I started using ventilation for sleeping in 1962, after polio, using negative pressure with a cuirass (chest shell). I used that until 1979 when I developed difficulty in breathing at night. The cuirass was not providing me with enough ventilation. My physician suggested a trach as the only alternative. I tried it for a year and found the routine most disagreeable.

In searching for another alternative, I discovered the work of Augusta S. Alba, MD, New York City. At that time, she had been a promoter of noninvasive positive ventilation by mouth for many years. I wrote to her, and she suggested trying the Bennett Lipseal. One of my new physicians agreed.

In 1980, I started using my first Bennett Lipseal. It was such a relief to be rid of the trach and all the care it involved (suctioning, stoma care, cleaning, maintaining sterility, etc.)

It took me only two nights to become accustomed to the Lipseal. However, I did make a major adjustment to the apparatus. It comes equipped with a very flimsy strap that, in my opinion, isn’t strong enough and only lasts a few days before breaking.

So I had a head harness made using the clip that came with the Lipseal and some 1-inch nylon webbing. The harness consists of two straps—one connects to the Lipseal and goes behind my neck with Velcro on it so I can adjust the tension; the other strap goes over the top of my head and connects to the first strap near my ears. These two straps are tied together by a third strap that goes from the center of the neck strap to the center of the head strap. (See photograph.)

To care for the Lipseal, I disassemble it every morning and rinse it under running warm water and set it aside to dry. The nylon strap is tossed in the laundry once a week.

I started using the Bennett Lipseal with the old Bantam vents. Now I am using the Newport HT50®. For humidification, I use the HC150 (Fisher & Paykel Healthcare), although in my opinion, it is not as good as the now discontinued Cascade from Puritan Bennett.