

## Patient information factsheet

# Autogenic drainage

Patient name: ..... Hospital number: .....

### Preparation

- clear your throat and blow your nose
- use bronchodilators (for example ventolin, salbutamol inhaler) as required
- use sinus rinses as required

### Position

- sitting upright
- lying on left side
- lying on right side
- quarter turn

### What is autogenic drainage (AD)?

By breathing at different levels, secretions can be moved from different parts of the airways. Secretions lower down in the airways are moved by breathing at low lung volumes (with only a small amount of air in the lungs). By breathing at higher lung volumes (with a larger sized breath), secretions which are higher up in the airways can be moved and cleared.

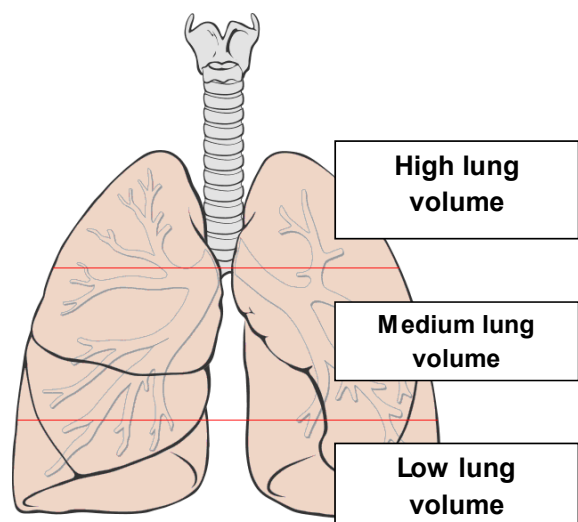
### Technique

Breathing in through your nose

- gently to the necessary volume
- hold that breath for the count of three
- try not to cough

Breathe out

- through your mouth like a forceful sigh but not as forced as a huff or a spirometry blow
- try to keep your mouth in an 'o' shape
- try not to cough
- you should hear some crackles on your breath out (sometimes mistaken for wheeze)



## The cycle

- Assessment breath first – deep breath all the way in and out to see where the crackles are. If the crackles are at the beginning of the breath out then you should start with high volume breaths. If the crackles are near the end of the breath then you should start with low volume breaths.
- Start at whichever size breath is needed, then repeat the same sized breath until the crackles get louder. Then increase the size of your breath and repeat this process again.
- When the crackles are loud at high lung volume you should huff and cough as needed.
- Huff – imagine you are steaming up a window or mirror in front of you. Keep your mouth open and forcefully breathe out using your tummy muscles.

Repeat

Regime

Physiotherapist's name

Signature

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