

Prescribing Oscillating Positive Expiratory Pressure (OPEP) Devices (Barnsley)

What is OPEP?

Oscillating Positive Expiratory Pressure (OPEP) devices are used to aid sputum clearance in patients suffering from lung diseases with secretory problems such as COPD, asthma, bronchiectasis and cystic fibrosis. The devices contain a valve or inner ball that creates a resistance and oscillates when the patient blows through the device. This resistance helps splint the airways open during exhalation whilst the oscillation loosens the mucous within the airways. This makes it easier for some patients to clear their sputum, in turn improving dyspnoea, quality of life and exercise capacity. ¹

OPEP devices

There are several different devices available. Aerobika® is the preferred device in Barnsley, see [OPEP devices table](#) for further information.

Who should initiate OPEP?

OPEP devices should only be prescribed following recommendation and patient assessment by a physiotherapist or respiratory specialist nurse specifically trained in the use of the device. They should not be prescribed in response to a direct patient request to a GP as physiotherapist or respiratory specialist nurse assessment and training is crucial to ensure selection of appropriate patients and maximise benefit from the device. The physiotherapist or respiratory specialist nurse should specify exactly what is to be prescribed and document the training the patient will receive, and details of any review required.

Patients can be seen by the community physiotherapist (refer via SPA). Patients known to the BREATHE service will be reviewed and assessed by the BREATHE physiotherapist or BREATHE respiratory specialist nurse. Patients who attend pulmonary rehabilitation will also be reviewed and assessed by the physiotherapist.

How are OPEP devices prescribed?

OPEP devices should only be prescribed following recommendation and patient assessment by a physiotherapist or respiratory specialist nurse specifically trained in the use of the device. Some respiratory physiotherapists and specialist nurses are independent prescribers therefore they may prescribe these devices directly to patients. In other cases, and for replacement devices OPEP devices will need to be prescribed by the patients GP at the request of a suitably trained physiotherapist or respiratory specialist nurse. They do not feature in the BNF but can be found in the Drug Tariff within the appliances section.

Frequency: For prn use. OPEP devices are usually used at least twice daily (morning and evening) but can be used more frequently during periods of infection. A prescription for an OPEP device should be issued acutely and should not be added to repeat prescriptions.

Adapted from the Sheffield guidance by Laura Gill, Senior Respiratory Nurse, BREATHE Service and Rachel Clayton, Clinical Physiotherapy Team Leader, Cardiac and Respiratory Hub.

Date Approved: February 2024 (14th February 2024 Barnsley APC) Review Date: February 2027

Cleaning and replacement

Cleaning of the device should be as per the manufacturer's instructions.

Replacement schedules for different devices vary. Patients should inspect their device for wear and tear and replace sooner if required if this poses a risk. Please see the [OPEP device table](#) for further information on replacement.

Patient Self Purchase

Some patients may purchase these devices themselves. We do not advocate this, and patients should not use these devices unless they have been assessed and trained by an appropriate health care professional.

Contraindications

- Pneumothorax
- Severe tuberculosis
- Haemoptysis
- Acute heart failure
- Intracranial pressure (ICP) >20 mmHg.
- Known or suspected tympanic membrane rupture or other middle ear pathology.
- Haemodynamic instability.
- Patient tolerance of increased work of breathing (acute asthma, COPD).
- Recent facial, oral, or skull surgery or trauma.
- Acute sinusitis.
- Epistaxis.
- Oesophageal surgery.
- Nausea.
- Endobronchial Valve

Caution

If a patient feels lightheaded, they should take a break and breathe normally until the lightheaded feeling passes.


Annual review

Advice and guidance should be sought from the issuing service when new requests for OPEP devices are received. A&G can be sought from the breathe service via e-mail (72 hour response) on breathe.service@swyt.nhs.uk. They will carry out a review for any new C/I and then respond with authority to re-issue device. This will normally be annually.

1. S. Svenningsen, G. Paulin, A. Wheatley, D. Pike, J. Suggett, D. McCormack, G. Parraga: Oscillating positive expiratory pressure (oPEP) therapy in chronic obstructive pulmonary disease and bronchiectasis; European Respiratory Journal 2014 44: P3679

Adapted from the Sheffield guidance by Laura Gill, Senior Respiratory Nurse, BREATHE Service and Rachel Clayton, Clinical Physiotherapy Team Leader, Cardiac and Respiratory Hub.

Date Approved: February 2024 (14th February 2024 Barnsley APC) Review Date: February 2027

OPEP devices				
Device	Cost	PIP code	Replacement interval	Additional information
Aerobika  <i>Search "Aerobika" in clinical system</i>	£45.50	406-0067	12 months	<ul style="list-style-type: none"> ⓘ All plastic in construction means more durable over time ⓘ Resistance / Frequency variable via lever at front of device ⓘ Mechanism not gravity dependent meaning device can be used in combination with postural drainage in any postural set ⓘ Can be used in combination with a nebuliser (requires adapter)

Adapted from the Sheffield guidance by Laura Gill, Senior Respiratory Nurse, BREATHE Service and Rachel Clayton, Clinical Physiotherapy Team Leader, Cardiac and Respiratory Hub.
 Date Approved: February 2024 (14th February Barnsley APC) Review Date: February 2027