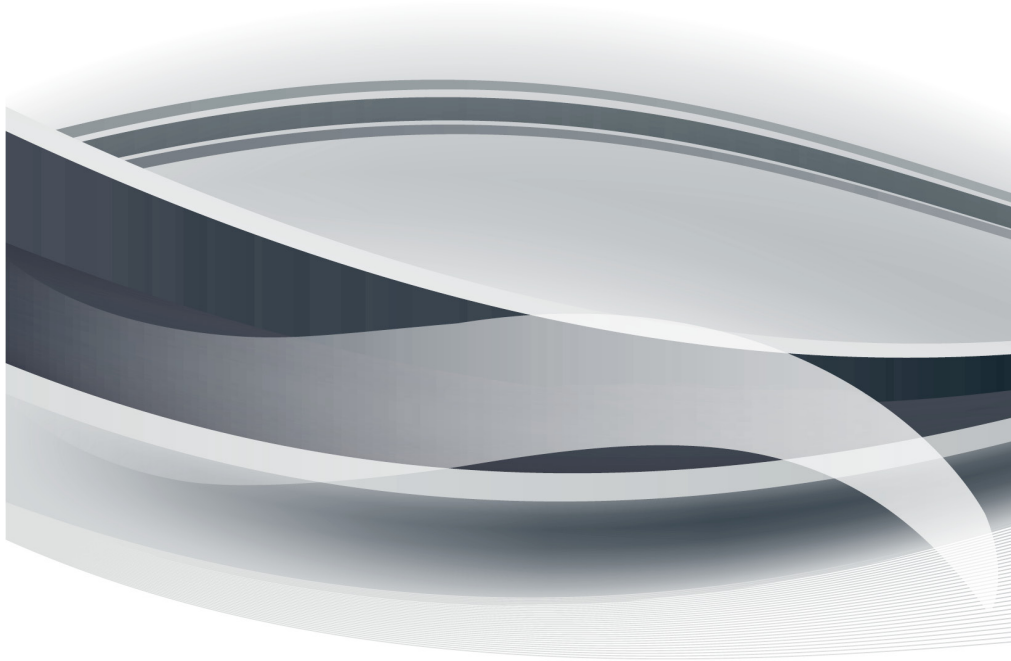
Further Information

If these techniques are not helpful or you are unsure of any aspect of the technique, please contact your physiotherapist.

Name: _____

Hospital: _____

Page or telephone: _____



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