

PERSPECTIVE OPEN

The practicalities of living with oxygen: a perspective from a person living with COPD

Vanessa Smith¹

Although I welcomed oxygen into my life, it required a degree of adjustment and perseverance. The concentrator told all visitors that this was the home of a 'patient', and using ambulatory oxygen in public takes a lot of getting used to. Safe use of oxygen entailed some changes in routine activities, and travel needs to be planned ahead to ensure that I don't run out of oxygen. Despite its drawbacks, oxygen has enabled me to have a full and active life once again.

npj Primary Care Respiratory Medicine (2016) **26**, 15072; doi:10.1038/npjpcrm.2015.72; published online 7 January 2016

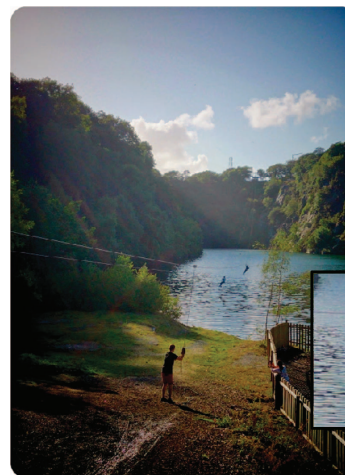
Although I welcomed oxygen into my life, it required a degree of adjustment and perseverance. My chronic obstructive pulmonary disease (COPD) 'became visible'. The concentrator humming away in the corner of my lounge told all visitors that this was the home of a 'patient'. It also meant I needed to turn up the volume on the television! The 25 m of tubing running through the house poses a trip hazard and gets caught up on door handles as I walk by. Cooking is fraught with danger because of oxygen-saturated hair and clothing, so I eat microwave meals and no longer use a hair dryer or any electrical equipment that could produce a spark or intense heat. Wearing a cannula can cause soreness around my ears or in my nostrils, and most creams that might remedy this are a 'no-no,' as oil-based creams are contraindicated because of safety concerns.

Showering is a joy now that I have the energy for it and have worked out how not to get tangled up in the process, and my sleep is much improved. I used to awaken every 2 h, but now I often sleep straight through.

I love my ambulatory liquid oxygen—it is my best friend. I don't drive and have no access to a car, so I walk many miles with it in a backpack. Make no mistake though, stepping outside wearing oxygen in public for the first time was one of the hardest things I ever had to do. It takes a lot of getting used to—that first time on the street, on a bus, in the supermarket or restaurant. I think patients could benefit from having 'oxygen buddies' with them on those first few occasions.

Travel needs to be planned ahead. On a day out, I need to be sure of distances and timetables to ensure that I don't run out of oxygen. Travel abroad is difficult but doable.¹ The airlines require medical information forms to be completed by your GP, and each airline has its own list of 'acceptable' portable concentrators. Portable oxygen concentrators cost a great deal to hire or buy and add hugely to the cost of a holiday. Travel insurance is unaffordable for me now, so I go without it.

Despite its drawbacks, oxygen has enabled me to have a full and active life once again. Six years on oxygen, and a determination to live life to the full, has taken me from being virtually housebound to adventures such as speeding down a zip-wire in Cornwall (with my oxygen on my back!). See Figure 1.



In the picture my daughter is on the left wire and I am just behind her on the right. If you look carefully you can just make out my beloved 'Helios Marathon' on my back, giving me the oxygen that has made all these activities a possibility

Figure 1. The author speeding down a zip-wire with her oxygen cylinder.

COMPETING INTERESTS

The author declares no conflict of interest.

REFERENCES

1. European Lung Foundation. Air travel. Available at <http://www.europeanlung.org/en/lung-disease-and-information/air-travel> (accessed on August 2015).



This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in the credit line; if the material is not included under the Creative Commons license, users will need to obtain permission from the license holder to reproduce the material. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>

FUNDING

The author declares that no funding was received.

¹European Lung Foundation, Sheffield, UK.

Correspondence: V Smith (info@europeanlung.org)

Received 29 August 2015; accepted 8 September 2015