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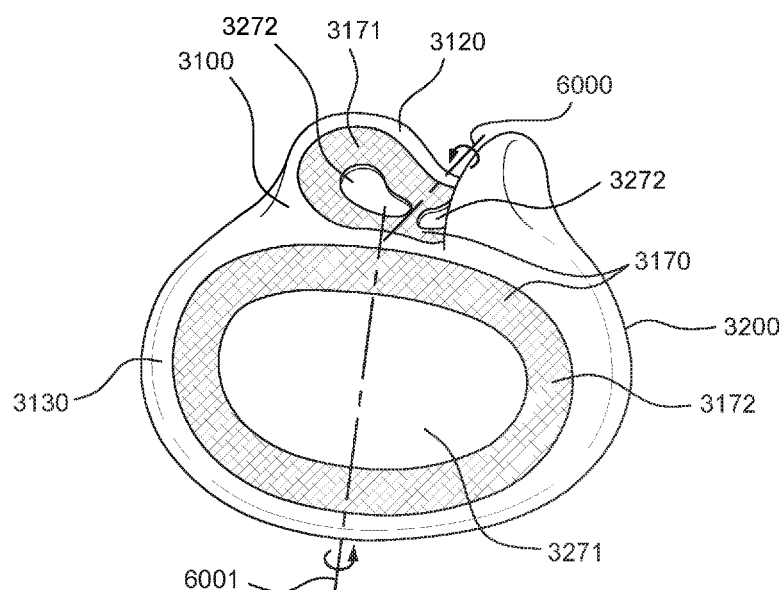


FIG. 186

(57) Abstract: A patient interface is disclosed that includes: a plenum chamber pressurisable to a therapeutic pressure; a seal-forming structure joined to the plenum chamber and comprising a nasal portion, an oral portion, and at least one hole configured to deliver a flow of air at said therapeutic pressure to at least the patient's nares in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient; a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use; and a textile portion configured to contact the patient's face.

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PATIENT INTERFACE

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1 CROSS-REFERENCE TO RELATED APPLICATIONS

[0002] This application claims the benefit of Australian Provisional Application Nos. 2020901894, filed June 9, 2020, and 2020903878, filed October 26, 2020, each of which is incorporated herein by reference in its entirety.

2 BACKGROUND OF THE TECHNOLOGY

2.1 FIELD OF THE TECHNOLOGY

[0003] The present technology relates to one or more of the screening, diagnosis, monitoring, treatment, prevention and amelioration of respiratory-related disorders. The present technology also relates to medical devices or apparatus, and their use.

2.2 DESCRIPTION OF THE RELATED ART

2.2.1 Human Respiratory System and its Disorders

[0004] The respiratory system of the body facilitates gas exchange. The nose and mouth form the entrance to the airways of a patient.

[0005] The airways include a series of branching tubes, which become narrower, shorter and more numerous as they penetrate deeper into the lung. The prime function of the lung is gas exchange, allowing oxygen to move from the inhaled air into the venous blood and carbon dioxide to move in the opposite direction. The trachea divides into right and left main bronchi, which further divide eventually into terminal bronchioles. The bronchi make up the conducting airways, and do not take part in gas exchange. Further divisions of the airways lead to the respiratory bronchioles, and eventually to the alveoli. The alveolated region of the lung is where the gas exchange

takes place, and is referred to as the respiratory zone. See “*Respiratory Physiology*”, by John B. West, Lippincott Williams & Wilkins, 9th edition published 2012.

[0006] A range of respiratory disorders exist. Certain disorders may be characterised by particular events, e.g. apneas, hypopneas, and hyperpneas.

[0007] Examples of respiratory disorders include Obstructive Sleep Apnea (OSA), Cheyne-Stokes Respiration (CSR), respiratory insufficiency, Obesity Hyperventilation Syndrome (OHS), Chronic Obstructive Pulmonary Disease (COPD), Neuromuscular Disease (NMD) and Chest wall disorders.

[0008] Obstructive Sleep Apnea (OSA), a form of Sleep Disordered Breathing (SDB), is characterised by events including occlusion or obstruction of the upper air passage during sleep. It results from a combination of an abnormally small upper airway and the normal loss of muscle tone in the region of the tongue, soft palate and posterior oropharyngeal wall during sleep. The condition causes the affected patient to stop breathing for periods typically of 30 to 120 seconds in duration, sometimes 200 to 300 times per night. It often causes excessive daytime somnolence, and it may cause cardiovascular disease and brain damage. The syndrome is a common disorder, particularly in middle aged overweight males, although a person affected may have no awareness of the problem. See US Patent No. 4,944,310 (Sullivan).

[0009] Cheyne-Stokes Respiration (CSR) is another form of sleep disordered breathing. CSR is a disorder of a patient's respiratory controller in which there are rhythmic alternating periods of waxing and waning ventilation known as CSR cycles. CSR is characterised by repetitive de-oxygenation and re-oxygenation of the arterial blood. It is possible that CSR is harmful because of the repetitive hypoxia. In some patients CSR is associated with repetitive arousal from sleep, which causes severe sleep disruption, increased sympathetic activity, and increased afterload. See US Patent No. 6,532,959 (Berthon-Jones).

[0010] Respiratory failure is an umbrella term for respiratory disorders in which the lungs are unable to inspire sufficient oxygen or exhale sufficient CO₂ to meet the patient's needs. Respiratory failure may encompass some or all of the following disorders.

[0011] A patient with respiratory insufficiency (a form of respiratory failure) may experience abnormal shortness of breath on exercise.

[0012] Obesity Hyperventilation Syndrome (OHS) is defined as the combination of severe obesity and awake chronic hypercapnia, in the absence of other known causes for hypoventilation. Symptoms include dyspnea, morning headache and excessive daytime sleepiness.

[0013] Chronic Obstructive Pulmonary Disease (COPD) encompasses any of a group of lower airway diseases that have certain characteristics in common. These include increased resistance to air movement, extended expiratory phase of respiration, and loss of the normal elasticity of the lung. Examples of COPD are emphysema and chronic bronchitis. COPD is caused by chronic tobacco smoking (primary risk factor), occupational exposures, air pollution and genetic factors. Symptoms include: dyspnea on exertion, chronic cough and sputum production.

[0014] Neuromuscular Disease (NMD) is a broad term that encompasses many diseases and ailments that impair the functioning of the muscles either directly via intrinsic muscle pathology, or indirectly via nerve pathology. Some NMD patients are characterised by progressive muscular impairment leading to loss of ambulation, being wheelchair-bound, swallowing difficulties, respiratory muscle weakness and, eventually, death from respiratory failure. Neuromuscular disorders can be divided into rapidly progressive and slowly progressive: (i) Rapidly progressive disorders: Characterised by muscle impairment that worsens over months and results in death within a few years (e.g. Amyotrophic lateral sclerosis (ALS) and Duchenne muscular dystrophy (DMD) in teenagers); (ii) Variable or slowly progressive disorders: Characterised by muscle impairment that worsens over years and only mildly reduces life expectancy (e.g. Limb girdle, Facioscapulohumeral and Myotonic muscular dystrophy). Symptoms of respiratory failure in NMD include: increasing generalised weakness, dysphagia, dyspnea on exertion and at rest, fatigue, sleepiness, morning headache, and difficulties with concentration and mood changes.

[0015] Chest wall disorders are a group of thoracic deformities that result in inefficient coupling between the respiratory muscles and the thoracic cage. The

disorders are usually characterised by a restrictive defect and share the potential of long term hypercapnic respiratory failure. Scoliosis and/or kyphoscoliosis may cause severe respiratory failure. Symptoms of respiratory failure include: dyspnea on exertion, peripheral oedema, orthopnea, repeated chest infections, morning headaches, fatigue, poor sleep quality and loss of appetite.

[0016] A range of therapies have been used to treat or ameliorate such conditions. Furthermore, otherwise healthy individuals may take advantage of such therapies to prevent respiratory disorders from arising. However, these have a number of shortcomings.

2.2.2 Therapy

[0017] Various therapies, such as Continuous Positive Airway Pressure (CPAP) therapy, Non-invasive ventilation (NIV) and Invasive ventilation (IV) have been used to treat one or more of the above respiratory disorders.

[0018] Continuous Positive Airway Pressure (CPAP) therapy has been used to treat Obstructive Sleep Apnea (OSA). The mechanism of action is that continuous positive airway pressure acts as a pneumatic splint and may prevent upper airway occlusion, such as by pushing the soft palate and tongue forward and away from the posterior oropharyngeal wall. Treatment of OSA by CPAP therapy may be voluntary, and hence patients may elect not to comply with therapy if they find devices used to provide such therapy one or more of: uncomfortable, difficult to use, expensive and aesthetically unappealing.

[0019] Non-invasive ventilation (NIV) provides ventilatory support to a patient through the upper airways to assist the patient breathing and/or maintain adequate oxygen levels in the body by doing some or all of the work of breathing. The ventilatory support is provided via a non-invasive patient interface. NIV has been used to treat CSR and respiratory failure, in forms such as OHS, COPD, NMD and Chest Wall disorders. In some forms, the comfort and effectiveness of these therapies may be improved.

[0020] Invasive ventilation (IV) provides ventilatory support to patients that are no longer able to effectively breathe themselves and may be provided using a

tracheostomy tube. In some forms, the comfort and effectiveness of these therapies may be improved.

2.2.3 Treatment Systems

[0021] These therapies may be provided by a treatment system or device. Such systems and devices may also be used to screen, diagnose, or monitor a condition without treating it.

[0022] A treatment system may comprise a Respiratory Pressure Therapy Device (RPT device), an air circuit, a humidifier, a patient interface, and data management.

[0023] Another form of treatment system is a mandibular repositioning device.

2.2.3.1 Patient Interface

[0024] A patient interface may be used to interface respiratory equipment to its wearer, for example by providing a flow of air to an entrance to the airways. The flow of air may be provided via a mask to the nose and/or mouth, a tube to the mouth or a tracheostomy tube to the trachea of a patient. Depending upon the therapy to be applied, the patient interface may form a seal, e.g., with a region of the patient's face, to facilitate the delivery of gas at a pressure at sufficient variance with ambient pressure to effect therapy, e.g., at a positive pressure of about 10 cmH₂O relative to ambient pressure. For other forms of therapy, such as the delivery of oxygen, the patient interface may not include a seal sufficient to facilitate delivery to the airways of a supply of gas at a positive pressure of about 10 cmH₂O.

[0025] Certain other mask systems may be functionally unsuitable for the present field. For example, purely ornamental masks may be unable to maintain a suitable pressure. Mask systems used for underwater swimming or diving may be configured to guard against ingress of water from an external higher pressure, but not to maintain air internally at a higher pressure than ambient.

[0026] Certain masks may be clinically unfavourable for the present technology e.g. if they block airflow via the nose and only allow it via the mouth.

[0027] Certain masks may be uncomfortable or impractical for the present technology if they require a patient to insert a portion of a mask structure in their mouth to create and maintain a seal via their lips.

[0028] Certain masks may be impractical for use while sleeping, e.g. for sleeping while lying on one's side in bed with a head on a pillow.

[0029] The design of a patient interface presents a number of challenges. The face has a complex three-dimensional shape. The size and shape of noses and heads varies considerably between individuals. Since the head includes bone, cartilage and soft tissue, different regions of the face respond differently to mechanical forces. The jaw or mandible may move relative to other bones of the skull. The whole head may move during the course of a period of respiratory therapy.

[0030] As a consequence of these challenges, some masks suffer from being one or more of obtrusive, aesthetically undesirable, costly, poorly fitting, difficult to use, and uncomfortable especially when worn for long periods of time or when a patient is unfamiliar with a system. Wrongly sized masks can give rise to reduced compliance, reduced comfort and poorer patient outcomes. Masks designed solely for aviators, masks designed as part of personal protection equipment (e.g. filter masks), SCUBA masks, or for the administration of anaesthetics may be tolerable for their original application, but nevertheless such masks may be undesirably uncomfortable to be worn for extended periods of time, e.g., several hours. This discomfort may lead to a reduction in patient compliance with therapy. This is even more so if the mask is to be worn during sleep.

[0031] CPAP therapy is highly effective to treat certain respiratory disorders, provided patients comply with therapy. If a mask is uncomfortable, or difficult to use a patient may not comply with therapy. Since it is often recommended that a patient regularly wash their mask, if a mask is difficult to clean (e.g., difficult to assemble or disassemble), patients may not clean their mask and this may impact on patient compliance.

[0032] While a mask for other applications (e.g. aviators) may not be suitable for use in treating sleep disordered breathing, a mask designed for use in treating sleep disordered breathing may be suitable for other applications.

[0033] For these reasons, patient interfaces for delivery of CPAP during sleep form a distinct field.

2.2.3.1.1 Seal-forming structure

[0034] Patient interfaces may include a seal-forming structure. Since it is in direct contact with the patient's face, the shape and configuration of the seal-forming structure can have a direct impact the effectiveness and comfort of the patient interface.

[0035] A patient interface may be partly characterised according to the design intent of where the seal-forming structure is to engage with the face in use. In one form of patient interface, a seal-forming structure may comprise a first sub-portion to form a seal around the left naris and a second sub-portion to form a seal around the right naris. In one form of patient interface, a seal-forming structure may comprise a single element that surrounds both nares in use. Such single element may be designed to for example overlay an upper lip region and a nasal bridge region of a face. In one form of patient interface a seal-forming structure may comprise an element that surrounds a mouth region in use, e.g. by forming a seal on a lower lip region of a face. In one form of patient interface, a seal-forming structure may comprise a single element that surrounds both nares and a mouth region in use. These different types of patient interfaces may be known by a variety of names by their manufacturer including nasal masks, full-face masks, nasal pillows, nasal puffs and oro-nasal masks.

[0036] A seal-forming structure that may be effective in one region of a patient's face may be inappropriate in another region, e.g. because of the different shape, structure, variability and sensitivity regions of the patient's face. For example, a seal on swimming goggles that overlays a patient's forehead may not be appropriate to use on a patient's nose.

[0037] Certain seal-forming structures may be designed for mass manufacture such that one design fit and be comfortable and effective for a wide range of different face shapes and sizes. To the extent to which there is a mismatch between the shape of the patient's face, and the seal-forming structure of the mass-manufactured patient interface, one or both must adapt in order for a seal to form.

[0038] One type of seal-forming structure extends around the periphery of the patient interface, and is intended to seal against the patient's face when force is applied to the patient interface with the seal-forming structure in confronting engagement with the patient's face. The seal-forming structure may include an air or fluid filled cushion, or a moulded or formed surface of a resilient seal element made of an elastomer such as a rubber. With this type of seal-forming structure, if the fit is not adequate, there will be gaps between the seal-forming structure and the face, and additional force will be required to force the patient interface against the face in order to achieve a seal.

[0039] Another type of seal-forming structure incorporates a flap seal of thin material positioned about the periphery of the mask so as to provide a self-sealing action against the face of the patient when positive pressure is applied within the mask. Like the previous style of seal forming portion, if the match between the face and the mask is not good, additional force may be required to achieve a seal, or the mask may leak. Furthermore, if the shape of the seal-forming structure does not match that of the patient, it may crease or buckle in use, giving rise to leaks.

[0040] Another type of seal-forming structure may comprise a friction-fit element, e.g. for insertion into a naris, however some patients find these uncomfortable.

[0041] Another form of seal-forming structure may use adhesive to achieve a seal. Some patients may find it inconvenient to constantly apply and remove an adhesive to their face.

[0042] Another form of seal-forming structure may use a textile material in the face-contacting portion to achieve a seal. Some patients may find textile materials can provide improved comfort, and exhibit less frictional rubbing against the patient's

skin. It may, however, be difficult to manufacture a textile seal-forming portion in complex three-dimensional shapes. Whilst textile materials may typically be easily formed to curve around a singular axis, when being curved around two or more axes simultaneously textiles may begin to form folds and creases. Folds and creases may be undesirable across the textile surface as they may reduce the efficacy of the CPAP therapy by introducing leak paths through which therapy air can escape. Folds and creases may also form when a textile seal-forming portion is provided with excess material such that prior to use the material is not supported under tension. It may thus be challenging to form such that they are held in complex three-dimensional shapes, in use, and without forming the undesirable creases or folds. It may thus be desirable to reduce the need for manufacturing complex three-dimensional shapes in a textile seal forming structure. There may also be a need for a textile seal-forming portion that can maximise the compliance of the textile and the tactile benefits to comfort, whilst minimising the formation of folds and creases.

[0043] Seal-forming structures that utilise textile material may exhibit increased compliance and/or decreased resilience. This resulting textile seal forming structure may thus be unable to maintain its shape effectively. Thus, the materials used to form the support structure may also require support under tension so as to mitigate excessive slack across the textile seal-forming structure. Excessive slack may result in the formation of undesirable creases or folds, in use, thereby cause unwanted leak.

[0044] Another form of seal-forming structures may support a textile material face-contacting portion on an additional substrate layer. The substrate layer may add sufficient rigidity whereby the compliance of the textile may be reduced.

[0045] A range of patient interface seal-forming structure technologies are disclosed in the following patent applications, assigned to ResMed Limited: WO 1998/004,310; WO 2006/074,513; WO 2010/135,785.

[0046] One form of nasal pillow is found in the Adam Circuit manufactured by Puritan Bennett. Another nasal pillow, or nasal puff is the subject of US Patent 4,782,832 (Trimble *et al.*), assigned to Puritan-Bennett Corporation.

[0047] ResMed Limited has manufactured the following products that incorporate nasal pillows: SWIFT™ nasal pillows mask, SWIFT™ II nasal pillows mask, SWIFT™ LT nasal pillows mask, SWIFT™ FX nasal pillows mask and MIRAGE LIBERTY™ full-face mask. The following patent applications, assigned to ResMed Limited, describe examples of nasal pillows masks: International Patent Application WO2004/073,778 (describing amongst other things aspects of the ResMed Limited SWIFT™ nasal pillows), US Patent Application 2009/0044808 (describing amongst other things aspects of the ResMed Limited SWIFT™ LT nasal pillows); International Patent Applications WO 2005/063,328 and WO 2006/130,903 (describing amongst other things aspects of the ResMed Limited MIRAGE LIBERTY™ full-face mask); International Patent Application WO 2009/052,560 (describing amongst other things aspects of the ResMed Limited SWIFT™ FX nasal pillows).

2.2.3.1.2 Positioning and stabilising

[0048] A seal-forming structure of a patient interface used for positive air pressure therapy is subject to the corresponding force of the air pressure to disrupt a seal. Thus a variety of techniques have been used to position the seal-forming structure, and to maintain it in sealing relation with the appropriate portion of the face.

[0049] One technique is the use of adhesives. See for example US Patent Application Publication No. US 2010/0000534. However, the use of adhesives may be uncomfortable for some.

[0050] Another technique is the use of one or more straps and/or stabilising harnesses. Many such harnesses suffer from being one or more of ill-fitting, bulky, uncomfortable and awkward to use.

2.2.3.2 Respiratory Pressure Therapy (RPT) Device

[0051] A respiratory pressure therapy (RPT) device may be used individually or as part of a system to deliver one or more of a number of therapies described above, such as by operating the device to generate a flow of air for delivery to an interface to the airways. The flow of air may be pressurised. Examples of RPT devices include a CPAP device and a ventilator.

2.2.3.3 Humidifier

[0052] Delivery of a flow of air without humidification may cause drying of airways. The use of a humidifier with an RPT device and the patient interface produces humidified gas that minimizes drying of the nasal mucosa and increases patient airway comfort. In addition in cooler climates, warm air applied generally to the face area in and about the patient interface is more comfortable than cold air.

2.2.3.4 Data Management

[0053] There may be clinical reasons to obtain data to determine whether the patient prescribed with respiratory therapy has been “compliant”, e.g. that the patient has used their RPT device according to one or more “compliance rules”. One example of a compliance rule for CPAP therapy is that a patient, in order to be deemed compliant, is required to use the RPT device for at least four hours a night for at least 21 of 30 consecutive days. In order to determine a patient's compliance, a provider of the RPT device, such as a health care provider, may manually obtain data describing the patient's therapy using the RPT device, calculate the usage over a predetermined time period, and compare with the compliance rule. Once the health care provider has determined that the patient has used their RPT device according to the compliance rule, the health care provider may notify a third party that the patient is compliant.

[0054] There may be other aspects of a patient's therapy that would benefit from communication of therapy data to a third party or external system.

[0055] Existing processes to communicate and manage such data can be one or more of costly, time-consuming, and error-prone.

2.2.3.5 Mandibular repositioning

[0056] A mandibular repositioning device (MRD) or mandibular advancement device (MAD) is one of the treatment options for sleep apnea and snoring. It is an adjustable oral appliance available from a dentist or other supplier that holds the lower jaw (mandible) in a forward position during sleep. The MRD is a removable device that a patient inserts into their mouth prior to going to sleep and removes following sleep. Thus, the MRD is not designed to be worn all of the time. The MRD may be custom made or produced in a standard form and includes a bite

impression portion designed to allow fitting to a patient's teeth. This mechanical protrusion of the lower jaw expands the space behind the tongue, puts tension on the pharyngeal walls to reduce collapse of the airway and diminishes palate vibration.

[0057] In certain examples a mandibular advancement device may comprise an upper splint that is intended to engage with or fit over teeth on the upper jaw or maxilla and a lower splint that is intended to engage with or fit over teeth on the upper jaw or mandible. The upper and lower splints are connected together laterally via a pair of connecting rods. The pair of connecting rods are fixed symmetrically on the upper splint and on the lower splint.

[0058] In such a design the length of the connecting rods is selected such that when the MRD is placed in a patient's mouth the mandible is held in an advanced position. The length of the connecting rods may be adjusted to change the level of protrusion of the mandible. A dentist may determine a level of protrusion for the mandible that will determine the length of the connecting rods.

[0059] Some MRDs are structured to push the mandible forward relative to the maxilla while other MADs, such as the ResMed Narval CC™ MRD are designed to retain the mandible in a forward position. This device also reduces or minimises dental and temporo-mandibular joint (TMJ) side effects. Thus, it is configured to minimise or prevent any movement of one or more of the teeth.

2.2.3.6 Vent technologies

[0060] Some forms of treatment systems may include a vent to allow the washout of exhaled carbon dioxide. The vent may allow a flow of gas from an interior space of a patient interface, e.g., the plenum chamber, to an exterior of the patient interface, e.g., to ambient.

[0061] The vent may comprise an orifice and gas may flow through the orifice in use of the mask. Many such vents are noisy. Others may become blocked in use and thus provide insufficient washout. Some vents may be disruptive of the sleep of a bed partner 1100 of the patient 1000, e.g. through noise or focussed airflow.

[0062] ResMed Limited has developed a number of improved mask vent technologies. See International Patent Application Publication No. WO 1998/034,665; International Patent Application Publication No. WO 2000/078,381; US Patent No. 6,581,594; US Patent Application Publication No. US 2009/0050156; US Patent Application Publication No. 2009/0044808.

[0063] Table of noise of prior masks (ISO 17510-2:2007, 10 cmH₂O pressure at 1m)

Mask name	Mask type	A-weighted sound power level dB(A) (uncertainty)	A-weighted sound pressure dB(A) (uncertainty)	Year (approx.)
Glue-on (*)	nasal	50.9	42.9	1981
ResCare standard (*)	nasal	31.5	23.5	1993
ResMed Mirage™ (*)	nasal	29.5	21.5	1998
ResMed UltraMirage™	nasal	36 (3)	28 (3)	2000
ResMed Mirage Activa™	nasal	32 (3)	24 (3)	2002
ResMed Mirage Micro™	nasal	30 (3)	22 (3)	2008
ResMed Mirage™ SoftGel	nasal	29 (3)	22 (3)	2008
ResMed Mirage™ FX	nasal	26 (3)	18 (3)	2010
ResMed Mirage Swift™ (*)	nasal pillows	37	29	2004
ResMed Mirage Swift™ II	nasal pillows	28 (3)	20 (3)	2005
ResMed Mirage Swift™ LT	nasal pillows	25 (3)	17 (3)	2008

ResMed AirFit P10	nasal pillows	21 (3)	13 (3)	2014

[0064] (* one specimen only, measured using test method specified in ISO 3744 in CPAP mode at 10 cmH₂O)

[0065] Sound pressure values of a variety of objects are listed below

Object	A-weighted sound pressure dB(A)	Notes
Vacuum cleaner: Nilfisk Walter Broadly Litter Hog: B+ Grade	68	ISO 3744 at 1m distance
Conversational speech	60	1m distance
Average home	50	
Quiet library	40	
Quiet bedroom at night	30	
Background in TV studio	20	

2.2.4 Screening, Diagnosis, and Monitoring Systems

[0066] Polysomnography (PSG) is a conventional system for diagnosis and monitoring of cardio-pulmonary disorders, and typically involves expert clinical staff to apply the system. PSG typically involves the placement of 15 to 20 contact sensors on a patient in order to record various bodily signals such as electroencephalography (EEG), electrocardiography (ECG), electrooculography (EOG), electromyography (EMG), etc. PSG for sleep disordered breathing has involved two nights of observation of a patient in a clinic, one night of pure diagnosis and a second night of titration of treatment parameters by a clinician. PSG is therefore expensive and inconvenient. In particular it is unsuitable for home screening / diagnosis / monitoring of sleep disordered breathing.

[0067] Screening and diagnosis generally describe the identification of a condition from its signs and symptoms. Screening typically gives a true / false result indicating whether or not a patient's SDB is severe enough to warrant further investigation, while diagnosis may result in clinically actionable information.

Screening and diagnosis tend to be one-off processes, whereas monitoring the progress of a condition can continue indefinitely. Some screening / diagnosis systems are suitable only for screening / diagnosis, whereas some may also be used for monitoring.

[0068] Clinical experts may be able to screen, diagnose, or monitor patients adequately based on visual observation of PSG signals. However, there are circumstances where a clinical expert may not be available, or a clinical expert may not be affordable. Different clinical experts may disagree on a patient's condition. In addition, a given clinical expert may apply a different standard at different times.

3 BRIEF SUMMARY OF THE TECHNOLOGY

[0069] The present technology is directed towards providing medical devices used in the screening, diagnosis, monitoring, amelioration, treatment, or prevention of respiratory disorders having one or more of improved comfort, cost, efficacy, ease of use and manufacturability.

[0070] A first aspect of the present technology relates to apparatus used in the screening, diagnosis, monitoring, amelioration, treatment or prevention of a respiratory disorder.

[0071] Another aspect of the present technology relates to methods used in the screening, diagnosis, monitoring, amelioration, treatment or prevention of a respiratory disorder.

[0072] An aspect of certain forms of the present technology is to provide methods and/or apparatus that improve the compliance of patients with respiratory therapy.

[0073] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion; a vent comprising a plurality of holes; and a positioning and stabilising structure comprising at least one tie; wherein the nasal portion of the seal-forming structure includes a nasal textile portion that is positively curved around a nasal axis; wherein the oral portion of the seal-forming structure includes an oral textile portion

that is separate from the nasal textile portion and is positively curved around an oral axis that is oriented differently from the nasal axis.

[0074] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the nasal portion having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares in use, the oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient; and a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use; wherein the nasal portion of the seal-forming structure includes a nasal textile portion that forms the at least one nasal hole and is configured to contact the patient's nose in use, the nasal textile portion being positively curved around a nasal axis; wherein the oral portion of the seal-forming structure includes an oral textile portion that is separate from the nasal textile portion, forms the oral hole, and is configured to contact the patient's face proximal to the patient's mouth in use, the oral textile portion being positively curved around an oral axis that is oriented differently from the nasal axis; and wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

[0075] In examples of the aspects of the two preceding paragraphs: (a) the seal-forming structure may be constructed from silicone overmolded to the nasal textile portion and the oral textile portion, (b) the silicone may be exposed between the nasal textile portion and the oral textile portion, (c) the silicone exposed between the nasal textile portion and the oral textile portion may be configured to be positioned adjacent

to the patient's lip superior in use, (d) the nasal axis and the oral axis may be located in the patient's sagittal plane in use, (e) the nasal axis and the oral axis may be oriented relative to one another at an angle greater than 90° , (f) a radius of curvature of the nasal textile portion may be less than a radius of curvature of the oral textile portion, (g) the nasal textile portion and the oral textile portion may be constructed from an air-impermeable textile, (h) the nasal textile portion may be constructed from a first textile and the oral textile portion is constructed from a second textile, (i) the first textile and the second textile may have the same properties, (j) the first textile and the second textile may have at least one property that is different, (k) the nasal textile portion may consist of one nasal hole configured to direct the flow of air into both nares during use, (l) the nasal textile portion may consist of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use, and/or (m) the nasal textile portion may be configured to be positioned adjacent to the patient's columella in use.

[0076] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion; a vent comprising a plurality of holes; a positioning and stabilising structure comprising at least one tie; and a unitary textile portion comprising: a nasal textile portion positioned on the nasal portion to contact the patient's nose in use, the nasal textile portion being positively curved around a nasal axis; an oral textile portion positioned on the oral portion to contact the patient's face proximal to the patient's mouth in use, the oral textile portion being positively curved around an oral axis that is oriented differently from the nasal axis; and a bridging portion that joins the nasal textile portion and the oral textile portion.

[0077] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the nasal portion having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares in use, the oral

portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient; a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use; and a unitary textile portion comprising: a nasal textile portion that forms the at least one nasal hole and is positioned on the nasal portion to contact the patient's nose in use, the nasal textile portion being positively curved around a nasal axis; an oral textile portion that forms the oral hole and is positioned on the oral portion to contact the patient's face proximal to the patient's mouth in use, the oral textile portion being positively curved around an oral axis that is oriented differently from the nasal axis; and a bridging portion that joins the nasal textile portion and the oral textile portion; wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

[0078] In examples of the aspects of the two preceding paragraphs: (a) the seal-forming structure may be constructed from silicone overmolded to the unitary textile portion, (b) the nasal axis and the oral axis may be located in the patient's sagittal plane in use, (c) the nasal axis and the oral axis may be oriented relative to one another at an angle greater than 90°, (d) a radius of curvature of the nasal textile portion may be less than a radius of curvature of the oral textile portion, (e) the nasal textile portion may be constructed from a first textile, the oral textile portion may be constructed from a second textile, and the bridging portion may be constructed from a third textile, (f) the first textile, the second textile, and the third textile may have the same properties, (g) the first textile, the second textile, and the third textile may have at least one property that is different, (h) the first textile, the second textile, and the third textile may be air-impermeable, (i) the nasal textile portion, the oral textile portion, and the bridging portion may be joined by stitching or welding, (j) the nasal textile portion, the oral textile portion, and the bridging portion may be constructed

from a single, continuous piece of textile, (k) the unitary textile portion may be curved or bent around a nasolabial axis at the bridging portion, (l) the bridging portion may be narrower than the nasal textile portion and the oral textile portion, (m) the bridging portion may be configured to be positioned adjacent the patient's lip superior during use, (n) the nasal textile portion may consist of one nasal hole configured to direct the flow of air into both nares during use, and/or (o) the nasal textile portion may consist of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use.

[0079] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the seal-forming structure having at least one hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares and mouth in use; a vent comprising a plurality of holes; a positioning and stabilising structure comprising at least one tie; a first textile portion that bounds a first portion of the at least one hole; and a second textile portion that is joined to the first textile portion and bounds a second portion of the at least one hole.

[0080] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the seal-forming structure having at least one hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares and mouth in use, and the seal-forming structure being constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient; a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use; a first textile portion that bounds a first

portion of the at least one hole; and a second textile portion that is joined to the first textile portion and bounds a second portion of the at least one hole; wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

[0081] In examples of the aspects of the two preceding paragraphs: (a) the seal-forming structure may be constructed from silicone overmolded to the first textile portion and the second textile portion, (b) the seal-forming structure may consist of a single oro-nasal hole configured to receive the patient's nose and mouth during use, (c) the at least one hole may comprise at least one nasal hole formed in the nasal portion and an oral hole formed in the oral portion, (d) the at least one nasal hole may consist of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use, (e) the at least one nasal hole may consist of one nasal hole configured to direct the flow of air into both nares during use, (f) the first textile portion may surround the at least one nasal hole, (g) the first textile portion may partially surround the oral hole, (h) the first textile portion and the second textile portion may be joined to surround the oral hole, (i) the first textile portion and the second textile portion may be joined to surround the at least one hole, (j) the first textile portion may be constructed from a first textile and the second textile portion may be constructed from a second textile, (k) the first textile and the second textile may have the same properties, (l) the first textile and the second textile may have at least one property that is different, (m) the first textile and the second textile may be air-impermeable, (n) the first textile portion and the second textile portion may be joined by stitching or welding, and/or (o) the second textile portion may be configured to contact the patient's lip inferior during use.

[0082] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion; a vent comprising a plurality of holes; a positioning and stabilising structure comprising at least one tie; and a textile portion comprising: a nasal textile portion positioned on the nasal portion to contact the patient's nose in use; and an oral textile portion positioned on the oral portion to contact the patient's face proximal to the

patient's mouth in use; and a gap in the textile portion between the at least one nasal hole and the oral hole.

[0083] An aspect of the present technology is directed to a patient interface that comprises: a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use; a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the nasal portion having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares in use, the oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient; a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use; and a textile portion comprising: a nasal textile portion that at least partially forms the at least one nasal hole and is positioned on the nasal portion to contact the patient's nose in use; and an oral textile portion that at least partially forms the oral hole and is positioned on the oral portion to contact the patient's face proximal to the patient's mouth in use; and a gap in the textile portion between the at least one nasal hole and the oral hole; wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

[0084] In examples of the aspects of the two preceding paragraphs: (a) the seal-forming structure may be constructed from silicone overmolded to the textile portion, (b) the textile portion may be unitary, (c) the silicone of the seal-forming structure may be exposed at the gap, (d) the silicone of the seal-forming structure exposed at the gap may be configured to be positioned adjacent to the patient's lip superior during use, (e) the nasal textile portion may be constructed from a first textile and the oral textile portion may be constructed from a second textile, (f) the first textile and

the second textile may have the same properties, (g) the first textile and the second textile may have at least one property that is different, (h) the first textile and the second textile may be air-impermeable, (i) the nasal textile portion may consist of one nasal hole configured to direct the flow of air into both nares during use, and/or (j) the nasal textile portion may consist of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use.

[0085] An aspect of the present technology is directed to a patient interface that comprises a plenum chamber and a positioning and stabilising structure. The plenum chamber is pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use. The plenum chamber comprises a seal-forming structure and a shell. The seal-forming structure is constructed and arranged to include a patient contacting surface that forms a seal with a region of the patient's face surrounding an entrance to the patient's airways configured to deliver a flow of air at said therapeutic pressure to the entrance to the patient's airways in use. The seal-forming structure is constructed and arranged to maintain the therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use. The shell has one or more plenum chamber inlet ports sized and structured to receive the flow of air at the therapeutic pressure for breathing by a patient throughout the patient's respiratory cycle in use. The shell supports the seal-forming structure. The positioning and stabilising structure is configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head. The seal-forming structure has regions of different complexities of shape as defined by characteristics of the principal curvatures and torsion of the respective regions. The seal-forming structure has at least one region being textile material and at least one region being non-textile material. The at least one region of textile material exhibits a complexity of shape that is less than the at least one region of the non-textile material.

[0086] In some forms, the characteristics may include one or more of the rate of curvature and/or torsion, the direction of curvature or torsion, or one or more relationships between the characteristics of the respective principal curvatures and torsion. In some forms, the at least one region of textile material may not include a

direction of curvature in two or more directions. In some forms, the at least one region of textile material may exhibit a complexity of shape that does not promote creasing of the textile.

[0087] In some forms, the seal-forming structure may comprise a nasal portion configured to seal against an inferior periphery of the patient's nose. The nasal portion of the seal-forming structure may have a pair of nasal holes configured to deliver the flow of air to the patient's corresponding nares in use. The seal-forming structure may comprise a bridge portion between the pair of nasal holes. The bridge portion may be provided between a central portion of the nasal portion that is configured to be positioned inferior to the patient's pronasale in use and a lip superior portion of the nasal portion that is configured to seal against the patient's lip superior in use. The bridge portion includes one or more regions of textile material.

[0088] In some forms, the bridge portion may be slack to allow movement of the central portion away from the lip superior portion in use. In some forms, the bridge portion may comprise a curved portion configured to straighten when the central portion moves away from the lip superior portion. In some forms, in use, the curved portion may be configured to extend away from the patient's nose in an undeformed state and is configured to straighten when the central portion is moved away from the lip superior portion. In some forms, in use, the bridge portion may enable the central portion to move in an anterior direction relative to the patient to receive the pronasale of the patient to accommodate different nose lengths without disengaging the lip superior portion from the patient's lip superior when the patient dons the patient interface.

[0089] In some forms, the seal-forming structure may comprise an oral hole peripheral portion surrounding at least a majority of the oral hole configured to surround the patient's mouth in use. The seal-forming structure may comprise lateral peripheral support portions provided at opposite lateral sides of the oral hole. The lateral peripheral support portions may be adjacent to the oral hole peripheral portion. In some forms, the lateral peripheral support portions may be stiffer than the oral hole peripheral portion. In some forms, the oral hole peripheral portion may include one or

more regions of textile material. In some forms, the lateral peripheral support portion may include one or more regions of non-textile material.

[0090] An aspect of the present technology is directed to a patient interface that comprises a plenum chamber and a positioning and stabilising structure. The plenum chamber is pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use. The plenum chamber comprises a seal-forming structure and a shell. The seal-forming structure is constructed and arranged to include a patient contacting surface that forms a seal with a region of the patient's face surrounding an entrance to the patient's airways configured to deliver a flow of air at said therapeutic pressure to the entrance to the patient's airways in use. The seal-forming structure is constructed and arranged to maintain the therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use. The shell has one or more plenum chamber inlet ports sized and structured to receive the flow of air at the therapeutic pressure for breathing by a patient throughout the patient's respiratory cycle in use. The shell supports the seal-forming structure. The positioning and stabilising structure is configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head. The seal-forming structure has regions of different complexities of shape as by defined by characteristics of the principal curvatures and torsion of the respective regions. The seal-forming structure has at least one region being textile material and at least one region being non-textile material. The at least one region of textile material exhibits a complexity of shape that is less than a threshold so as to inhibit creasing of the textile.

[0091] In some forms, the plenum chamber may have an oral portion and a nasal portion. The nasal portion of the seal-forming structure may have at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to an entrance to the patient's nares in use. The oral portion of the seal-forming structure may have an oral hole configured to deliver the flow of air at the therapeutic pressure to an entrance to the patient's mouth. In some forms, the shell may be joined to the oral portion of the plenum chamber. In some forms, the seal-forming structure may form substantially the entire nasal portion.

[0092] In some forms, an at least partially anterior wall of the nasal portion of the seal-forming structure may comprise two lateral support portions. Each of the lateral support portions may be spaced apart laterally. Each of the lateral support portions may have a higher resistance to deformation relative to an adjacent portion of the seal-forming structure. In some forms, each of the lateral support portions may be thicker than the adjacent portion of the seal-forming structure. In some forms, each of the lateral support portions may have a curved superior boundary. In some forms, each of the lateral support portions may have substantially fin-shaped. In some forms, the nasal portion of the seal-forming structure may comprise a central portion that is configured to seal in use against an inferior periphery of the patient's nose surrounding the patient's nares and against the patient's lip superior. The central portion may include one or more regions of textile material. In some forms, the nasal portion of the seal-forming structure may comprise intermediate portions that are provided between the central portion and the lateral support portions. The intermediate portions may include one or more regions of non-textile material. In some forms, the intermediate portions may be configured to contact the ala of the patient's nose in use, the intermediate portions having a greater stiffness than the central portion. In some forms, the intermediate portions may comprise a pair of exterior walls of the seal-forming structure facing in partially medial and partially superior directions. In some forms, the intermediate portions may be configured to resist creasing. In some forms, the intermediate portions may be configured to limit creases from forming leak paths past the inferior periphery of the patient's nose to ambient. In some forms, the intermediate portions may be thicker than the central portion. In some forms, the shell may comprise posteriorly protruding portions that are configured to reinforce the seal-forming structure at a base of the nasal portion in use. In some forms, the seal-forming structure may be configured not to engage the patient's face below the chin in use.

[0093] In some forms, the seal-forming structure may comprise an oral hole peripheral portion surrounding at least a majority of the oral hole configured to surround the patient's mouth in use. The seal-forming structure may comprise lateral peripheral support portions provided at opposite lateral sides of the oral hole. The lateral peripheral support portions may be adjacent to the oral hole peripheral portion.

In some forms, the lateral peripheral support portions may be stiffer than the oral hole peripheral portion. In some forms, the oral hole peripheral portion may include one or more regions of textile material. In some forms, the lateral peripheral support portion may include one or more regions of non-textile material.

[0094] An aspect of the present technology is directed to a patient interface comprising a plenum chamber that is pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use. The patient interface further comprises a seal-forming structure that defines at least a portion of the plenum chamber. The seal-forming structure is constructed and arranged to form a seal with a region of the patient's face that surrounds an entrance to the patient's airways. The seal-forming structure comprises a nasal portion and an oral portion. The nasal portion has at least one nasal hole that is configured to deliver a flow of air at the therapeutic pressure to an entrance to the patient's nares in use. The oral portion has an oral hole that is configured to deliver a flow of air at the therapeutic pressure to an entrance to the patient's mouth in use. The seal-forming structure is constructed and arranged to maintain the therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use. The patient interface further comprises a shell that defines at least a portion of the plenum chamber and has one or more plenum chamber inlet ports that are sized and structured to receive the flow of air at the therapeutic pressure for breathing by a patient throughout the patient's respiratory cycle in use. The shell supports the seal-forming structure. The patient interface further comprises a positioning and stabilising structure that is configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head. The nasal portion of the seal-forming structure has a textile patient contacting surface that surrounds an entrance to the patient's nares. The oral portion of the seal-forming structure has a textile patient contacting surface that surrounds an entrance to the patient's mouth. The textile patient contacting surface of the nasal portion of the seal-forming structure and the textile patient contacting surface of the oral portion of the seal-forming structure are distinct.

[0095] In some examples, the textile patient contacting surface of the nasal portion of the seal-forming structure and the textile patient contacting surface of the oral portion of the seal-forming structure may be joined to one another by a textile connection portion. In some examples, the textile patient contacting surface of the nasal portion of the seal-forming structure and the textile patient contacting surface of the oral portion of the seal-forming structure may be configured such that conforming one textile patient contacting surface to a patient's facial profile does not significantly impact the shape or profile of the other textile patient contacting surface. In some examples, the textile patient contacting surface of the nasal portion of the seal-forming structure and the textile patient contacting surface of the oral portion of the seal-forming structure may be formed of a compliant textile material. In some examples, the textile patient contacting surfaces may be attached to the seal-forming structure through an overmoulding process.

[0096] An aspect of the present technology is directed to a patient interface that comprises a plenum chamber that is pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use. A seal-forming structure defines at least a portion of the plenum chamber. The seal-forming structure is constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways. The seal forming structure comprises a nasal portion and an oral portion. The nasal portion has at least one nasal hole that is configured to deliver a flow of air at the therapeutic pressure to an entrance to the patient's nares in use. The oral portion has an oral hole that is configured to deliver a flow of air at the therapeutic pressure to an entrance to the patient's mouth in use. The seal-forming structure is constructed and arranged to maintain the therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use. The patient interface further comprises a shell that defines at least a portion of the plenum chamber and has one or more plenum chamber inlet ports that is/are sized and structured to receive the flow of air at the therapeutic pressure for breathing by a patient throughout the patient's respiratory cycle in use. The shell supports the seal-forming structure. The patient interface further comprises a positioning and stabilising structure that is configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head. The

nasal portion of the seal-forming structure has a textile patient contacting surface that surrounds an entrance to the patient's nares. The oral portion of the seal-forming structure has a textile patient contacting surface that surrounds an entrance to the patient's mouth. The interface is configured such that in use the principal curvature of the textile patient contacting surface of the nasal portion of the seal-forming structure occurs about a first plane and the principal curvature of the textile patient contacting surface of the oral portion of the seal-forming structure occurs about a second plane the first and second planes being non-parallel.

[0097] In some examples, the textile patient contacting surface of the nasal portion of the seal-forming structure and the textile patient contacting surface of the oral portion of the seal-forming structure may be joined to one another by a textile connection portion. In some examples, the textile patient contacting surface of the nasal portion of the seal-forming structure and the textile patient contacting surface of the oral portion of the seal-forming structure may be configured such that conforming one textile patient contacting surface to a patient's facial profile does not significantly impact the shape or profile of the other textile patient contacting surface. In some examples, the textile patient contacting surface of the nasal portion of the seal-forming structure and the textile patient contacting surface of the oral portion of the seal-forming structure may be formed of a compliant textile material.

[0098] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber comprising: a seal-forming structure; and a shell; and a positioning and stabilising structure, wherein an at least partially anterior wall of a nasal portion of the seal-forming structure comprises two lateral support portions, each of the lateral support portions being spaced apart laterally, each of the lateral support portions having a higher resistance to deformation relative to an adjacent portion of the seal-forming structure.

[0099] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use, the plenum chamber having an oral portion and a nasal portion, the plenum chamber comprising: a seal-forming structure constructed and arranged to form a seal with a

region of the patient's face surrounding an entrance to the patient's airways, said nasal portion of the seal-forming structure having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to an entrance to the patient's nares in use, said oral portion of the seal-forming structure having an oral hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; and a shell having one or more plenum chamber inlet ports sized and structured to receive the flow of air at the therapeutic pressure for breathing by a patient throughout the patient's respiratory cycle in use, and the shell supporting the seal-forming structure; and a positioning and stabilising structure configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, wherein the shell is joined to the oral portion of the plenum chamber, wherein the seal-forming structure forms substantially the entire nasal portion, wherein the nasal portion of the plenum chamber comprises posterior corners configured to engage the patient's face proximate the nasolabial sulci, and wherein an at least partially anterior wall of the nasal portion of the seal-forming structure comprises two lateral support portions, each of the lateral support portions being spaced apart laterally, each of the lateral support portions having a higher resistance to deformation relative to an adjacent portion of the seal-forming structure.

[0100] In examples of the two preceding aspects, (a) each of the lateral support portions may be thicker than the adjacent portion of the seal-forming structure, (b) each of the lateral support portions may have a curved superior boundary, each of the lateral support portions may be substantially fin-shaped, (c) the nasal portion of the seal-forming structure may comprise a central portion configured to seal in use against an inferior periphery of the patient's nose surrounding the patient's nares and against the patient's lip superior, the central portion being thinner than the lateral support portions, (d) the nasal portion of the seal-forming structure may comprise intermediate portions provided between the central portion and the lateral support portions, the intermediate portions being thicker than the central portion, (e) the intermediate portions may be thinner than the lateral support portions, (f) the shell may comprise posteriorly protruding portions configured to reinforce the seal-forming

structure at a base of the nasal portion in use, and/or (g) the seal-forming structure may be configured not to engage the patient's face below the chin in use.

[0101] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber comprising: a seal-forming structure; and a shell; and a positioning and stabilising structure, wherein the shell comprises two lateral support portions protruding in a superior direction into an at least partially anterior wall of a nasal portion of the seal-forming structure, each of the lateral support portions being spaced apart laterally.

[0102] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use, the plenum chamber having an oral portion and a nasal portion, the plenum chamber comprising: a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said nasal portion of the seal-forming structure having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to an entrance to the patient's nares in use, said oral portion of the seal-forming structure having an oral hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; and a shell configured to support the seal-forming structure, the shell having one or more plenum chamber inlet ports sized and structured to receive the flow of air at the therapeutic pressure for breathing by a patient throughout the patient's respiratory cycle in use; and a positioning and stabilising structure configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, wherein the shell comprises two lateral support portions protruding in a superior direction into an at least partially anterior wall of the nasal portion of the seal-forming structure, each of the lateral support portions being spaced apart laterally.

[0103] In examples of the two preceding aspects, (a) each of the lateral support portions may have a curved superior boundary, (b) a curvature of the curved superior

boundary may substantially match or substantially follow a curvature of a superior periphery of the seal-forming structure, (c) the shell may comprise two plenum chamber inlet ports, and/or (d) a superior boundary of each of the two plenum chamber inlet ports may be formed by a respective one of the lateral support portions.

[0104] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber comprising: one or more walls; a seal-forming structure; and one or more plenum chamber inlet ports; a positioning and stabilising structure, wherein the seal-forming structure comprises a central portion configured to seal against an inferior periphery of the patient's nose in use, and wherein the seal-forming structure comprises intermediate portions configured to contact the ala of the patient's nose in use, the intermediate portions having a greater stiffness than the central portion.

[0105] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use, the plenum chamber comprising: one or more walls at least partially enclosing a volume of space; a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, the seal-forming structure comprising a nasal portion having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to an entrance to the patient's nares in use, the seal-forming structure comprising an oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; and one or more plenum chamber inlet ports sized and structured to receive the flow of air at the therapeutic pressure for breathing by the patient throughout the patient's respiratory cycle in use, a positioning and stabilising structure configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, wherein the seal-forming structure comprises a central portion configured to seal against an inferior periphery of the patient's nose in use, and wherein the seal-

forming structure comprises intermediate portions configured to contact the ala of the patient's nose in use, the intermediate portions having a greater stiffness than the central portion.

[0106] In examples of the two preceding aspects, (a) the intermediate portions may comprise a pair of exterior walls of the seal-forming structure facing in partially medial and partially superior directions, (b) the intermediate portions may be configured to resist creasing, (c) the intermediate portions may be configured to limit creases from forming leak paths past the inferior periphery of the patient's nose to ambient, (d) the intermediate portions may be thicker than the central portion, and/or (e) the seal-forming structure may be configured not to engage the patient's face below the chin in use.

[0107] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber comprising: one or more walls; a seal-forming structure; and one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by the patient throughout the patient's respiratory cycle in use; and a positioning and stabilising structure, wherein the seal-forming structure comprises lateral peripheral support portions provided at opposite lateral sides of an oral hole, the lateral peripheral support portions being adjacent to an oral hole peripheral portion, and the lateral peripheral support portions being stiffer than the oral hole peripheral portion.

[0108] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use throughout a patient's respiratory cycle in use, the plenum chamber comprising: one or more walls at least partially enclosing a volume of space; a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, the seal-forming structure comprising a nasal portion having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to an entrance to the patient's nares in use, the seal-forming structure comprising an oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to an

entrance to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; and one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by the patient throughout the patient's respiratory cycle in use; and a positioning and stabilising structure configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, wherein the seal-forming structure comprises an oral hole peripheral portion surrounding at least a majority of the oral hole configured to surround the patient's mouth in use, and wherein the seal-forming structure comprises lateral peripheral support portions provided at opposite lateral sides of the oral hole, the lateral peripheral support portions being adjacent to the oral hole peripheral portion, and the lateral peripheral support portions being stiffer than the oral hole peripheral portion.

[0109] In examples of the two preceding aspects, (a) the lateral peripheral support portions may be thicker than the oral hole peripheral portion, (b) the seal-forming structure may comprise posterior-facing lateral portions surrounding a majority of the oral hole peripheral portion, the posterior-facing lateral portions being thicker than the oral hole peripheral portion, (c) the posterior-facing lateral portions may extend medially towards lateral-most edges of the oral hole to form the lateral peripheral support portions, and/or (d) the seal-forming structure may be configured not to engage the patient's face below the chin in use.

[0110] An aspect of the present technology is directed to a plenum chamber for a patient interface comprising: one or more walls; one or more plenum chamber inlet ports; and a seal-forming structure; and a positioning and stabilising structure, wherein the seal-forming structure comprises a nasal portion configured to seal against an inferior periphery of the patient's nose in use, the nasal portion having a central portion configured to be located inferior to the patient's pronasale in use and intermediate portions configured to contact the patient's corresponding ala in use, the intermediate portions being stiffer than the central portion.

[0111] An aspect of the present technology is directed to a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of

at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use, the plenum chamber comprising: one or more walls at least partially enclosing a volume of space; one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by the patient throughout the patient's respiratory cycle in use; and a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, the seal-forming structure comprising a nasal portion having at least one nasal hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's nares in use, the seal-forming structure comprising an oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; and a positioning and stabilising structure configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, wherein the seal-forming structure comprises a nasal portion configured to seal against an inferior periphery of the patient's nose in use, the nasal portion having a central portion configured to be located inferior to the patient's pronasale in use and intermediate portions configured to contact the patient's corresponding ala in use, the intermediate portions being stiffer than the central portion.

[0112] In examples of the two preceding aspects, (a) the intermediate portions of the seal-forming structure may be thicker than the central portion, (b) the central portion of the seal-forming structure may comprise an anterior-facing central portion and a superior-facing central portion, (c) each of the intermediate portions may comprise a superior-facing intermediate portion and an anterior-facing intermediate portion, and the anterior-facing central portion may be thinner than the anterior-facing intermediate portions, (d) sides of the nasal portion may be configured to be drawn inwards towards the patient's nasal ala when a downwards force is exerted on the central portion by the patient's nose, and/or (e) seal-forming structure may be configured not to engage the patient's face below the chin in use.

[0113] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber comprising: one or more walls; one or more plenum chamber inlet ports; and a seal-forming structure; and a positioning and stabilising structure, wherein the seal-forming structure comprises a nasal portion configured to seal against an inferior periphery of the patient's nose, the nasal portion of the seal-forming structure having a pair of nasal holes configured to deliver the flow of air to the patient's corresponding nares in use, the seal-forming structure comprising a bridge portion between the pair of nasal holes, the bridge portion being provided between a central portion of the nasal portion that is configured to be positioned inferior to the patient's pronasale in use and a lip superior portion of the nasal portion that is configured to seal against the patient's lip superior in use, the bridge portion being slack to allow movement of the central portion away from the lip superior portion in use.

[0114] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use, the plenum chamber comprising: one or more walls at least partially enclosing a volume of space; one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient throughout the patient's respiratory cycle in use; and a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, the seal-forming structure comprising a nasal portion having at least one nasal hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's nares in use, the seal-forming structure comprising an oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; and a positioning and stabilising structure configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, wherein the seal-forming structure comprises a nasal portion configured to seal against an inferior periphery of the patient's nose, the nasal

portion of the seal-forming structure having a pair of nasal holes configured to deliver the flow of air to the patient's corresponding nares in use, the seal-forming structure comprising a bridge portion between the pair of nasal holes, the bridge portion being provided between a central portion of the nasal portion that is configured to be positioned inferior to the patient's pronasale in use and a lip superior portion of the nasal portion that is configured to seal against the patient's lip superior in use, the bridge portion being slack to allow movement of the central portion away from the lip superior portion in use.

[0115] In examples of the two preceding aspects, (a) the bridge portion comprises a curved portion configured to straighten when the central portion moves away from the lip superior portion, (b) in use, the curved portion may be configured to extend away from the patient's nose in an undeformed state and is configured to straighten when the central portion is moved away from the lip superior portion, and/or (c) in use, the bridge portion may enable the central portion to move in an anterior direction relative to the patient to receive the pronasale of the patient to accommodate different nose lengths without disengaging the lip superior portion from the patient's lip superior when the patient dons the patient interface.

[0116] An aspect of the present technology is directed to a plenum chamber for a patient interface comprising: one or more plenum chamber inlet ports; and a seal-forming structure, wherein a first surface of a nasal portion configured to engage the patient's face has a first surface finish and a second surface of an oral portion has a second surface finish that is different from the first surface finish.

[0117] An aspect of the present technology is directed to a plenum chamber for a patient interface, the plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use, the plenum chamber comprising: one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient; and a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, the seal-forming structure comprising a nasal portion having at least one nasal hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's

nares in use, the seal-forming structure comprising an oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to an entrance to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use, wherein a first surface of the nasal portion configured to engage the patient's face has a first surface finish and a second surface of the oral portion has a second surface finish that is different from the first surface finish.

[0118] In examples of the two preceding aspects, (a) the first surface finish and the second surface finish may differ in such a way that a coefficient of friction between the seal-forming structure and the patient's face is greater in the oral portion than in the nasal portion, (b) the first surface finish may be configured to provide the nasal portion with a smooth feel on the patient's face, (c) the second surface finish may be configured to provide the oral portion with added grip on the patient's face, (d) the first surface finish may be a frosted surface finish, (e) the second surface finish may be a polished surface finish, (f) a boundary between the first surface finish and the second surface finish may be located on a part of the seal-forming structure configured to contact the patient's cheeks in use, and/or (e) the seal-forming structure is configured not to engage the patient's face below the chin in use.

[0119] An aspect of the present technology is directed to a patient interface comprising: a plenum chamber according to any one of the preceding aspects or examples thereof; a positioning and stabilising structure configured to generate a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, the positioning and stabilising structure comprising a tie, the tie being constructed and arranged so that at least a portion overlies a region of the patient's head superior to an otobasion superior of the patient's head in use; and a vent structure configured to allow a continuous flow of gases exhaled by the patient from an interior of the plenum chamber to ambient, said vent structure being sized and shaped to maintain the therapeutic pressure in the plenum chamber in use, wherein the patient interface is configured to allow the patient to breath from ambient through their mouth in the absence of a flow of pressurised air through the one or more plenum chamber inlet ports.

[0120] According to an aspect of the present technology, there is provided a plenum chamber for a patient interface, the plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber having an oral portion and a nasal portion, the plenum chamber comprising: a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having one or more holes therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the one or more holes, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; a shell having one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient the shell supporting the seal-forming structure, wherein the shell is provided to the oral portion of the plenum chamber, and substantially the entire nasal portion is formed by the seal-forming structure; and wherein the seal-forming structure comprises lateral support portions located on laterally-spaced, at least partially anterior-facing sides of the nasal portion, the lateral support portions having a higher resistance to deformation in use in comparison to one or more adjacent portions of the seal-forming structure.

[0121] According to another aspect of the present technology, there is provided a plenum chamber for a patient interface, the plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber having an oral portion and a nasal portion, the plenum chamber comprising: a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having one or more holes therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the one or more holes, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; wherein substantially the entire nasal portion is formed by the seal-forming structure; and wherein the seal-forming structure comprises lateral support portions located on laterally-spaced, at least partially anterior-facing sides of

the nasal portion, the lateral support portions having a higher resistance to deformation in use in comparison to one or more adjacent portions of the seal-forming structure.

[0122] In examples: the lateral support portions are portions of the seal-forming structure having a relatively greater stiffness in comparison to one or more adjacent portions of the seal-forming structure; the lateral support portions are portions of the seal-forming structure supported by a support structure; the support structure is a portion of a frame or a clip-on support; the lateral support portions comprise portions of the seal-forming structure having relatively greater thickness in comparison to one or more adjacent portions of the seal-forming structure; the lateral support portions are provided substantially directly superior to portions the shell; the lateral support portions each have a substantially flat inferior boundary; the flat inferior boundary is provided adjacent a superior edge of the shell; the lateral support portions each have a curved superior boundary. Curvature of the superior boundary substantially matches or follows curvature of a superior periphery of the seal-forming structure; the lateral support portions are substantially fin-shaped.

[0123] In examples: the seal-forming structure comprises a central portion configured to form a seal to an inferior periphery of the patient's nose surrounding the patient's nares and to the patient's lip superior in use, the central portion having a lesser thickness than the lateral support portions; the seal-forming structure comprises intermediate portions provided between the central portion and the lateral support portions, the seal-forming structure having a greater thickness in the intermediate portions than in the central portion; the seal-forming structure comprises a lesser thickness in the intermediate portions than in the lateral support portions; the seal-forming structure comprises lateral-facing posterior portions provided between respective intermediate portions and lateral support portions on each side of the nasal portion, the seal-forming structure having a greater thickness in the posterior lateral facing portions than in the intermediate portions; at least part of each intermediate portion is provided superior and anterior to a respective lateral support portion; at least part of each lateral-facing posterior portion is provided superior and posterior to a respective lateral support portion.

[0124] In examples: the seal-forming structure comprises, on each lateral side of the nasal portion, a junction between a respective lateral support portion, intermediate portion and lateral-facing posterior portion, the junction being located proximate a superior-most point of the lateral support portion; the junction is located anterior to the superior-most point of the lateral support portion.

[0125] In examples: the central portion of the seal-forming structure comprises an anterior-facing central portion and a superior-facing central portion; the superior-facing central portion and anterior-facing central portion being connected to each other by a central saddle region of the nasal portion of the seal-forming structure; the superior facing central portion has a positive curvature in a lateral direction, sides of the superior-facing central portion facing in a partially medial direction.

[0126] In examples: the intermediate portions each comprise a superior-facing central portion and an anterior-facing central portion; the superior-facing central portion and anterior-facing central portion are connected to each other over a superior periphery of the seal-forming structure; the nasal portion comprises a lip superior portion configured to seal against the lip superior of the patient in use; the lip superior portion has a stiffness similar to a stiffness of the central portion; the lip superior portion has a wall thickness substantially equal to that of the central portion; the lip superior portion comprises a wall thickness lesser than a wall thickness of the intermediate portions.

[0127] In examples: the nasal portion comprises posterior corners configured to lie on the patients face proximate nasolabial sulci on the patient's face; the posterior corners are configured to contact the patient's face on respective lateral sides of the lip superior; the posterior corners are configured to contact the patient's face proximate an area lateral and inferior to the nasal ala; the posterior corners are configured to fit between the patient's nasal ala and the patient's nasolabial sulci.

[0128] In examples: the posterior corners have a stiffness greater than a stiffness of the central portion of the nasal portion of the seal-forming structure; the posterior corners have a wall thickness greater than that of the intermediate portions of the nasal portion; the posterior corners have a wall thickness lesser than the lateral-facing

posterior portions of the nasal portion; the posterior corners are substantially dome-shaped; the transition between the posterior corners and the lip superior portion is configured to be located inferior to the patient's nasal ala in use.

[0129] In examples: the shell comprises posteriorly protruding portions reinforcing the seal-forming structure at a base of the nasal portion; the posteriorly protruding portions are provided at superior lateral corners of the shell; the posterior pointing portions are provided inferior to the lateral support portions; the posterior pointing portions have a flat superior edge; a flat inferior boundary of each lateral support portions is provided adjacent each posterior pointing portion.

[0130] In examples: the oral portion comprises a lip inferior portion configured to form a seal to the lip inferior of the patient, the lip inferior portion having a wall thickness substantially equal to that of the lip superior portion; the oral portion comprises an oral hole peripheral portion, the oral hole peripheral portion comprising a wall thickness substantially equal to lip superior portion; the oral hole peripheral portion is contiguous with either or both of the lip superior portion and the lip inferior portion; the oral portion comprises posterior-facing lateral portions provided to either lateral side of the oral hole peripheral portion configured to seal against the patient's cheeks in use; the posterior-facing lateral portions comprise a wall thickness greater than that of the oral hole peripheral portion; the posterior-facing lateral portions curve away from contact with the patient's face; the lip inferior portion is approximately half the width of the oral opening; the transitions between the lip inferior portion and the posterior-facing lateral portions on either lateral side of the lip inferior portion are configured to lie at or proximate labiomandibular creases of the patient's face; the lip inferior portion is wider at the periphery of the oral hole than at the lower periphery of the seal-forming structure.

[0131] In examples: the oral portion comprises lateral portions at the lateral periphery of the seal forming structure; the lateral portions comprise a wall thickness greater than that of the posterior-facing lateral portions; the oral portion comprises anterior-facing lateral portions on the anterior side of the seal-forming structure; the anterior-facing lateral portions comprise a greater wall thickness than that of the lateral portions; the oral portion comprises anterior support portions on the anterior

side of the seal-forming structure; the anterior support portions comprise a greater wall thickness than that of the anterior-facing lateral portions; the oral portion comprises two anterior support portions proximate superior lateral corners of the shell; the oral portion comprises two anterior support portions proximate inferior lateral corners of the shell.

[0132] In examples: the plenum chamber comprises a single plenum chamber inlet port; the single plenum chamber inlet port is provided centrally in the shell; the plenum chamber inlet port is configured to connect to a frame; the plenum chamber inlet port is substantially circular.

[0133] According to another aspect of the present technology there is provided a plenum chamber for a patient interface, the plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber having an oral portion and a nasal portion, the plenum chamber comprising: a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having one or more holes therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the holes, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; a shell configured to support the seal-forming structure, the shell having one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient; wherein the shell comprises lateral support portions protruding in a superior direction into the nasal portion of the patient interface on laterally-spaced, at least partially anterior-facing sides of the nasal portion.

[0134] In examples: the lateral support portions each have a curved superior boundary; curvature of the superior boundary substantially matches or follows curvature of a superior periphery of the seal-forming structure; the lateral support portions are substantially fin-shaped.

[0135] In examples: the plenum chamber comprises two plenum chamber inlet ports; the plenum chamber inlet ports are provided to lateral sides of the shell; the plenum chamber inlet ports are configured to connect to conduits; the plenum chamber inlet ports are approximately elliptical; the superior periphery of each of the two plenum chamber inlet ports is formed by a respective one of the lateral support portions.

[0136] According to another aspect of the present technology there is provided a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber comprising: one or more walls at least partially enclosing a volume of space; a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having one or more holes therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the one or more holes, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use, one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient; wherein the seal-forming structure comprises a central portion configured to seal to an inferior periphery of the patient's nose surrounding the patient's nares and to the patient's lip superior in use, and intermediate portions configured to be located against or proximate the ala of the patient's nose in use, the intermediate portions having a greater stiffness than the central portion.

[0137] In examples: the one or more walls may comprise some or all of the seal-forming structure; the one or more walls may be separate to the seal-forming structure; the intermediate portions comprise a pair of exterior walls of the seal-forming structure facing in partially medial and partially superior directions; the intermediate portions are configured to resist creasing; the intermediate portions are configured to limit creases from forming leak paths past the inferior periphery of the patient's nose to ambient.

[0138] According to another aspect of the present technology there is provided a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber comprising: one or more walls at least partially enclosing a volume of space; a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having at least one hole therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the at least one hole, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient; wherein the seal-forming structure comprises an oral hole peripheral portion surrounding at least a majority of an oral hole configured to surround the patient's mouth in use, and lateral peripheral support portions provided at opposite lateral sides of the oral hole, the lateral peripheral support portions having a stiffness greater than a stiffness of the oral hole peripheral portion.

[0139] In examples: the lateral peripheral support portions comprise a wall thickness greater than a wall thickness of the oral hole peripheral portion; the seal-forming structure comprises posterior-facing lateral portions surrounding a majority of the oral hole peripheral portion, the posterior-facing lateral portions having a thickness greater than the oral hole peripheral portion; the posterior-facing lateral portions form the lateral peripheral support portions. The posterior-facing lateral portions extend medially towards the lateral-most edges of the oral hole to form the lateral peripheral support portions; the lateral support portions provide resistance to buckling in the seal forming structure.

[0140] According to another aspect of the present technology there is provided a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber comprising: one or more walls at least partially enclosing a volume of space; one or more plenum chamber inlet ports sized and structured to receive a flow of air at

the therapeutic pressure for breathing by a patient; a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having one or more holes therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the one or more holes, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; wherein the seal-forming structure comprises a nasal portion configured to form a seal to an inferior periphery of the patient's nose in use, the nasal portion having a central portion configured to be located inferior to the patient's pronasale in use and intermediate portions configured to be located proximate to the patient's ala in use, the seal-forming structure having a greater stiffness in the intermediate portions than in the central portion.

[0141] In examples: the intermediate portions of the seal-forming structure comprise a greater wall thickness than the central portion; the intermediate portions may each comprise a medially-facing wall configured to be lie at or proximate the nasal ala of the patient in use; the central portion of the seal-forming structure comprises an anterior-facing central portion and a superior-facing central portion; the superior-facing central portion and anterior-facing central portion being connected to each other by a central saddle region of the nasal portion of the seal-forming structure; the superior facing central portion comprises a positive curvature in a lateral direction, sides of the superior-facing central portion facing in a partially medial direction; the intermediate portions each comprise a superior-facing central portion an anterior-facing central portion; the superior-facing central portion and anterior-facing central portion are connected to each other overall a superior periphery of the seal-forming structure; the central saddle portion comprises an equal wall thickness to the central portion; the anterior-facing central portion comprises a lesser wall thickness than the anterior-facing intermediate portions; when a downwards force is exerted on the central portion from the patient's nose, the sides of the nasal portion are drawn inwards towards the patient's nasal ala; the intermediate portions are drawn inwards to lie at or proximate the patient's ala; the nasal portion comprises a lip superior portion configured to seal against the lip superior of the patient in use; the lip superior

portion comprises a stiffness similar to a stiffness of the central portion; the lip superior portion comprises a wall thickness substantially the equal to a wall thickness of the central portion; the lip superior portion comprises a wall thickness lesser than a wall thickness of the intermediate portions.

[0142] According to another aspect of the present technology there is provided a plenum chamber for a patient interface, the plenum chamber being pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber having comprising: one or more walls at least partially enclosing a volume of space; one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient; a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having a plurality of holes therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the plurality of holes, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; wherein the plenum chamber comprises a nasal portion and the seal-forming structure in the nasal portion is configured to seal to an inferior periphery of the patient's nose, the seal-forming structure defining a pair of nasal holes configured in use to deliver the flow of air to the patient's nasal airways, the seal-forming structure comprising a bridge portion between the pair of nasal holes, the bridge portion being provided centrally between a central portion and a lip superior portion of the seal-forming structure in the nasal portion, the bridge portion being slack to allow movement of the central portion away from the posterior region.

[0143] In examples: the bridge portion comprises a curved portion configured to straighten when the central portion moves away from the lip superior portion; the curved portion comprises a single curve; the curved portion comprises two curves; the curved portion is approximately S-shaped when viewed from a lateral direction; the curved portion comprises a sawtooth shape; the curved portion comprises one or more folds; the bridge portion hangs inferior to the central portion and is able to straighten while the central portion moves away from the lip superior portion; the bridge portion

enables the central portion to move to receive the patient's nose when the patient dons the patient interface; the bridge portion enables the central portion to move in an anterior direction to receive the pronasale of the patient when the patient dons the patient interface.

[0144] According to another aspect of the present technology there is provided a plenum chamber for a patient interface, the plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure, the plenum chamber comprising: one or more plenum chamber inlet ports sized and structured to receive a flow of air at the therapeutic pressure for breathing by a patient; a seal-forming structure constructed and arranged to form a seal with a region of the patient's face surrounding an entrance to the patient's airways, said seal-forming structure having one or more holes therein such that the flow of air at said therapeutic pressure is delivered to an entrance to the patient's nares and to the patient's mouth via the one or more holes, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use; wherein the seal-forming structure comprises a nasal portion configured to form a seal to the patient's face at or proximate the patient nose, and an oral portion configured to form a seal to the patient's face around the patient's mouth, the seal-forming structure having a first surface finish in the nasal portion and a second surface finish in the oral portion different from the first surface finish.

[0145] In examples: the first surface finish and the second surface finish differ in such a way that a coefficient of friction between the seal-forming structure and the patient's face is greater in the oral portion than in the nasal portion; the first surface finish is configured to provide the nasal portion with a smooth feel on the patient's face (e.g. for comfort); the second surface finish is configured to provide the oral portion with grippy contact on the patient's face (e.g. for a more robust seal); the first surface finish may be a frosted surface finish; the second surface finish may be a polished surface finish; a boundary between the first surface finish and the second surface finish may be located on a part of the seal-forming structure in contact with the patient's cheeks in use; the nasal portion may comprise a lip superior portion having the first surface finish; non-patient contacting surfaces of the nasal portion

may comprise a surface finish other than the first surface finish; the non-patient contacting surfaces of the nasal portion may comprise the second surface finish.

[0146] According to another aspect of the present technology, there is provided a patient interface comprising: a plenum chamber according to an aspect of the present technology described above; a positioning and stabilising structure to provide a force to hold the seal-forming structure in a therapeutically effective position on the patient's head, the positioning and stabilising structure comprising a tie, the tie being constructed and arranged so that at least a portion overlies a region of the patient's head superior to an otobasion superior of the patient's head in use; and a vent structure to allow a continuous flow of gases exhaled by the patient from an interior of the plenum chamber to ambient, said vent structure being sized and shaped to maintain the therapeutic pressure in the plenum chamber in use; wherein the patient interface is configured to allow the patient to breath from ambient through their mouth in the absence of a flow of pressurised air through the plenum chamber inlet port.

[0147] Another aspect of one form of the present technology is a patient interface that is moulded or otherwise constructed with a perimeter shape which is complementary to that of an intended wearer.

[0148] An aspect of one form of the present technology is a method of manufacturing apparatus.

[0149] An aspect of certain forms of the present technology is a medical device that is easy to use, e.g. by a person who does not have medical training, by a person who has limited dexterity, vision or by a person with limited experience in using this type of medical device.

[0150] An aspect of one form of the present technology is a portable RPT device that may be carried by a person, e.g., around the home of the person.

[0151] An aspect of one form of the present technology is a patient interface that may be washed in a home of a patient, e.g., in soapy water, without requiring specialised cleaning equipment. An aspect of one form of the present technology is a

humidifier tank that may be washed in a home of a patient, e.g., in soapy water, without requiring specialised cleaning equipment.

[0152] The methods, systems, devices and apparatus described may be implemented so as to improve the functionality of a processor, such as a processor of a specific purpose computer, respiratory monitor and/or a respiratory therapy apparatus. Moreover, the described methods, systems, devices and apparatus can provide improvements in the technological field of automated management, monitoring and/or treatment of respiratory conditions, including, for example, sleep disordered breathing.

[0153] Of course, portions of the aspects may form sub-aspects of the present technology. Also, various ones of the sub-aspects and/or aspects may be combined in various manners and also constitute additional aspects or sub-aspects of the present technology.

[0154] Other features of the technology will be apparent from consideration of the information contained in the following detailed description, abstract, drawings and claims.

4 BRIEF DESCRIPTION OF THE DRAWINGS

[0155] The present technology is illustrated by way of example, and not by way of limitation, in the figures of the accompanying drawings, in which like reference numerals refer to similar elements including:

4.1 TREATMENT SYSTEMS

[0156] Fig. 1A shows a system including a patient 1000 wearing a patient interface 3000, in the form of nasal pillows, receiving a supply of air at positive pressure from an RPT device 4000. Air from the RPT device 4000 is humidified in a humidifier 5000, and passes along an air circuit 4170 to the patient 1000. A bed partner 1100 is also shown. The patient is sleeping in a supine sleeping position.

[0157] Fig. 1B shows a system including a patient 1000 wearing a patient interface 3000, in the form of a nasal mask, receiving a supply of air at positive

pressure from an RPT device 4000. Air from the RPT device is humidified in a humidifier 5000, and passes along an air circuit 4170 to the patient 1000.

[0158] Fig. 1C shows a system including a patient 1000 wearing a patient interface 3000, in the form of a full-face mask, receiving a supply of air at positive pressure from an RPT device 4000. Air from the RPT device is humidified in a humidifier 5000, and passes along an air circuit 4170 to the patient 1000. The patient is sleeping in a side sleeping position.

4.2 RESPIRATORY SYSTEM AND FACIAL ANATOMY

[0159] Fig. 2A shows an overview of a human respiratory system including the nasal and oral cavities, the larynx, vocal folds, oesophagus, trachea, bronchus, lung, alveolar sacs, heart and diaphragm.

[0160] Fig. 2B shows a view of a human upper airway including the nasal cavity, nasal bone, lateral nasal cartilage, greater alar cartilage, nostril, lip superior, lip inferior, larynx, hard palate, soft palate, oropharynx, tongue, epiglottis, vocal folds, oesophagus and trachea.

[0161] Fig. 2C is a front view of a face with several features of surface anatomy identified including the lip superior, upper vermillion, lower vermillion, lip inferior, mouth width, endocanthion, a nasal ala, nasolabial sulcus and cheilion. Also indicated are the directions superior, inferior, radially inward and radially outward.

[0162] Fig. 2D is a side view of a head with several features of surface anatomy identified including glabella, sellion, pronasale, subnasale, lip superior, lip inferior, supramenton, nasal ridge, alar crest point, otobasion superior and otobasion inferior. Also indicated are the directions superior & inferior, and anterior & posterior.

[0163] Fig. 2E is a further side view of a head. The approximate locations of the Frankfort horizontal and nasolabial angle are indicated. The coronal plane is also indicated.

[0164] Fig. 2F shows a base view of a nose with several features identified including naso-labial sulcus, lip inferior, upper Vermilion, naris, subnasale, columella, pronasale, the major axis of a naris and the midsagittal plane.

[0165] Fig. 2G shows a side view of the superficial features of a nose.

[0166] Fig. 2H shows subcutaneous structures of the nose, including lateral cartilage, septum cartilage, greater alar cartilage, lesser alar cartilage, sesamoid cartilage, nasal bone, epidermis, adipose tissue, frontal process of the maxilla and fibrofatty tissue.

[0167] Fig. 2I shows a medial dissection of a nose, approximately several millimeters from the midsagittal plane, amongst other things showing the septum cartilage and medial crus of greater alar cartilage.

[0168] Fig. 2J shows a front view of the bones of a skull including the frontal, nasal and zygomatic bones. Nasal concha are indicated, as are the maxilla, and mandible.

[0169] Fig. 2K shows a lateral view of a skull with the outline of the surface of a head, as well as several muscles. The following bones are shown: frontal, sphenoid, nasal, zygomatic, maxilla, mandible, parietal, temporal and occipital. The mental protuberance is indicated. The following muscles are shown: digastricus, masseter, sternocleidomastoid and trapezius.

[0170] Fig. 2L shows an anterolateral view of a nose.

4.3 PATIENT INTERFACE

[0171] Fig. 3A shows a patient interface in the form of a nasal mask in accordance with one form of the present technology.

[0172] Fig. 3B shows a schematic of a cross-section through a structure at a point. An outward normal at the point is indicated. The curvature at the point has a positive sign, and a relatively large magnitude when compared to the magnitude of the curvature shown in Fig. 3C.

[0173] Fig. 3C shows a schematic of a cross-section through a structure at a point. An outward normal at the point is indicated. The curvature at the point has a positive sign, and a relatively small magnitude when compared to the magnitude of the curvature shown in Fig. 3B.

[0174] Fig. 3D shows a schematic of a cross-section through a structure at a point. An outward normal at the point is indicated. The curvature at the point has a value of zero.

[0175] Fig. 3E shows a schematic of a cross-section through a structure at a point. An outward normal at the point is indicated. The curvature at the point has a negative sign, and a relatively small magnitude when compared to the magnitude of the curvature shown in Fig. 3F.

[0176] Fig. 3F shows a schematic of a cross-section through a structure at a point. An outward normal at the point is indicated. The curvature at the point has a negative sign, and a relatively large magnitude when compared to the magnitude of the curvature shown in Fig. 3E.

[0177] Fig. 3G shows a cushion for a mask that includes two pillows. An exterior surface of the cushion is indicated. An edge of the surface is indicated. Dome and saddle regions are indicated.

[0178] Fig. 3H shows a cushion for a mask. An exterior surface of the cushion is indicated. An edge of the surface is indicated. A path on the surface between points A and B is indicated. A straight line distance between A and B is indicated. Two saddle regions and a dome region are indicated.

[0179] Fig. 3I shows the surface of a structure, with a one dimensional hole in the surface. The illustrated plane curve forms the boundary of a one dimensional hole.

[0180] Fig. 3J shows a cross-section through the structure of Fig. 3I. The illustrated surface bounds a two dimensional hole in the structure of Fig. 3I.

[0181] Fig. 3K shows a perspective view of the structure of Fig. 3I, including the two dimensional hole and the one dimensional hole. Also shown is the surface that bounds a two dimensional hole in the structure of Fig. 3I.

[0182] Fig. 3L shows a mask having an inflatable bladder as a cushion.

[0183] Fig. 3M shows a cross-section through the mask of Fig. 3L, and shows the interior surface of the bladder. The interior surface bounds the two dimensional hole in the mask.

[0184] Fig. 3N shows a further cross-section through the mask of Fig. 3L. The interior surface is also indicated.

[0185] Fig. 3O illustrates a left-hand rule.

[0186] Fig. 3P illustrates a right-hand rule.

[0187] Fig. 3Q shows a left ear, including the left ear helix.

[0188] Fig. 3R shows a right ear, including the right ear helix.

[0189] Fig. 3S shows a right-hand helix.

[0190] Fig. 3T shows a view of a mask, including the sign of the torsion of the space curve defined by the edge of the sealing membrane in different regions of the mask.

[0191] Fig. 3U shows a view of a plenum chamber 3200 showing a sagittal plane and a mid-contact plane.

[0192] Fig. 3V shows a view of a posterior of the plenum chamber of Fig. 3U. The direction of the view is normal to the mid-contact plane. The sagittal plane in Fig. 3V bisects the plenum chamber into left-hand and right-hand sides.

[0193] Fig. 3W shows a cross-section through the plenum chamber of Fig. 3V, the cross-section being taken at the sagittal plane shown in Fig. 3V. A 'mid-contact' plane is shown. The mid-contact plane is perpendicular to the sagittal plane. The orientation of the mid-contact plane corresponds to the orientation of a chord 3209

which lies on the sagittal plane and just touches the cushion of the plenum chamber at two points on the sagittal plane: a superior point 3220 and an inferior point 3229.

Depending on the geometry of the cushion in this region, the mid-contact plane may be a tangent at both the superior and inferior points.

[0194] Fig. 3X shows the plenum chamber 3200 of Fig. 3U in position for use on a face. The sagittal plane of the plenum chamber 3200 generally coincides with the midsagittal plane of the face when the plenum chamber is in position for use. The mid-contact plane corresponds generally to the 'plane of the face' when the plenum chamber is in position for use. In Fig. 3X the plenum chamber 3200 is that of a nasal mask, and the superior point 3220 sits approximately on the sellion, while the inferior point 3229 sits on the lip superior.

4.4 RPT DEVICE

[0195] Fig. 4A shows an RPT device in accordance with one form of the present technology.

[0196] Fig. 4B is a schematic diagram of the pneumatic path of an RPT device in accordance with one form of the present technology. The directions of upstream and downstream are indicated with reference to the blower and the patient interface. The blower is defined to be upstream of the patient interface and the patient interface is defined to be downstream of the blower, regardless of the actual flow direction at any particular moment. Items which are located within the pneumatic path between the blower and the patient interface are downstream of the blower and upstream of the patient interface.

4.5 HUMIDIFIER

[0197] Fig. 5A shows an isometric view of a humidifier in accordance with one form of the present technology.

[0198] Fig. 5B shows an isometric view of a humidifier in accordance with one form of the present technology, showing a humidifier reservoir 5110 removed from the humidifier reservoir dock 5130.

[0199] Fig. 5C shows a block diagram of a humidifier controller in accordance with one form of the present technology.

4.6 BREATHING WAVEFORMS

[0200] Fig. 6A shows a model typical breath waveform of a person while sleeping.

4.7 PATIENT INTERFACE EXAMPLES OF THE PRESENT TECHNOLOGY

[0201] Fig. 7 is a front view of a plenum chamber 3200 in accordance with one form of the present technology.

[0202] Fig 8 is a rear view of the plenum chamber 3200 of Fig. 7.

[0203] Fig 9 is a side view of the plenum chamber 3200 of Fig. 7.

[0204] Fig 10 is a top view of the plenum chamber 3200 of Fig. 7.

[0205] Fig 11 is a bottom view of the plenum chamber 3200 of Fig. 7.

[0206] Fig 12 is a perspective view of the plenum chamber 3200 of Fig. 7.

[0207] Fig 13 is another perspective view of the plenum chamber 3200 of Fig. 7.

[0208] Fig 14 is another perspective view of the plenum chamber 3200 of Fig. 7.

[0209] Fig. 15 is a front view of the plenum chamber 3200 of Fig. 7 with cross section lines 16-16 to 19-19 labelled.

[0210] Fig. 16 is a cross section view of the plenum chamber 3200 of Fig. 15 along the line 16-16.

[0211] Fig. 17 is a cross section view of the plenum chamber 3200 of Fig. 15 along the line 17-17.

[0212] Fig. 18 is a cross section view of the plenum chamber 3200 of Fig. 15 along the line 18-18.

[0213] Fig. 19 is a cross section view of the plenum chamber 3200 of Fig. 15 along the line 19-19.

[0214] Fig. 20 is a rear view of the plenum chamber 3200 of Fig. 7 with cross section lines 21-21 to 25-25 labelled.

[0215] Fig. 21 is a cross section view of the plenum chamber 3200 of Fig. 20 along the line 21-21.

[0216] Fig. 22 is a cross section view of the plenum chamber 3200 of Fig. 20 along the line 22-22.

[0217] Fig. 23 is a cross section view of the plenum chamber 3200 of Fig. 20 along the line 23-23.

[0218] Fig. 24 is a cross section view of the plenum chamber 3200 of Fig. 20 along the line 24-24.

[0219] Fig. 25 is a cross section view of the plenum chamber 3200 of Fig. 20 along the line 25-25.

[0220] Fig. 26 is a side view of the plenum chamber 3200 of Fig. 7 with cross section lines 27-27 to 33-33 labelled.

[0221] Fig. 27 is a cross section view of the plenum chamber 3200 of Fig. 26 along the line 27-27.

[0222] Fig. 28 is a cross section view of the plenum chamber 3200 of Fig. 26 along the line 28-28.

[0223] Fig. 29 is a cross section view of the plenum chamber 3200 of Fig. 26 along the line 29-29.

[0224] Fig. 30 is a cross section view of the plenum chamber 3200 of Fig. 26 along the line 30-30.

[0225] Fig. 31 is a cross section view of the plenum chamber 3200 of Fig. 26 along the line 31-31.

[0226] Fig. 32 is a cross section view of the plenum chamber 3200 of Fig. 26 along the line 32-32.

[0227] Fig. 33 is a cross section view of the plenum chamber 3200 of Fig. 26 along the line 33-33.

[0228] Fig. 34 is a rear view of another plenum chamber 3200 having various portions identified.

[0229] Fig. 35 is a front view of the plenum chamber 3200 of Fig. 34 having various portions identified.

[0230] Fig. 36 is a top view of the plenum chamber 3200 of Fig. 34 having various portions identified.

[0231] Fig. 37 is a bottom view of the plenum chamber 3200 of Fig. 34 having various portions identified.

[0232] Fig. 38 is a side view of the plenum chamber 3200 of Fig. 34 having various portions identified.

[0233] Fig. 39 is a view of another plenum chamber 3200 in accordance with one form of the present technology.

[0234] Fig. 40 is a cross section view of the plenum chamber 3200 of Fig. 39.

[0235] Fig. 41 is a front view of the shell 3210 of the plenum chamber 3200 of Fig. 7.

[0236] Fig. 42 is a rear view of the shell 3210 of the plenum chamber 3200 of Fig. 7.

[0237] Fig. 43 is a side view of the shell 3210 of the plenum chamber 3200 of Fig. 7.

[0238] Fig. 44 is a front perspective view of the shell 3210 of the plenum chamber 3200 of Fig. 7.

[0239] Fig. 45 is a rear perspective view of the shell 3210 of the plenum chamber 3200 of Fig. 7.

[0240] Fig. 46 is a top view of the shell 3210 of the plenum chamber 3200 of Fig. 7.

[0241] Fig. 47 is a rear view of another plenum chamber 3200 in accordance with one form of the present technology.

[0242] Fig. 48 is a rear view of another plenum chamber 3200 in accordance with one form of the present technology having various portions identified.

[0243] Fig. 49 is a front view of a plenum chamber 3200 in accordance with one form of the present technology.

[0244] Fig 50 is a rear view of the plenum chamber 3200 of Fig. 49.

[0245] Fig 51 is a side view of the plenum chamber 3200 of Fig. 49.

[0246] Fig 52 is a top view of the plenum chamber 3200 of Fig. 49.

[0247] Fig 53 is a bottom view of the plenum chamber 3200 of Fig. 49.

[0248] Fig 54 is a perspective view of the plenum chamber 3200 of Fig. 49.

[0249] Fig 55 is another perspective view of the plenum chamber 3200 of Fig. 49.

[0250] Fig 56 is another perspective view of the plenum chamber 3200 of Fig. 49.

[0251] Fig. 57 is a front view of the plenum chamber 3200 of Fig. 49 with cross section lines 58-58 to 61-61 labelled.

[0252] Fig. 58 is a cross section view of the plenum chamber 3200 of Fig. 57 along the line 58-58.

[0253] Fig. 59 is a cross section view of the plenum chamber 3200 of Fig. 57 along the line 59-59.

[0254] Fig. 60 is a cross section view of the plenum chamber 3200 of Fig. 57 along the line 60-60.

[0255] Fig. 61 is a cross section view of the plenum chamber 3200 of Fig. 57 along the line 61-61.

[0256] Fig. 62 is a rear view of the plenum chamber 3200 of Fig. 49 with cross section lines 63-63 to 67-67 labelled.

[0257] Fig. 63 is a cross section view of the plenum chamber 3200 of Fig. 62 along the line 63-63.

[0258] Fig. 64 is a cross section view of the plenum chamber 3200 of Fig. 62 along the line 64-64.

[0259] Fig. 65 is a cross section view of the plenum chamber 3200 of Fig. 62 along the line 65-65.

[0260] Fig. 66 is a cross section view of the plenum chamber 3200 of Fig. 62 along the line 66-66.

[0261] Fig. 67 is a cross section view of the plenum chamber 3200 of Fig. 62 along the line 67-67.

[0262] Fig. 68 is a side view of the plenum chamber 3200 of Fig. 49 with cross section lines 69-69 to 75-75 labelled.

[0263] Fig. 69 is a cross section view of the plenum chamber 3200 of Fig. 68 along the line 69-69.

[0264] Fig. 70 is a cross section view of the plenum chamber 3200 of Fig. 68 along the line 70-70.

[0265] Fig. 71 is a cross section view of the plenum chamber 3200 of Fig. 68 along the line 71-71.

[0266] Fig. 72 is a cross section view of the plenum chamber 3200 of Fig. 68 along the line 72-72.

[0267] Fig. 73 is a cross section view of the plenum chamber 3200 of Fig. 68 along the line 73-73.

[0268] Fig. 74 is a cross section view of the plenum chamber 3200 of Fig. 68 along the line 74-74.

[0269] Fig. 75 is a cross section view of the plenum chamber 3200 of Fig. 68 along the line 75-75.

[0270] Fig. 76 is a rear view of another plenum chamber 3200 in accordance with one form of the present technology having various portions identified.

[0271] Fig. 77 is a front view of the plenum chamber 3200 of Fig. 76 having various portions identified.

[0272] Fig. 78 is a top view of the plenum chamber 3200 of Fig. 76 having various portions identified.

[0273] Fig. 79 is a bottom view of the plenum chamber 3200 of Fig. 76 having various portions identified.

[0274] Fig. 80 is a side view of the plenum chamber 3200 of Fig. 76 having various portions identified.

[0275] Fig. 81 is a front view of the shell 3210 of the plenum chamber 3200 of Fig. 49.

[0276] Fig. 82 is a rear view of the shell 3210 of the plenum chamber 3200 of Fig. 49.

[0277] Fig. 83 is a side view of the shell 3210 of the plenum chamber 3200 of Fig. 49.

[0278] Fig. 84 is a front perspective view of the shell 3210 of the plenum chamber 3200 of Fig. 49.

[0279] Fig. 85 is a rear perspective view of the shell 3210 of the plenum chamber 3200 of Fig. 49.

[0280] Fig. 86 is a top view of the shell 3210 of the plenum chamber 3200 of Fig. 49.

[0281] Fig. 87 is a cross section view of a connection between a plenum chamber 3200 and a frame 3350 in accordance with one form of the present technology.

[0282] Fig. 88 is another cross-section view of the connection between the plenum chamber 3200 and the frame 3350.

[0283] Fig. 89 is a perspective view of a patient interface 3000 according to one example of the present technology.

[0284] Fig. 90 is a front view of the patient interface 3000 of Fig. 89.

[0285] Fig. 90A is a cross section view of the patient interface 3000 shown in Fig. 90 through the line 90A-90A.

[0286] Fig. 91 is a back view of the patient interface 3000 of Fig. 89.

[0287] Fig. 92 is a top view of the patient interface 3000 of Fig. 89.

[0288] Fig. 93 is a bottom view of the patient interface 3000 of Fig. 89.

[0289] Fig. 94 is a side view of the patient interface 3000 of Fig. 89.

[0290] Fig. 95 is another back view of the patient interface 3000 of Fig. 89.

[0291] Fig. 96 is a perspective view of the patient interface 3000 of Fig. 89 while worn by a patient.

[0292] Fig. 97 is a front view of the patient interface 3000 of Fig. 89 while worn by a patient.

[0293] Fig. 98 is a back view of the patient interface 3000 of Fig. 89 while worn by a patient.

[0294] Fig. 99 is a top view of the patient interface 3000 of Fig. 89 while worn by a patient.

[0295] Fig. 100 is a bottom view of the patient interface 3000 of Fig. 89 while worn by a patient.

[0296] Fig. 101 is a side view of the patient interface 3000 of Fig. 89 while worn by a patient.

[0297] Fig. 102 is another back view of the patient interface 3000 of Fig. 89 while worn by a patient.

[0298] Fig. 103 is a perspective view of a frame 3350 according to one example of the present technology.

[0299] Fig. 104 is a front view of the frame 3350 of Fig. 103.

[0300] Fig. 105 is a back view of the frame 3350 of Fig. 103.

[0301] Fig. 106 is a top view of the frame 3350 of Fig. 103.

[0302] Fig. 107 is a bottom view of the frame 3350 of Fig. 103.

[0303] Fig. 108 is a side view of the frame 3350 of Fig. 103.

[0304] Fig. 109 is view of straps of the positioning and stabilising structure 3300 of the patient interface 3000 of Fig. 89.

[0305] Fig. 110 is a cross section view of the plenum chamber 3200 of the patient interface 3000 of Fig. 89 in sealing position on a patient.

[0306] Fig. 111 is a cutaway view of the plenum chamber 3200 of the patient interface 3000 of Fig. 89 in sealing position on a patient.

[0307] Fig. 112 is a cross section view of a portion of the plenum chamber 3200 of the patient interface 3000 of Fig. 89 before sealing to the nose of a patient.

[0308] Fig. 113 is a cross section view of the portion of the plenum chamber 3200 of Fig. 112 in sealing position against the nose of a patient.

[0309] Fig. 114 is a cross section view of a portion of the plenum chamber 3200 of the patient interface 3000 of Fig. 89 in sealing position against the nose of a patient without lateral loading.

[0310] Fig. 115 is a cross section view of the portion of the plenum chamber 3200 of Fig. 113 in sealing position against the nose of a patient while receiving lateral loading.

[0311] Fig. 116 is a rear view of a plenum chamber 3200 having various portions identified and having creases in a nasal portion 3230 of the plenum chamber 3200.

[0312] Fig. 117 is a side cross section view of the plenum chamber 3200 of the patient interface 3000 in isolation while in sealing position against the face of a patient having a short nose.

[0313] Fig. 118 is a side cross section view of the plenum chamber 3200 of Fig. 117 while in sealing position against the face of a patient having a long nose.

[0314] Fig. 119 is a perspective view of a plenum chamber 3200 in accordance with another form of the present technology.

[0315] Fig. 120 is a front view of the plenum chamber 3200 shown in Fig. 119.

[0316] Fig. 121 is a rear view of the plenum chamber 3200 shown in Fig. 119.

[0317] Fig. 122 is a top view of the plenum chamber 3200 shown in Fig. 119.

[0318] Fig. 123 is a bottom view of the plenum chamber 3200 shown in Fig. 119.

[0319] Fig. 124 is a left side view of the plenum chamber 3200 shown in Fig. 119.

[0320] Fig. 125 is a right side view of the plenum chamber 3200 shown in Fig. 119.

[0321] Fig. 126 is a front perspective view of a plenum chamber 3200 according to another example of the present technology having a small size.

[0322] Fig. 127 is a rear perspective view of the plenum chamber 3200 shown in Fig. 126.

[0323] Fig. 128 is a front view of the plenum chamber 3200 shown in Fig. 126.

[0324] Fig. 129 is a rear view of the plenum chamber 3200 shown in Fig. 126.

[0325] Fig. 130 is a top view of the plenum chamber 3200 shown in Fig. 126.

[0326] Fig. 131 is a bottom view of the plenum chamber 3200 shown in Fig. 126.

[0327] Fig. 132 is a side view of the plenum chamber 3200 shown in Fig. 126.

[0328] Fig. 133 is a cross section view of the plenum chamber 3200 shown in Fig. 130 through the line 133-133.

[0329] Fig. 134 is a front perspective view of a plenum chamber 3200 according to another example of the present technology having a medium size.

[0330] Fig. 135 is a rear perspective view of the plenum chamber 3200 shown in Fig. 134.

[0331] Fig. 136 is a top view of the plenum chamber 3200 shown in Fig. 134.

[0332] Fig. 137 is a bottom view of the plenum chamber 3200 shown in Fig. 134.

[0333] Fig. 138 is a front view of the plenum chamber 3200 shown in Fig. 134.

[0334] Fig. 139 is a rear view of the plenum chamber 3200 shown in Fig. 134.

[0335] Fig. 140 is a side view of the plenum chamber 3200 shown in Fig. 134.

[0336] Fig. 141 is a cross section view of the plenum chamber 3200 shown in Fig. 136 through the line 141-141.

[0337] Fig. 142 is a front perspective view of a plenum chamber 3200 according to another example of the present technology having a small-wide size.

[0338] Fig. 143 is a rear perspective view of the plenum chamber 3200 shown in Fig. 142.

[0339] Fig. 144 is a top view of the plenum chamber 3200 shown in Fig. 142.

[0340] Fig. 145 is a bottom view of the plenum chamber 3200 shown in Fig. 142.

[0341] Fig. 146 is a front view of the plenum chamber 3200 shown in Fig. 142.

[0342] Fig. 147 is a rear view of the plenum chamber 3200 shown in Fig. 142.

[0343] Fig. 148 is a side view of the plenum chamber 3200 shown in Fig. 142.

[0344] Fig. 149 is a cross section view of the plenum chamber 3200 shown in Fig. 144 through the line 149-149.

[0345] Fig. 150 is a front perspective view of a plenum chamber 3200 according to another example of the present technology having a wide size.

[0346] Fig. 151 is a rear perspective view of the plenum chamber 3200 shown in Fig. 150.

[0347] Fig. 152 is a top view of the plenum chamber 3200 shown in Fig. 150.

[0348] Fig. 153 is a bottom view of the plenum chamber 3200 shown in Fig. 150.

[0349] Fig. 154 is a front view of the plenum chamber 3200 shown in Fig. 150.

[0350] Fig. 155 is a rear view of the plenum chamber 3200 shown in Fig. 150.

[0351] Fig. 156 is a side view of the plenum chamber 3200 shown in Fig. 150.

[0352] Fig. 157 is a cross section view of the plenum chamber 3200 shown in Fig. 152 through the line 157-157.

[0353] Fig. 158 is a side view of the plenum chamber 3200 shown in Fig. 126 having various portions identified.

[0354] Fig. 159 is a bottom perspective view of the plenum chamber 3200 shown in Fig. 126 having various portions identified.

[0355] Fig. 160 is a top view of the plenum chamber 3200 shown in Fig. 126 having various portions identified.

[0356] Fig. 161 is a rear view of the plenum chamber 3200 shown in Fig. 126 having various portions identified.

[0357] Fig. 162 is a front view of the plenum chamber 3200 shown in Fig. 126 having various portions identified.

[0358] Fig. 163 is a front perspective view of the plenum chamber 3200 shown in Fig. 126 having various portions identified.

[0359] Fig. 164 is a rear perspective view of the plenum chamber 3200 shown in Fig. 126 having various portions identified.

[0360] Fig. 165 is a side view of the plenum chamber 3200 shown in Fig. 134 having various portions identified.

[0361] Fig. 166 is a bottom view of the plenum chamber 3200 shown in Fig. 134 having various portions identified.

[0362] Fig. 167 is a top view of the plenum chamber 3200 shown in Fig. 134 having various portions identified.

[0363] Fig. 168 is a rear view of the plenum chamber 3200 shown in Fig. 134 having various portions identified.

[0364] Fig. 169 is a front perspective view of the plenum chamber 3200 shown in Fig. 134 having various portions identified.

[0365] Fig. 170 is a rear perspective view of the plenum chamber 3200 shown in Fig. 134 having various portions identified.

[0366] Fig. 171 is a front view of the plenum chamber 3200 shown in Fig. 134 having various portions identified.

[0367] Fig. 172 is a side view of the plenum chamber 3200 shown in Fig. 142 having various portions identified.

[0368] Fig. 173 is a bottom perspective view of the plenum chamber 3200 shown in Fig. 142 having various portions identified.

[0369] Fig. 174 is a top view of the plenum chamber 3200 shown in Fig. 142 having various portions identified.

[0370] Fig. 175 is a rear view of the plenum chamber 3200 shown in Fig. 142 having various portions identified.

[0371] Fig. 176 is a front view of the plenum chamber 3200 shown in Fig. 142 having various portions identified.

[0372] Fig. 177 is a side view of the plenum chamber 3200 shown in Fig. 150 having various portions identified.

[0373] Fig. 178 is a bottom view of the plenum chamber 3200 shown in Fig. 150 having various portions identified.

[0374] Fig. 179 is a top view of the plenum chamber 3200 shown in Fig. 150 having various portions identified.

[0375] Fig. 180 is a rear view of the plenum chamber 3200 shown in Fig. 150 having various portions identified.

[0376] Fig. 181 is a front view of the plenum chamber 3200 shown in Fig. 150 having various portions identified.

[0377] Fig. 182 is a front perspective view of the plenum chamber 3200 shown in Fig. 150 having various portions identified.

[0378] Fig. 183 is a rear perspective view of the plenum chamber 3200 shown in Fig. 150 having various portions identified.

[0379] Fig. 184 is a perspective view of a patient interface 3000 according to another example of the present technology.

[0380] Fig. 185 is a perspective view of a patient interface 3000 according to another example of the present technology.

[0381] Fig. 186 is a posterior perspective view of a seal-forming structure 3100 according to another example of the present technology.

[0382] Fig. 187 is a posterior perspective view of a textile portion 3170 of a seal forming structure 3100 according to further example of the present technology.

[0383] Fig. 188 is a posterior perspective view of the textile portion 3170 of Fig. 187 in an intermediate moulding step with the seal forming structure 3100.

[0384] Fig. 189 is a posterior perspective view of the textile portion 3170 of Fig. 187 moulded to the seal forming structure 3100..

[0385] Fig. 190 is a posterior perspective view of a seal forming structure 3100 according to another example of the present technology.

[0386] Fig. 190A is a detailed cross-sectional view taken through line 190A-190A of Fig. 190.

[0387] Fig. 191 is a posterior perspective view of a seal forming structure 3100 according to another example of the present technology.

[0388] Fig. 192 is a posterior perspective view of a seal forming structure 3100 according to another example of the present technology.

5 DETAILED DESCRIPTION OF EXAMPLES OF THE TECHNOLOGY

[0389] Before the present technology is described in further detail, it is to be understood that the technology is not limited to the particular examples described herein, which may vary. It is also to be understood that the terminology used in this disclosure is for the purpose of describing only the particular examples discussed herein, and is not intended to be limiting.

[0390] The following description is provided in relation to various examples which may share one or more common characteristics and/or features. It is to be understood that one or more features of any one example may be combinable with one or more features of another example or other examples. In addition, any single feature or combination of features in any of the examples may constitute a further example.

[0391] Where anatomical directional terms are used in describing aspects and examples of the present technology, such as “anterior”, “posterior”, “superior”, “inferior”, “lateral”, “medial” and the like, the directions are to be applied in the context of the present technology during use by a patient. For example, an anterior side of a patient interface refers to the side of the patient interface which is anterior with respect to the patient when the patient has donned the patient interface in the intended manner.

[0392] Where surfaces or portions are described as facing a direction, e.g. “superior-facing”, “anterior-facing” and the like, unless the context clearly requires otherwise the surfaces or portions are to be understood as at least partially facing in the particular direction. A portion may be “superior-facing” if the portion generally faces a superior direction, even if it partially also faces another direction.

5.1 THERAPY

[0393] In one form, the present technology comprises a method for treating a respiratory disorder comprising the step of applying positive pressure to the entrance of the airways of a patient 1000.

[0394] In certain examples of the present technology, a supply of air at positive pressure is provided to the nasal passages of the patient via one or both nares.

[0395] In certain examples of the present technology, mouth breathing is limited, restricted or prevented.

5.2 TREATMENT SYSTEMS

[0396] In one form, the present technology comprises an apparatus or device for treating a respiratory disorder. The apparatus or device may comprise an RPT device

4000 for supplying pressurised air to the patient 1000 via an air circuit 4170 to a patient interface 3000.

5.3 PATIENT INTERFACE

[0397] A non-invasive patient interface 3000 in accordance with one aspect of the present technology comprises the following functional aspects: a plenum chamber 3200 comprising a seal-forming structure 3100, a positioning and stabilising structure 3300, a vent 3400, one form of connection port 3600 for connection to air circuit 4170, and a forehead support 3700. In some forms a functional aspect may be provided by one or more physical components. In some forms, one physical component may provide one or more functional aspects. In use the seal-forming structure 3100 is arranged to surround an entrance to the airways of the patient so as to facilitate the supply of air at positive pressure to the airways.

[0398] In some examples of the present technology, the plenum chamber 3200 is at least partially formed by a shell 3210 and the seal-forming structure 3100. The plenum chamber 3200 may comprise a cushion module or cushion assembly, for example. The shell 3210 may function as a chassis for the seal-forming structure 3100.

[0399] The patient interface 3000 in some examples of the technology is an oronasal patient interface. That is, the patient interface 3000 is configured to seal around both the patient's nasal airways and oral airway. In some examples the patient interface 3000 comprises separate seals around each of the nasal airways and oral airway. The patient interface 3000 may comprise a plenum chamber 3200 having a nasal portion 3230 and an oral portion 3260, as shown in Figs. 7 to 14, 49 to 56, 119 to 125 and 126 to 157, for example. The seal forming structure may be configured to surround the nasal airways at the nasal portion 3230 and to seal around the patient's mouth at the oral portion 3260. As such, the seal-forming structure 3100 may also be considered to have a nasal portion and an oral portion, the nasal portions and oral portions of the seal-forming structure comprising those parts that seal around the patient's nasal airways and mouth respectively.

[0400] In the examples shown in Figs. 7 to 14, 49 to 56, 119 to 125 and 126 to 157, the seal-forming structure 3100 at the nasal portion 3230 does not lie over a nose bridge region or nose ridge region of the patient's face and instead seals against inferior surfaces of the patient's nose. The nasal portion 3230 may seal against the lip superior, the ala and the anterior surface of the pronasale and/or the inferior surface of the pronasale. The actual sealing locations may differ between patients. The nasal portion 3230 may also be configured to contact and/or seal to a region of the patient's face between the ala and the nasolabial sulcus and at the lateral portions of the lip superior proximate the nasolabial sulcus.

[0401] The seal-forming structure 3100 of the oral portion 3260 may be configured to form a seal to a periphery of the patient's mouth in use. The oral portion 3260 may be configured to form a seal to the patient's face at the lip superior, nasolabial sulcus, cheeks, lip inferior, supramenton, for example.

[0402] The seal-forming structure 3100 may have one or more holes therein such that the flow of air at a therapeutic pressure is delivered to the patient's nares and to the patient's mouth via the one or more holes. The seal-forming structure may define an oral hole and one or more nasal holes to deliver the flow of air to the patient. In the examples shown in Figs. 7 to 14, 49 to 56, 119 to 125 and 126 to 157, the plenum chamber 3200 comprises a seal-forming structure 3100 comprising an oral hole 3271 and two nasal holes 3272. Each of the nasal holes 3272 may be positioned on the plenum chamber 3200 to be substantially aligned with a nare of the patient in order to deliver a flow of air thereto in use.

[0403] If a patient interface is unable to comfortably deliver a minimum level of positive pressure to the airways, the patient interface may be unsuitable for respiratory pressure therapy.

[0404] The patient interface 3000 in accordance with one form of the present technology is constructed and arranged to be able to provide a supply of air at a positive pressure of at least 6 cmH₂O with respect to ambient.

[0405] The patient interface 3000 in accordance with one form of the present technology is constructed and arranged to be able to provide a supply of air at a positive pressure of at least 10 cmH₂O with respect to ambient.

[0406] The patient interface 3000 in accordance with one form of the present technology is constructed and arranged to be able to provide a supply of air at a positive pressure of at least 20 cmH₂O with respect to ambient.

5.3.1 Plenum chamber

[0407] The plenum chamber 3200 has a perimeter that is shaped to be complementary to the surface contour of the face of an average person in the region where a seal will form in use. In the examples shown in Figs. 7 to 14, 49 to 56, 119 to 125 and 126 to 157 the plenum chamber comprises a shell 3210 and a seal-forming structure 3100. In these examples a marginal edge of the plenum chamber 3200 is positioned in close proximity to an adjacent surface of the face. Actual contact with the face is provided by the seal-forming structure 3100. The seal-forming structure 3100 may extend in use about the entire perimeter of the plenum chamber 3200. In some forms, the plenum chamber 3200 and the seal-forming structure 3100 are formed from a single homogeneous piece of material.

[0408] In certain forms of the present technology, the plenum chamber 3200 does not cover the eyes of the patient in use. In other words, the eyes are outside the pressurised volume defined by the plenum chamber. Such forms tend to be less obtrusive and/or more comfortable for the wearer, which can improve compliance with therapy.

[0409] In certain forms of the present technology, a portion of the plenum chamber 3200 is constructed from a transparent material, e.g., a transparent polycarbonate. In the examples shown in Figs. 7 to 14, 49 to 56, 119 to 125 and 126 to 157, the shell 3210 is constructed from transparent polycarbonate. The use of a transparent material can reduce the obtrusiveness of the patient interface, and help improve compliance with therapy. The use of a transparent material can aid a clinician to observe how the patient interface is located and functioning. In some examples, the shell 3210 may be formed from silicone.

[0410] In certain forms of the present technology, the plenum chamber 3200 is constructed from a translucent material. The use of a translucent material can reduce the obtrusiveness of the patient interface, and help improve compliance with therapy.

[0411] Figs. 7 to 47, 49 to 75, and 119 to 183 show plenum chambers 3200 according to examples of the present technology which are formed partially by a shell 3210. Additionally, the plenum chamber 3200 is formed partially by the seal-forming structure 3100. In some examples the seal-forming structure 3100 is overmoulded to the shell 3210. The seal-forming structure 3100 may alternatively be formed separately from the shell 3210 and be configured to permanently or removably connect to the shell 3210. The seal-forming structure 3100 and shell 3210 may be integrally formed.

[0412] In the examples shown in Figs. 7 to 47, 49 to 75 and 119 to 183, the shell 3210 is formed from polycarbonate and the seal-forming structure 3100 is formed from silicone. The silicone may have a Shore A hardness of 30 or 40 Durometer. A silicone or similar material with this hardness is advantageous for comfort and flexibility to conform and seal to the patient's face. The use of polycarbonate (or other stiffer material), with its higher hardness and stiffness than silicone is advantageous in providing portions of higher resistance to deformation with less material than would be required to provide the same resistance with silicone. Using less material can be advantageous in keeping overall bulk and weight down, which may reduce obtrusiveness to the user. In alternative examples the shell 3210 may be formed from nylon or polypropylene. The seal-forming structure 3100 may alternatively be formed from silicone, a suitable foam, a textile material, or any suitable thermoplastic elastomer.

[0413] As shown in Figs. 40-46, the shell 3210 may have posteriorly protruding portions 3215 at superior lateral corners of the shell 3210. The posteriorly protruding portions 3215 may reinforce a base of the nasal portion and may help provide stability to the seal-forming structure 3100. The posteriorly protruding portions 3215 also help reinforce the locations of the seal-forming structure proximate posterior corners 3131 (shown in Figs. 10 and 52, among others) which also support the nasal portion of the plenum chamber on the patient's face, and also advantageously fit into the patient's

nasolabial sulci. The posterior protruding portions 3215 may protrude from the shell 3210 towards the location of the patient's nasolabial sulcus or the patient's cheeks alongside the nasolabial sulcus. The posterior protruding portions 3215 may be provided inferior to lateral support portions 3151 (described below).

5.3.1.1 Lateral Support Portions

[0414] In some examples of the present technology, the plenum chamber 3200 comprises lateral support portions 3151 on the anterior side of the nasal portion 3230 of the plenum chamber 3200, as shown in Figs. 18, 19, 32, 35, and 38, among others. The lateral support portions 3151 may have a higher resistance to deformation than one or more adjacent portions of the seal-forming structure 3100. The lateral support portions 3151 may be stiffer than regions of the plenum chamber 3200 superior to lateral support portions 3151. Additionally, or alternatively, the lateral support portions 3151 may be stiffer than a central region of the plenum chamber 3200. The regions of relatively greater stiffness may be in the form of fins configured to provide areas of relatively high rigidity in comparison to surrounding areas of the plenum chamber. The seal-forming structure 3100 shown in Figs. 34 to 38 comprises lateral support portions 3151 therein. Additionally, the plenum chamber 3200 shown in Figs. 49 to 56 comprises lateral support portions 3151 in the shell 3210. The shell 3210 of the plenum chamber 3200 of Figs. 49 to 56 is shown in isolation in Figs. 81-86. As shown, the lateral support portions 3151 are formed by superior lateral portions of the shell 3210 itself.

[0415] The lateral support portions 3151 may assist in providing lateral stability to the nasal portion 3230 of the plenum chamber 3200. In the examples of Figs. 7 to 38 the lateral support portions 3151 are provided to laterally-spaced, at least partially anterior-facing sides of the of the plenum chamber 3200. In particular, the lateral support portions 3151 are provided to the non-patient facing side (e.g., anterior side or at least partially anterior-facing sides) of the nasal portion 3230. In these examples one lateral support portion 3151 is provided on each lateral side of the plenum chamber 3200 to an at least partially anterior-facing wall. The plenum chamber 3200 is configured so that the lateral support portions 3151 are positioned in the seal-forming structure 3100 approximately opposite the patient's ala in use.

[0416] The lateral support portions 3151 may comprise regions of the plenum chamber 3200 having an increased material thickness relative to surrounding or adjacent areas. Alternatively, or additionally, the lateral support portions 3151 may be formed by a material stiffer than the material in surrounding or adjacent areas.

[0417] The lateral support portions 3151 may be substantially fin shaped (e.g. having a curved superior boundary and a flatter inferior boundary). As shown in Figs. 34 to 38, the lateral support portions 3151 of the seal-forming structure 3100 comprise curved superior boundaries 3153 and flatter inferior boundaries 3152. Similarly, the lateral support portions 3151 of the shell 3210 as shown in Figs 49 to 56 have curved superior boundaries 3153 (although in this example there are no distinct inferior boundaries of the lateral support portions 3151). A fin shape, in particular the provision of a curved superior boundary or edge, is advantageous as the superior edge or boundary of the lateral support portion 3151 follows the curvature of the superior periphery 3232 of the nasal portion 3230. This provides a consistent height of the nasal portion 3230 above the shell 3210, which may be useful for providing consistent or controlled stiffness to the structure of the nasal portion 3230 (as discussed below). Additionally, the curved superior boundaries 3153, rather than a flat boundary around the entire anterior side of the nasal portion 3230, mean that the central anterior-facing portion of the nasal portion remains flexible to avoid excessive force on the patient's pronasale.

[0418] The lateral support portions 3151 may control collapsibility of the anterior side of the plenum chamber 3200. The height (e.g., amount of superior extension) of the lateral support portions 3151 may be selected to balance collapsibility with structural rigidity. A certain amount of flexibility in the structure of the seal-forming structure 3100 is desirable as it enables the seal-forming structure 3100 to accommodate a wide range of nose shapes and sizes. However, if the lateral support portions 3151 extend too far in the superior direction, the seal-forming structure 3100 may not be accommodating enough or may not be sufficiently comfortable. Alternatively, if the lateral support portions 3151 do not extend far enough in the superior direction, then the seal-forming structure 3100 may be so prone to collapse

that it may not be able to prevent blowout of the sealing engagement with the patient's face.

[0419] Additionally, some flexibility in the overall structure of the seal-forming structure 3100 can be advantageous for accommodating long and/or narrow noses. When the seal-forming structure 3100 is moved upwards into contact with the underside of a narrow nose, an amount of flexibility in the overall structure of the nasal portion 3230 is desirable as it enables the lateral sides of the seal-forming structure 3100 to be drawn inwards as a result of downwards force applied to the centre of the seal-forming structure 3100 by the patient's nose. Figs. 112 and 113 show the seal-forming structure 3100 before and after being brought into sealing position with the nose of the patient 1000. As shown in Fig. 113, when the seal-forming structure 3100 in the nasal portion 3230 is brought into contact with the patient's nose, the outwardly-facing lateral sides of the seal-forming structure 3100 are pulled inwardly to assist the inwardly-facing lateral sides of the seal-forming structure 3100 to conform to the lower periphery of the patient's nose. If there is insufficient flexibility in the lateral sides of the seal-forming structure 3100, the seal-forming structure 3100 may be less accommodating to narrow noses and/or may be uncomfortable if the patient is required to tighten the headgear to compensate. Excess flexibility may result in the seal-forming structure 3100 being incapable of holding its shape and maintaining an effective seal.

[0420] The height of the lateral support portions 3151, should be appropriate to provide sufficient structural rigidity to the nasal portion 3230 while remaining flexible enough to enable the seal-forming structure 3100 to seal comfortably to a wide range of noses. The lateral support portions 3151 may extend superiorly approximately 35-65% of the height of the nasal portion 3230, such as 40-60% or 50%, in examples, of the distance between a base of the nasal portion 3230 on an anterior side of the plenum chamber 3200 and the most superior point of the plenum chamber 3200.

[0421] In other examples, the lateral support portions 3151 could be substituted by other stiffening/rigidising structures or features. In some examples, ribs are provided to the interior or the exterior of the nasal portion 3230 of the seal-forming structure 3100 generally in the locations of the lateral support portions 3151, to

provide structural rigidity to the nasal portion 3230. In other examples, the lateral support portions 3151 may be rigidised. The seal-forming structure 3100 may comprise supportive inserts (e.g., rigidiser elements) provided to the lateral support portions 3151. In one example, the seal-forming structure 3100 may be overmoulded to one or more rigidiser elements to provide rigidity to the lateral support portions 3151.

[0422] In other examples, the plenum chamber 3200 may comprise an undercushion that provides the necessary support to the structure of the nasal portion 3230. The undercushion may be thicker than the face-contacting portions of the seal-forming structure 3100, allowing the patient-contacting walls to be thin for comfort and able to conform to the patient's nose and face.

[0423] Further still, in some examples a separate component is provided to support the structure of the nasal portion 3230 of the seal-forming structure 3100. For example, a frame to which the plenum chamber 3200 connects may have portions that reinforce the seal-forming structure 3100 in the areas of the lateral support portions 3151.

5.3.1.1.1 Lateral support portions formed by seal-forming structure

[0424] The plenum chamber 3200 shown in Figs. 7 to 40 comprises lateral support portions 3151 provided by the seal-forming structure 3100. The lateral support portions 3151 are provided to the anterior side of the plenum chamber 3200 and on each lateral side of the nasal portion 3230. In this example, the lateral support portions 3151 are provided at inferior regions of each lateral side of the nasal portion 3230.

[0425] At least a majority of the nasal portion 3230 is formed by the seal-forming structure 3100 in this example. The majority of the nasal portion 3230 of the plenum chamber 3200 is formed from a soft, flexible resilient material. The majority of the nasal portion 3230 is formed from silicone in this example. In the examples of Figs. 7 to 33, substantially the entire nasal portion is formed by the seal-forming structure 3100. In the examples of Figs. 49 to 75, portions of the nasal portion are formed by

the shell 3210. In the examples of Figs. 186 to 192, the nasal portion of the seal-forming structure 3100 is formed from one or more sections of textile material.

[0426] In these examples, the lateral support portions 3151 are regions of the seal-forming structure 3100 having relatively greater stiffness in comparison to one or more adjacent regions of the seal-forming structure 3100. In particular, the lateral support portions 3151 have a greater material thickness than regions of the seal-forming structure 3100 superior to the lateral support portions 3151. This greater material thickness provides an amount of stiffness or structural rigidity to the structure of the seal-forming structure 3100 and in particular the nasal portion 3230. Much of the posterior side of the nasal portion 3230 has a low wall thickness for comfort and ability to seal against the patient's face, which may not provide significant structural rigidity to the shape of the nasal portion 3230. The lateral support portions 3151 compensate for the lack of structural rigidity provided by the patient-contacting walls and increase the overall structural rigidity to the nasal portion 3230.

[0427] As shown in Figs. 35 and 38, the lateral support portions 3151 each comprise a substantially flat inferior boundary 3152. While the substantially flat inferior boundaries 3152 are approximately flat, they may still have a small amount of curvature, for example due to some curvature being required for the base of the nasal portion to transition into the oral portion 3260 of the plenum chamber 3200. Each flat inferior boundary 3152 may be adjacent a respective posteriorly protruding portion 3215 of the shell 3210. The lateral support portions 3151 each comprise a curved superior boundary 3153 in this example. Additionally, the curved superior boundaries 3153 may have a curvature which substantially matches or follows curvature of a superior periphery 3232 of the seal-forming structure 3100 at the nasal portion 3230.

5.3.1.1.2 Lateral support portions formed by shell

[0428] The plenum chambers 3200 shown in Figs. 49 to 75 and 126 to 157 each comprises lateral support portions 3151 provided by the shell 3210 of the plenum chamber 3200. Figs. 81-86 show the shell 3210 of the plenum chamber 3200 shown in Figs. 49 to 75 in isolation. The lateral support portions 3151 in these examples comprise superior portions of the shell 3210. The lateral support portions 3151 extend in a superior direction into the nasal portion 3230 of the plenum chamber 3200. The

lateral support portions 3151 comprise portions of the shell 3210 provided to the nasal portion 3230 in these examples. While the shell 3210 has a generally flat top edge in the example shown in Figs. 7 to 33, the shell 3210 in the example shown in Figs. 49 to 75 and 81 to 86 comprises a curved top edge 3211 which comprises lateral support portions 3151 that extend in a superior direction to a greater extent than a central portion of the top edge 3211, forming the two lateral support portions 3151. Each of the lateral support portions 3151 in these examples comprises a curved superior edge or boundary. The curvature of each superior edge substantially matches or follows a curvature of a superior periphery 3232 of the seal-forming structure. The lateral support portions 3151 of the shell 3210 occupy regions of the anterior and lateral facing sides of the nasal portion 3230 approximately opposite from the patient's nasal ala in use.

[0429] The lateral support portions 3151 in the examples shown in Figs. 49 to 75 and 81 to 86 provide similar functions to the lateral support portions 3151 shown in the examples of Figs. 7 to 33. The lateral support portions 3151 provide structural rigidity to the nasal portion 3230 of the seal-forming structure 3100. Since the patient-contacting (posterior) side of the seal-forming structure 3100 comprises relatively low thickness, flexible walls, the lateral support portions 3151 provide a level of structural rigidity to the nasal portion 3230.

5.3.1.2 Plenum chamber inlet port

[0430] The shell 3210 may comprise one or more plenum chamber inlet ports 3240. The one or more plenum chamber inlet ports 3240 may allow for a connection to other components, such as a frame, decoupling structure, vent arrangement, heat and moisture exchanger (HMX), constant-flow vent (CFV), anti-asphyxia valve (AAV) and/or connection port to a conduit in various examples.

[0431] In the example shown in Figs. 7 to 14, the plenum chamber 3200 comprises a single inlet port 3240. The inlet port 3240 is provided substantially centrally in the shell 3210. The inlet port 3240 in this example may be configured to connect to a frame to which headgear or other positioning and stabilising structure components can be connected. The inlet port 3240 is substantially circular in this exemplary form of the technology.

[0432] In the examples shown in Figs. 49 to 56 and 126 to 183, the plenum chamber 3200 comprises two inlet ports 3240. The inlet ports 3240 are provided to lateral sides of the shell 3210. The inlet ports 3240 in these examples are configured to connect to conduits which connect to a decoupling component located above the patient's head where the conduits are connected to the air circuit. The conduits may form part of the positioning and stabilising structure 3300, i.e., they may be "headgear conduits". In some examples the inlet ports 3240 may receive combined headgear and conduit connection assemblies, in order to provide multiple functions such as venting, supply of the flow of air and headgear attachment points. The combined headgear and conduit connection assemblies may also comprise an AAV. The inlet ports 3240 in these examples are approximately elliptically shaped, e.g., oval.

[0433] In some examples, the plenum chamber 3200 shown in Figs. 7-14 may be provided with one or two inlet ports 3240 on the lateral sides of the shell 3210 to connect with conduit headgear. It would be understood that any of the features described herein of seal-forming structures 3100 (including that of the plenum chamber 3200 shown in Fig. 7-48) may be incorporated in a patient interface including conduit headgear.

[0434] The superior periphery of each inlet port 3240 in the examples shown in Figs. 49 to 56 is formed by a lateral support portion 3151 of the nasal portion 3230. In examples where the inlet ports 3240 connect to headgear conduits, this advantageously enables the connections of the plenum chamber 3200 to the headgear conduits to be made in superior positions of the plenum chamber 3200. This may enable shorter conduits, more favourable force vectors and/or a smaller conduit footprint over the patient's face, in comparison to inlet ports 3240 provided at inferior positions of the plenum chamber 3200.

[0435] In one example, the plenum chamber 3200 connects to a frame and is supported in front of the patient's face via a positioning and stabilising structure 3300 (e.g. headgear). The connection to the frame may be a snap fit connection. Alternatively, the connection may be a press fit, bayonet connection or other suitable connection.

[0436] In one example the frame 3350 comprises snap fit hooks 3351 that fit over a rim of the shell 3210. In some examples two snap fit hooks 3351 provided to the frame snap over a rim 3218 provided to the air inlet port 3240 of the plenum chamber 3200. Figure 87 is a cross section view of the connection between the frame 3350 and the plenum chamber 3200 in a horizontal plane, showing horizontal snap fit hooks 3351 snapped over the rim 3218 of the air inlet port 3240. In this example, the two snap fit hooks 3351 are horizontally opposed across the air inlet port 3240. In other examples the arms are vertically opposed. Providing horizontally opposed snap fit arms (e.g., at 9 o'clock and 3 o'clock positions around the air inlet 3240) may advantageously provide resistance to disengagement when lateral forces are exerted on the plenum chamber 3200 or frame 3350. Figure 88 is a cross section view of the connection between the frame 3350 and the plenum chamber 3200 in a vertical plane, showing a lack of snap fit connections at the vertically opposed sides of the connection. Since the patient may sleep with their head on its side, the plenum chamber 3200 may be more likely to receive lateral forces in use than vertical forces. Providing horizontally opposed snap fit connections means that the patient can rotate the plenum chamber 3200 upwards or downwards with respect to the frame 3350 to disassemble it, but that lateral forces on the plenum chamber 3200 during use may be unlikely to disengage plenum chamber 3200 from the frame.

5.3.2 Seal-forming structure

[0437] In one form of the present technology, a seal-forming structure 3100 provides a target seal-forming region, and may additionally provide a cushioning function. The target seal-forming region is a region on the seal-forming structure 3100 where sealing may occur. The region where sealing actually occurs - the actual sealing surface - may change within a given treatment session, from day to day, and from patient to patient, depending on a range of factors including for example, where the patient interface was placed on the face, tension in the positioning and stabilising structure and the shape of a patient's face.

[0438] In one form the target seal-forming region is located on an outside surface of the seal-forming structure 3100.

[0439] In certain forms of the present technology, the seal-forming structure 3100 is constructed from a biocompatible material, e.g., liquid silicone rubber (LSR).

[0440] A seal-forming structure 3100 in accordance with the present technology may be constructed from a soft, flexible, resilient material such as liquid silicone rubber (LSR) or a textile material.

[0441] In one form of the present technology, a seal-forming structure 3100 may be constructed from a textile material. In some forms, the textile material can be formed from a textile having a constant cross-sectional thickness. In some forms, the textile material can be formed from a plurality of textile portions each having a different cross-sectional thickness, or a textile portion having a varying cross-sectional thickness across the length of the portion.

[0442] In one form of the present technology, a seal-forming structure 3100 can be formed from a plurality of distinct textile segments. In one form of the present technology, a seal-forming structure 3100 can be formed from a plurality of distinct textile materials.

[0443] In one form of the present technology where a textile material is used, the textile seal-forming structure 3100 can be formed from multiple layers. In some further forms, at least one of the layers can be formed from a laminate. The thickness of the cross section of the laminate can be altered across the textile material as required, and the compliance of the textile material can thus be altered accordingly. For example, in some forms of the present technology, the textile seal-forming structure 3100 can be formed with a plurality of varying compliant regions by altering the thickness of the laminate locally in those regions.

[0444] In one form of the present technology, a seal-forming structure 3100 in accordance with the present technology may be constructed from a combination of a soft, flexible, resilient material such as silicone and a textile material. In some forms, a textile material can be overlaid over a silicone. Such a form may improve the comfort of the seal-forming surface where it contacts a patient's face.

[0445] Textiles may have increased compliance or decreased resilience when compared with an elastomeric material. Thus, in order to retain its shape, the textile may comprise an additional substrate layer of either elastomeric material (eg. silicone) or be layered to include a laminate. The additional layer may increase the rigidity and reduce the compliance of the textile material. Elastomeric materials such as silicone or TPE are more resilient than textile materials and thus can be used in conjunction with the textile material to contribute rigidity to the resulting textile material. In some forms, the increased resilience and rigidity can provide added sealing force to the textile seal, thereby increasing the robustness of the seal. This increased robustness may be combined with the compliant nature of the textile material to balance the patient's overall comfort and enhance the adaptability of the resulting seal forming structure to conform to various facial geometries. In some forms the resulting seal forming structure may enhance the textile materials ability to provide a pressurised seal against the patient's face during dynamic movement of the seal forming structure relative to the patient's face in use.

[0446] In some forms, the seal-forming structure 3100 can be formed from a compliant textile material that, in use, can readily adapt and conform to the patient's facial profile. For example, the textile material used for the seal-forming structure 3100 may be capable of stretching to accommodate for a patient's more prominent facial features such as the patient's nose. In some forms, the seal-forming structure 3100 can be formed, at least in part, from a thin single layer of textile material or a highly elastic composite of multiple textile layers. The resulting seal-forming structure 3100 can in some forms be sufficiently compliant so as to at least partially inflate and establish a pressurised seal around the contours and facial creases of a patient's face. In some forms, when a compliant textile material is used in one or more segments of the seal forming structure 3100, the combined effect of the various seal-forming structures 3100 may functionally result in an improved and robust seal against the patient's face. In some forms, it may be beneficial for there to be multiple physically, or at least functionally, discrete textile segments that can each define a zone of the seal-forming structures 3100. By forming the seal-forming structure 3100 from multiple segments, one or more textile materials can be over moulded to a shell

3210 having a complex three-dimensional shape. In some forms, the complex region can be moulded to be substantially capable of maintaining the desired complex shape.

[0447] The seal-forming structure 3100 can be formed to comprise regions of different complexities of shape, where the complexities of shape are defined by characteristics of the principal curvatures and torsion of the respective regions. In the context of this disclosure, a complex shape is defined as a shape comprising curvature in two or more directions, i.e. a 3-dimensional (3D) shape, where the complex curvature is retained in a resting state. For example, a silicone region can be moulded so as to retain a preformed shape. By contrast, regions formed using textile material are generally incapable of retaining a preformed shape in a resting state, and thus it is more difficult to form textiles having curvature in two or more directions so as to be a complex shape.

[0448] The properties of the textile material used for the seal-forming structure 3100 may be such that any change in the sign of curvature is difficult to form with the textile material, and would thus be considered a complex shape. For example, in some forms any curvature that changes from negative to positive or from positive to negative may be overly complex in shape (e.g. a saddle or valley shape). In another example, a simple dome or crater, where there is only one curvature, would not be overly complex in shape to form using a textile material.

[0449] In some forms, the seal-forming structure 3100 can be formed using at least one region of textile material and at least one region of non-textile material (e.g. silicone or TPE). The non-textile material can be used to form the region/s where complex shapes are required, whilst the textile material can be used in the region/s where there is less complex curvature.

[0450] In some forms, a complex shape can be further defined as a shape having a magnitude of torsion and a curvature in two or more directions, where the combination of the torsion and curvature is above a threshold such that the material begins to form folds or creases in the resting state, prior to or during use. For regions of the seal-forming structure 3100 formed from a textile material, this threshold

would be a lower magnitude of torsion and/or curvature when compared with some non-textile materials such as silicone, TPE or other elastomer materials.

[0451] In the context of the specification, a complex three-dimensional shape is defined as a plenum shell 3210 having a posterior, patient engaging side that curves around two or more axis.

[0452] In some forms, a mouldable elastomer material (e.g. Silicone or TPE), can be used in conjunction with, or as a substitute for, the textile material that forms the one or more seal-forming structures 3100. For example, a mouldable elastomer material can be used as a substitute for the textile material in a zone of the seal forming structure 3100 that has a curvature that passes through a complex three-dimensional shape (e.g. adjacent the upper lip of the patient's face). The mouldable elastomer material can more easily be moulded to hold a complex shape without comprising the overall efficiency of the otherwise textile material seal-forming structure 3100.

[0453] In certain forms of the present technology, a system is provided comprising more than one seal-forming structure 3100, each being configured to correspond to a different size and/or shape range. For example the system may comprise one form of a seal-forming structure 3100 suitable for a large sized head, but not a small sized head and another suitable for a small sized head, but not a large sized head.

5.3.2.1 Sealing mechanisms

[0454] In one form, the seal-forming structure 3100 includes a sealing flange utilizing a pressure assisted sealing mechanism. In use, the sealing flange can readily respond to a system positive pressure in the interior of the plenum chamber 3200 acting on its underside to urge it into tight sealing engagement with the face. The pressure assisted mechanism may act in conjunction with elastic tension in the positioning and stabilising structure. When the seal forming structure 3100 comprises textile material, the positive pressure from within the plenum chamber 3200 can cause the at least a portion of the seal forming structure 3100 to inflate. This may further enhance the overall sealing engagement with the patient's face.

[0455] In one form, the seal-forming structure 3100 comprises a sealing flange and a support flange. The sealing flange comprises a relatively thin member with a thickness of less than about 1mm, for example about 0.25mm to about 0.45mm, which extends around the perimeter of the plenum chamber 3200. Support flange may be relatively thicker than the sealing flange. The support flange is disposed between the sealing flange and the marginal edge of the plenum chamber 3200, and extends at least part of the way around the perimeter. The support flange is or includes a spring-like element and functions to support the sealing flange from buckling in use.

[0456] In one form, the seal-forming structure may comprise a compression sealing portion or a gasket sealing portion. In use the compression sealing portion, or the gasket sealing portion is constructed and arranged to be in compression, e.g. as a result of elastic tension in the positioning and stabilising structure.

[0457] In one form, the seal-forming structure comprises a tension portion. In use, the tension portion is held in tension, e.g., by adjacent regions of the sealing flange.

[0458] In one form, the seal-forming structure comprises a region having a tacky or adhesive surface.

[0459] In certain forms of the present technology, a seal-forming structure may comprise one or more of a pressure-assisted sealing flange, a compression sealing portion, a gasket sealing portion, a tension portion, and a portion having a tacky or adhesive surface.

5.3.2.2 Nasal region

[0460] In certain forms of the present technology, the seal-forming structure 3100 comprises a central portion configured to form a seal to inferior surfaces of the patient's nose. The central portion may seal to an inferior periphery of the patient's nose (e.g., surrounding the patient's nares and to the patient's lip superior). In examples, the seal-forming structure 3100 may be configured to contact the patient's face below the bridge of the nose or below the pronasale.

[0461] As shown in Figs. 34 to 80 and 158 to 183, the seal-forming structure 3100 comprises a central portion configured to seal to an inferior periphery of the patient's nose in use and intermediate portions configured to be located against or proximate the ala of the patient's nose in use. More particularly, the central portion includes a superior-facing central portion 3111 and an anterior-facing central portion 3115. Most or all of the contact of the central portion with the patient's nose is made by the superior-facing central portion 3111. Additionally, the intermediate portions comprise a superior-facing intermediate portion 3121 and an anterior facing intermediate portion 3125. Most or all of the contact of the intermediate portions with the patient's nose is made by the superior-facing intermediate portion 3121.

[0462] It will be appreciated that the actual amount of contact made by the seal-forming structure 3100 to the patient's face will depend on the particular implementation of the present technology and the anatomy of a particular patient. The seal-forming structures 3100 of the plenum chambers 3200 shown in Figs. 158-164 (a small size plenum chamber 3200) and Figs. 165-171 (a medium size plenum chamber 3200) are configured for use by patients having nose shapes that are long and narrow. In contrast, the seal forming structures 3100 of the plenum chambers 3200 shown in Figs. 172-176 (a small-wide size plenum chamber 3200) and Figs. 177-183 (a wide size plenum chamber 3200) are configured for use by patients having relatively short and wide noses. In the small and medium-sized plenum chambers 3200 shown in Figs. 158-171, a greater amount of contact may be made to lateral inferior surfaces of the patient's nose by the superior-facing intermediate portions 3121 than in the small-wide and wide size plenum chambers 3200 shown in Figs. 172-183, since patients that use the small and medium-sized plenum chambers 3200 may generally have narrower noses and since the small and medium size plenum chambers 3200 may have a greater concavity in the nasal portion 3230 of the seal forming structure 3100. In each of these particular examples of the present technology, the superior facing central portion 3111 makes the majority of contact with the inferior surfaces of the patient's nose.

[0463] The lip superior portion 3116 may also make significant contact with inferior surfaces of the patient's nose along with the patient's lip superior. In some

examples a majority of the seal formed by the seal-forming surface 3100 to the inferior periphery of the patient's nose may be made by the superior-facing central portion 3111 and lip superior portion 3116. The superior-facing central portion 3111 and lip superior portion 3116 may each comprise a lower stiffness than other portions of the seal forming structure 3100, which in some examples of the present technology is provided by a lower wall thickness than other portions of the seal forming structure 3100. The inferior surfaces of the patient's nose and lip superior can have complex geometry and can also be very sensitive to pressure. Accordingly, it is advantageous for the areas of the plenum chamber 3200 that will contact or seal against these locations to be flexible and compliant, to avoid exerting excessive pressure on the face at these regions. The low stiffness, which in these examples is provided by a thin wall thickness in the central portion of the nasal portion 3230 of the seal-forming structure 3100 proximate the nasal holes 3272, enable the cushion to readily deform to seal against the surfaces on the underside of the patient's nose, e.g., against the pronasale towards the anterior direction, the nasal ala on either lateral side and the lip superior. Fig. 110 shows a cross section view of the plenum chamber 3200 in sealing contact with the lower periphery of the nose of a patient 1000. While the overall shape and structure of the outwardly-facing regions of the nasal portion 3230, such as the posterior corners 3131, anterior-facing intermediate portions 3125 and the anterior-facing central portion 3115 is generally maintained in use, the more flexible superior-facing central portion 3111 is able to conform to the lower periphery of the patient's nose.

[0464] The low wall thickness of the superior-facing central portion 3111 and lip superior portion 3116 also enables the seal-forming structure to inflate in these portions to conform to the geometry of inferior surfaces and periphery of the patient's nose. As shown in Fig. 110, the thin wall of the seal-forming structure 3100 in the superior-facing central portion 3111 and lip superior portion 3116 is advantageous in creating a good seal to the complex geometry under and around the nose. The thin wall can deform and inflate under pressure, conforming to the surfaces of the patient's face to create an effective and yet comfortable seal.

[0465] The superior-facing central region 3111 superior and anterior to the nasal holes 3272 of the seal-forming structure is intended to seal against the inferior and partially anterior surfaces of the patient's pronasale. This area of the seal-forming structure 3100 may be provided with a low wall thickness because the pronasale can be a relatively sensitive area to many patients. The central portion may extend from a superior-facing central portion 3111 on the posterior (i.e., patient facing) side of the cushion over a central saddle portion 3112 and peripheral edge and into an anterior-facing central portion 3115 on the anterior (i.e., non-patient facing) side of the seal-forming structure. A thin wall thickness in this region avoids exerting excessive pressure on the sensitive pronasale area.

[0466] A lip superior portion 3116 of the seal-forming structure 3100 is intended to seal against the lip superior. The lip superior portion 3116 is provided centrally and inferior and posterior to the nasal holes 3272. The lip superior portion 3116 may comprise a low wall stiffness. In some examples the low wall stiffness is provided by a low wall thickness. Similarly to the area of the seal-forming structure 3100 intended to seal against the pronasale, a low wall thickness extends over the central inferior/posterior region of the nasal portion 3230 of the seal-forming structure 3100 because the lip superior can be a sensitive area. The low wall thickness may exert lower forces on the lip superior than would be exerted by a relatively thick wall thickness.

[0467] While there is an advantage for comfort in keeping the wall thickness low in the regions configured to contact the sensitive pronasale and lip superior regions, in examples of the present technology the wall thickness in these regions is not reduced to the extent that the seal-forming structure 3100 is no longer able to maintain a stable seal to the patient's face. If the wall thickness is too low in these regions, the seal-forming structure could be prone to creasing, which can break the seal and create a leak path through which air can flow to the surroundings between the patient's face and the cushion.

[0468] The superior-facing intermediate portions 3121 may be located around some or all of the inferior periphery of the patient's nose in use. For example, the superior-facing intermediate portions 3121 may be configured to lie just outside of a

patient's nose at the base of the nose, e.g., proximate or in contact with the ala. The superior-facing intermediate portions 3121 of the seal-forming structure 3100 may comprise a pair of exterior walls facing towards partially medial and partially superior directions (e.g., having external or exterior surfaces facing in medial and superior directions) and in some examples also partially posteriorly. As shown in Fig. 113, the superior-facing intermediate portions 3121 of the nasal portion 3230 lie proximate the lower periphery of the nose of a patient 1000. The seal-forming structure 3100 comprises a greater stiffness in the superior-facing intermediate portions 3121 in comparison to the central portions 3111, 3115. In these examples, the seal-forming structure 3100 comprises a greater wall thickness in the intermediate portions 3121 and 3125 than in the central portions 3111, 3115 and lip superior portion 3116.

[0469] In general, a greater stiffness in regions of the seal-forming structure 3100 compared to other regions of the seal-forming structure 3100 may be provided by a greater wall thickness, a plurality of layers (e.g. a textile material comprising a plurality of layers), a stiffer material (e.g., higher durometer silicone or other material such as textile), a reinforcing structure such as a tie or a rib, an undercushion, portion or a chassis, or the like, across various examples of the present technology.

[0470] In the examples of Figs. 34 to 38 and 76 to 80, the nasal portion has a central saddle portion 3112 which may seal to anterior or inferior areas of the patient's pronasale in addition to the superior-facing central portion 3111. The intermediate portions are, in these examples, provided to lateral sides of the nasal portion 3230 of the seal-forming structure 3100 on either side of the superior-facing central portion 3111, but not to the central saddle portion 3112, which in these examples of the present technology comprises the same low stiffness as the superior facing central portion 3111 and anterior-facing central portion 3115.

[0471] The seal-forming structure 3100 may have a wall thickness of between 0.15-0.4mm in the superior-facing central portion 3111, anterior-facing central portion 3115, and/or lip superior portion 3116, for example, between 0.2mm and 0.3mm, such as 0.25mm. The wall thickness in the superior-facing intermediate portions 3121 and anterior facing intermediate portions 3125 may be in the range of 0.5mm-1mm, such as between 0.6mm-0.9mm, for example 0.75mm.

[0472] In some examples, the superior-facing intermediate portions 3121 of the seal-forming structure 3100 reinforces the superior-facing central portion 3111 of the seal-forming structure 3100. In further examples, the superior-facing intermediate portions 3121 provides a barrier to creases and prevents leak paths from forming in the seal-forming structure 3100. Additionally, the superior-facing intermediate portions 3121 may provide flexibility and support against sideward loading on the plenum chamber 3200 to help prevent breaking the seal under lateral forces.

[0473] As the superior-facing central portion 3111 has a thin wall thickness and is therefore very flexible, it may be prone to creasing in some conditions. The superior-facing intermediate portions 3121 are stiffer than the superior-facing central portion 3111 due to greater wall thickness and are therefore less prone to creasing. In some examples, the nasal portion 3230 of the seal-forming structure 3100 may be particularly prone to creasing proximate the lateral sides of the patient's nose. If a crease begins in the seal-forming surface and continues outside of the seal forming surface, the crease may create a leak path through which gas can leak through the crease from the interior of the plenum chamber 3200 to ambient, past the patient's face.

[0474] In some examples, the superior-facing intermediate portion 3121 due to its increased wall stiffness, resists creasing of the seal-forming structure 3100. If a crease occurs in the superior-facing central portion 3111 of the seal-forming structure 3100, the superior-facing intermediate portions 3121 and/or the thicker posterior corner regions 3131 can limit the size of the crease to prevent it from continuing up the patient-facing sides of the nasal portion 3230 and past the seal forming surface (e.g., part of the periphery of the patient's nose). Accordingly, the superior-facing intermediate portions 3121 act as a barrier to creases that closely follow the shape of the patient's nose, by being configured to lie at or proximate the edges of the patient's ala around the base of the nose. Fig. 116 shows a plenum chamber 3200 with various portions of the seal-forming structure 3100 identified. As illustrated, creases 3110 have formed in the superior-facing central portion 3111, yet the superior-facing intermediate portions 3121 and the posterior corners 3131 effectively provide a barrier preventing the creases 3110 from propagating outwardly and forming leak

paths past the seal formed with the patient's face. The posterior corners 3131 may provide a barrier to the creases 3110 inferior to and laterally of the superior-facing central portion 3111. The superior-facing intermediate portions 3121 may provide a barrier to the creases 3110 superior to and laterally of the superior-facing central portion 3111.

[0475] Furthermore, the intermediate portions 3121 or 3125 may assist in resisting or preventing creases forming in the thinner central portions 3111 or 3115. When the patient dons the patient interface 3000, the intermediate portions may stretch the thinner central portion onto the base of the nose (e.g., to the inferior periphery). The increased resistance to deformation that is provided by the intermediate portions proximate the patient's ala may resist or prevent creases from forming in the central portion by stretching the central portion onto the base of the nose.

[0476] The seal-forming structure 3100 may also comprise a lateral-facing posterior portion 3141 on lateral non-patient facing regions of the nasal portion 3230 of the seal-forming structure 3100. The lateral-facing posterior portions 3141 of the nasal portion 3230 may comprise a greater stiffness than the superior-facing intermediate portions 3121 and anterior-facing intermediate portions 3125. The lateral-facing posterior portions 3141 may comprise a greater wall thickness than the intermediate portions, central portions and or lip superior portion 3116.

[0477] The superior-facing intermediate portions 3121 are positioned to contact the sides of the patient's nose when the patient dons the patient interface 3000, yet are flexible enough that they can be deformed laterally by the patient's nose. In use, the seal-forming structure 3100 is biased at the superior-facing intermediate portions 3121 into contact with the patient's nasal ala. The patient's nose exerts forces outwardly on the sides of the seal-forming structure 3100 when the patient dons the patient interface 3000. In turn, the sides of the seal-forming structure 3100 in the nasal portion 3230 conform to the periphery of the patient's nose to form a stable and robust seal. Figs. 112 and 113 show the nasal portion 3230 before and after the patient 1000 dons the patient interface 3000. As illustrated, the seal-forming structure 3100 is shaped in the nasal portion 3230 to conform to the lower periphery of the patient's

nose when the patient 1000 dons the patient interface 3000. Fig. 113 shows that the seal-forming structure 3100, in the superior-facing central portion 3111 proximate the superior facing intermediate portions 3121 conforms to the periphery of the nose of the patient 1000 to form a good seal. The stiffness of the seal-forming structure 3100 in the superior-facing intermediate portions 3121 is advantageously large enough that the nasal portion 3230 can fit to and create a robust seal with a narrow nose but is not so stiff that it would be uncomfortable for a wider nose.

[0478] Additionally, the preload on the sides of the nose provided by the superior-facing intermediate portions 3121 provides decoupling between the patient's nose and the rest of the plenum chamber 3200 and patient interface 3000, tolerating some lateral movement of some portions of the plenum chamber 3200, e.g. the shell 3210, without disrupting the seal in use. Fig. 114 illustrates a seal-forming structure 3100 in sealing contact with the nose of a patient 1000 and in the absence of lateral displacement of the plenum chamber 3200. Fig. 115 shows the same view as Fig. 114 but after the seal-forming structure 3100 has been displaced laterally (for example by tube drag). As shown in Fig. 115, the bias of the seal forming structure 3100 into contact with the nose of the patient 1000 enables the seal-forming structure 3100 to remain in sealing contact with both sides of the nose even under relatively large displacement of the plenum chamber 3200.

[0479] As shown in Figs. 7-8, 49-50, 128-129, 138-139, 146-147, 154-155, the nasal portion 3230 of the seal-forming structures 3100 in these examples comprises two lateral portions 3231. Each lateral portion 3231 of a nasal portion 3230 may comprise a patient-facing side and a non-patient-facing side. The patient-facing side may face in a medial and posterior direction while the non-patient-facing side may face in a lateral and anterior direction. Both the patient-facing side and the non-patient-facing side may face partially in a superior direction. The patient-facing side of a lateral portion 3231 of the nasal portion 3230 may comprise a portion of the superior-facing central surface 3111 and an adjacent superior-facing intermediate portion 3121. The non-patient-facing side of a lateral portion 3231 of the nasal portion 3230 may comprise an anterior-facing intermediate portion 3125 and a lateral-facing posterior portion 3134.

[0480] The lateral portions 3231 of the nasal portion 3230 of the seal-forming structure 3100 in some examples of the present technology may be taller than in other examples of the present technology. That is, the lateral portions 3231 may project from the oral portion 3260 by a greater distance in the superior direction in use. The plenum chambers 3200 shown in Figs. 7-8 and 49-50 comprise tall lateral portions 3231 in the nasal portion 3230. These plenum chambers 3200 may fit well to patients comprising relatively long, narrow noses, and/or noses comprising ala that are higher than the columella. The plenum chambers 3200 shown in Figs. 128-129 and 138-139 comprise lateral portions 3231 in the nasal portion 3230 which are not as tall as the examples shown in Figs. 7-8 and 49-50 but which comprise a moderate height. These lateral portions 3231 may also fit well to patients having long and narrow noses. The lateral portions 3231 shown in Figs. 146-147 and 154-155 have shorter lateral portions 3231 in the nasal portion 3230. These plenum chambers 3200 may fit well to patient's having wider, shorter and/or flatter noses.

[0481] The anterior areas of the nasal portion 3230 are configured to be comfortable while able to form a stable seal to the patient's nose.

[0482] The anterior-facing central portion 3115 has in some examples a thickness of approximately 0.15-0.4mm, for example 0.2-0.3mm, and in the illustrated example comprises a wall thickness of approximately 0.25mm. The anterior-facing intermediate portions 3125 may comprise a wall thickness that is greater than a wall thickness in the anterior-facing central portion 3115, and may be between 0.5mm and 1mm, such as between 0.65mm and 0.85mm or, in the illustrated examples, approximately 0.75mm. In some examples the thickness of the seal-forming structure 3100 tapers between regions having different thicknesses. In other examples the thickness changes relatively abruptly, e.g., in steps. The anterior areas of the nasal portion 3230 is configured to be somewhat compliant and is therefore not as thick and stiff as other regions of the nasal portion 3230, such as the posterior corners 3131 of the nasal portion 3230 (which may be in the range of 1-1.5mm in thickness). The anterior areas of the nasal portion 3230 may generally be sufficiently thick that it is stiff enough to hold its general shape when donned by a patient.

[0483] Providing flexibility in the anterior portion of the nasal portion 3230 allows the seal-forming structure 3100 to deform somewhat when receiving a patient's nose, especially a longer nose. Fig. 117 shows a plenum chamber 3200 according to one example in sealing contact with the face of a patient 1000 with a short nose, while Fig. 118 shows the plenum chamber 3200 in sealing contact with the face of a patient 1000 with a longer nose. The seal-forming structure 3100 in this example is able to deform to a greater extent to receive the longer nose. This may be achieved without adversely affecting patient comfort. The patient's pronasale can be a particularly sensitive area and the flexibility of the anterior portion of the nasal portion 3230 may help reduce forces applied to the patient's nose from the seal-forming structure 3100. This flexibility is particularly advantageous at the location of the pronasale, and therefore the central portions are less stiff than the anterior-facing intermediate portions 3125. The superior-facing central portions 3111 and anterior-facing central portions 3115 may be around 0.25mm in thickness while the anterior-facing intermediate portions 3125 may have a wall thickness of about 0.75mm. The reduced thickness of the central portions reduces pressure on the pronasale while the thicker intermediate portions 3125 provide some support to the overall structure of the nasal portion 3230.

[0484] A further advantage of a flexible central region of the nasal portion 3230 is that it enables the sides of the nasal portion 3230 to be pulled inwardly (e.g., in a medial direction) when the patient dons the patient interface 3000 and the patient's nose exerts a downward force on the superior-facing central portion 3111 of the seal-forming structure. The inwards pull on the sides of the nasal portion 3230 towards the sides of the patient's nose may improve the seal since the seal-forming structure 3100 is pulled into and around the inferior periphery of the patient's nose. Fig. 113 illustrates a seal-forming structure 3100 conforming to the periphery of the patient's nose.

[0485] Although the lateral sides of the nasal portion 3230 are pulled inwards, the anterior portion, and in particular the anterior-facing intermediate portions 3125 on either side of the more flexible anterior-facing central portion 3115, retains enough structural rigidity to maintain the overall shape of the seal-forming structure 3100 and

prevent creases from creating leak paths. In alternative examples, the anterior-facing central portion 3115 may be closer in thickness to the anterior-facing intermediate portions 3125 to provide further crease resistance at the central saddle portion 3112 of the nasal portion 3230.

[0486] It is advantageous that the nasal portion 3230 of the seal-forming structure 3100, and in particular the region between the nasal holes 3272 and the central saddle region 3112 of the nasal portion 3230, is relatively long in the anterior-posterior directions. This part of the nasal portion 3230 of the seal-forming structure 3100 is relatively unsupported in comparison to other regions. A long area in this part of the seal-forming structure 3100 allows ample room for the nasal portion 3230 of the seal-forming structure 3100 to deform, which is advantageous as it receives the nose. If the seal-forming structure 3100 has a stiffer structure in this region, excessive force could be exerted on the patient's pronasale, especially in longer noses. It is advantageous to avoid this excessive force for comfort, given the pronasale can be a particularly sensitive region. However, some patients have shorter noses, which may also be relatively wide. The plenum chambers 3200 shown in Figs. 142-149 and 150-157 are suited to patients with shorter noses. These plenum chambers 3200 and comprise nasal portions 3230 which are shorter in length between the lip superior portion 3116 and the central saddle region 3112. These plenum chambers 3200 still have a surface in the superior-facing central portion 3111 between the apertures 3272 and the central saddle region 3112 which can receive the pronasale in a manner which is comfortable for the patient, but are not as long between the lip superior portion 3116 and the central saddle region 3112 as the plenum chambers 3200 shown in Figs. 126-133 or 134-141, which are better suited to patients having longer noses. The plenum chambers 3200 shown in Figs. 126-133 and 134-141 also comprise central saddle regions 3112 that are located more anteriorly with respect to the chassis 3210 than the central saddle regions 3112 of the plenum chambers 3200 shown in Figs. 142-149 and 150-157.

[0487] The superior-facing central portion 3111 of the nasal portion 3230 of the seal-forming structure 3100 has a bridge portion 3113, connecting the anterior region of the superior-facing central portion 3111 with the lip superior portion 3116 of the

nasal portion. The bridge portion 3113 therefore lies inferior to the patient's columella in use and partly defines the two nasal holes 3272 (one on either lateral side) through which air can be supplied to the patient.

[0488] The bridge portion 3113 is flexible and curved to be slack when the patient interface 3000 is not donned by the patient. The slack provided to the bridge portion 3113 allows the anterior part of the central portion 3111 (anterior of the bridge, which contacts the patient's pronasale in use) to move away from the lip superior portion 3116 when the patient dons the patient interface 3000.

[0489] Advantageously, this allows a nose with a longer length to still be comfortably accommodated by the seal-forming structure 3100. A longer and/or narrower nose could comfortably push the anterior part of the superior-facing central portion 3111 in an anterior direction. By allowing deformation of the nasal portion 3230 in this way, the forces exerted by the seal-forming structure 3100 back onto the patient's pronasale (which is generally quite sensitive) can be kept to a tolerable level. Figs. 117 and 118 show a plenum chamber 3200 and seal-forming structure 3100 having a bridge portion 3113 that is formed to have slack, worn by a patient 1000 having a short nose and long nose, respectively. As shown in Fig. 117, the bridge portion 3113 is generally curved and slack since the nose of the patient 1000 has not pushed the anterior part of the superior-facing central portion 3111 anteriorly to a significant extent. However, as illustrated in Fig. 118, the longer nose has pushed the anterior part of the superior-facing central portion 3111 anteriorly to such an extent that the bridge portion 3113 has stretched into a straighter configuration. The bridge portion 3113 is therefore advantageous in enabling the seal-forming structure to accommodate a range of nose sizes while still be comfortable and able to achieve a good seal.

[0490] The bridge portion 3113 may be S-shaped so that it can straighten out to tolerate movement of the superior-facing central portion 3111 of the seal-forming structure 3100 away from the lip superior portion 3116. The bridge portion 3113 may be bowed, curved or folded. The bridge portion 3113 may have concertina or bellows. The bridge portion 3113 may comprise only one curve so that the bridge is C-shaped, or may comprise two bows so that it is S-shaped, to provide even more slack. The

bridge portion 3113 may be in the form of a sling (e.g., a portion that hangs between its end). The bridge portion 3113 is longer and is comprised of more material than is necessary to bridge the gap between the anterior and posterior portions of the superior-facing central portion 3111 of the nasal portion 3230. The extra material allows for extension while the bridge portion 3113 straightens out, before becoming taut. The more extra material is provided, the more extension can be provided by the bridge portion 3113 before it becomes taut upon a force applied to the anterior part of the superior-facing central portion 3111. Since the bridge portion 3113 does not need to seal to the patient's columella in order to create a full seal to the patient's nose, a good seal can be made to a small nose even if the bridge portion 3113 remains somewhat slack.

[0491] The bridge portion 3113 may have a thickness of about 0.2mm-0.45mm, or 0.3-0.4 mm for example 0.35mm. The bridge portion 3113 may have a greater material thickness than the surrounding superior-facing central portion 3111 of the seal-forming structure 3100 which helps resist or prevent the bridge portion 3113 from tearing. The bridge portion 3113 could alternatively be wider and thinner. In one example, a thicker and narrower bridge portion 3113 is provided so that the nasal holes 3272 are relatively large.

[0492] The bridge portion 3113 may serve other purposes as well. For example, it may maintain the integrity of the central portion 3111 in the thin zone. If there were no bridge portion 3113 and instead a single nasal hole, due to the relatively thin wall thickness of the central portion, whilst under pressure if the seal-forming structure is refitted (e.g. via pulling of the face and reseating) or if it receives aggressive dynamic loading, there is a chance that blowout may occur at the superior-facing central portion 3111. The bridge portion 3113 ties the superior-facing central portion 3111 to the lip superior portion 3116 to reduce the chance of blowout at the superior-facing central portion 3111.

[0493] Additionally, the bridge portion 3113 may help prevent the patient from setting up the patient interface 3000 incorrectly. If the bridge portion 3113 was not provided and there was instead a single nasal hole, a patient may inadvertently insert their nose into the nasal hole. Since in some examples the seal-forming structure 3100

is configured to seal to an inferior periphery of the patient's nose, the seal-forming structure may not achieve a suitable seal if the patient inserts their nose into the nasal hole.

[0494] Notwithstanding the advantages of the bridge portion 3113 in some forms of the technology, in some alternative examples there is no bridge portion 3113 provided and there is only a single hole in the nasal portion 3230 of the seal-forming structure 3100. This allows the superior-facing central portion 3111 of the nasal portion 3230 to move relative to the inferior portion, and also makes the seal-forming structure 3100 easier to clean. However, there may be an increased risk of blowout for some patients if the superior-facing central portion 3111 of the seal-forming structure 3100 is not tied to the lip superior portion 3116. Additionally, the patient could attempt to insert their nose into the single hole. Provided steps are taken to mitigate these risks (e.g., by providing the seal-forming structure with a thicker, smaller or tighter membrane around the hole), then a single hole (i.e., no bridge) may be provided in some examples of the technology. Seal-forming structures 3100 of patient interfaces 3000 according to examples of the present technology may comprise either one or two apertures to provide a flow of air to the patient's nasal passages.

[0495] While, in the areas of the seal-forming structure 3100 discussed above, it is advantageous for the seal-forming structure 3100 to have a low wall thickness to allow it to comfortably conform to complex geometry, in some regions of the seal-forming structure 3100 a relatively thicker wall thickness is advantageous in other forms of the technology.

[0496] For example, the nasal portion 3230 of the seal-forming structure 3100 comprises posterior corners 3131 configured to seal to the patient's face proximate the nasaolabial sulcus. These posterior corners 3131 have a greater wall thickness in comparison to the central portion of the nasal portion 3230 of the seal-forming structure 3100. The greater wall thickness provides significant structural rigidity to the seal-forming structure 3100 in these regions, which may provide a number of advantages.

[0497] The posterior corners 3131 may assist in supporting the seal-forming structure on the patient's face and therefore need to have sufficient structural rigidity so that they do not collapse and compromise the seal achieved by the central portion of the seal-forming structure 3100 (e.g., the superior-facing central portion 3111 and/or lip superior portion 3116). In alternative examples, the posterior corners 3131 are provided with an undercushion for reinforcement. In the illustrated examples in which a single wall seal-forming structure 3100 is provided, structural rigidity is provided by a sufficiently high wall thickness, which may be around 0.8-1.6mm thick, for example 1.1mm to 1.45mm, or 1.25mm in one example. The posterior corners 3131 are configured to lie on the patient's face in a region inferior to the ala of the patient's nose as well as inferior and laterally outwards of the patient's nose, for example between the nasolabial sulcus and the regions of the lip superior located inferior to the ala.

[0498] As shown in Figs. 27, 34, 69, and 76, there is an abrupt transition (e.g., an abrupt taper or step) between the higher wall thickness in the posterior corners 3131 and the low wall thickness in the lip superior portion 3116 of the seal-forming structure 3100 (i.e., the region that seals against the lip superior). The thick posterior corners 3131 may provide support to the seal-forming structure where support is required/advantageous while the lip superior portion 3116 lies against and seal to against the patient's lip superior and may be much more flexible to conform to the contours of the patient's face while keeping forces to a minimum. While facial geometry can vary widely between patients, the abrupt transitions may be located almost directly inferior to the nasal ala on the lip superior.

[0499] In some examples of the present technology, the seal-forming structure 3100 comprises lateral corner regions 3114 forming part of the central portion, which are configured to contact and seal against the ala. As shown in Figs. 34, 76, 160, 161, 164, 168 and 170, superior to the location of the junction between the thicker of the posterior corners 3131 and the thinner wall thickness at the lip superior portion 3116 of the nasal portion 3230 of the seal-forming structure 3100 are lateral corner regions 3114 of the superior-facing central portion 3111 that extend in a lateral, posterior and superior direction on either side of the target seal forming region (e.g., they extend up

the medially-facing sides of the seal-forming structure 3100). The ala can be significantly curved, and many patients may have very concave pockets or cavities where the ala meets the face. The pockets can result from ala that curve back towards a medial direction (e.g., towards the sagittal plane) between the widest part of the nose and the junction of the ala and the face. Providing a low stiffness (which in these examples is achieved by a low wall thickness) at these lateral corner regions 3114 enables the seal-forming structure 3100 to deform to match the curvature of the ala. This flexibility and ability to conform may assist the seal-forming structure 3100 in filling the concavities which may exist at the inferior corners of the patient's nose.

[0500] The seal-forming structure 3100 may be configured so that each transition between the thick posterior corner 3131 and the thin lip superior portion 3116 may be located on the patient's face laterally of the ala but close to the ala. The regions of the seal-forming structure 3100 contacting the patient's face on either inferior lateral side of the nose may be part of the thick posterior corners 3131 to provide good support and stability to the seal-forming structure 3100. Fig. 111 shows a cutaway view of the plenum chamber 3200 according to one example of the present technology in sealing position on the patient's face. The superior-facing central portion 3111 seals to the lower periphery of the nose of the patient 1000 while the lip super portion 3116 seals against the patient's upper lip. The superior-facing intermediate portion 3121 lie proximate the sides of the patient's nose (e.g. proximate the ala). Additionally, the lateral corner regions 3114 of the superior-facing central portion 3111 may deform to receive the patient's ala. For example, the lateral corner regions 3114 may cup the patient's ala. They may deform to create shelves in the cushion on which the proximal portions of the patient's ala may be supported in use, enabling the seal-forming structure 3100 to conform well to the inferior periphery of the patient's nose in use, especially proximate the lip superior.

[0501] As illustrated in Fig. 111, the boundary between the thick walls forming the posterior corners 3131 and the medially adjacent portions of the seal-forming structure 3100 may track upwardly, outwardly and then inwardly to follow the curvature of the patient's nose in a superior direction starting from under patient's ala. The medial boundaries of the walls forming the thick posterior corners 3131 may

follow a path up the patient's face on either side of the nose following the curvature along either side of the nose. This may provide good support where needed (e.g., against the patient's face just below and on either side of the patient's nose) while enabling the thinner portions, such as the superior-facing central portion 3111 and the lip superior portion 3116 to conform and seal to the ala and underside of the patient's nose.

[0502] As shown in the side views such as Figs. 18, 19, 30, 31, 32, 38, 58, and 80, the seal-forming structure 3100 is even thicker towards its anterior side closer to the shell 3210 (shell 3210 not shown in Figs, 38 or 80 but shown in Figs 9 and 51). As discussed above, the seal-forming structure 3100 comprises lateral support portions 3151 in the form of thickened regions on the partially-anterior facing lateral sides of the nasal portion 3230 of the seal-forming structure 3100. The thicker regions of the seal-forming structure 3100 proximate the shell 3210 provide good support and structural rigidity to the seal-forming structure 3100.

[0503] While thick areas proximate the shell 3210 are advantageous in providing structural rigidity, the nasal portion 3230 of the seal-forming structure 3100 still retains a degree of flexibility to enable the sides of the seal-forming structure 3100 to be pushed outwardly or pulled inwardly to accommodate noses of different widths.

[0504] For example, the non-patient facing sides or regions (e.g., anterior sides, at least partially anterior-facing sides) of the nasal portion 3230 of the seal-forming structure 3100 (particularly the non-patient contacting regions on either side of nasal portion 3230 of the seal-forming structure 3100) are thick enough to provide sufficient structural rigidity to the seal-forming structure 3100, but are thin enough so that when the seal-forming structure 3100 is donned by a patient with a long narrow nose, the downward forces exerted by the patient's nose on the superior-facing central region 3111 are able to pull the sides of the nasal portion 3230 inwardly somewhat to bring the patient-contacting surfaces of the seal-forming structure 3100 on either side of the patient's nose into good contact with the patient's nose. Similarly, the structure of the nasal portion 3230 of the seal-forming structure 3100 is sufficiently flexible that, if a patient with a wider nose dons the seal-forming structure 3100, there are not excessive inwards forces on the sides of the patient's nose (which may occur if the

seal-forming structure is too stiff to tolerate a wider nose). A number of different sizes for the seal-forming structure 3100 are also able to be provided to accommodate different ranges of nose widths.

[0505] As shown in Figs. 7, 8 and 49, 55, 126, 129, 138-139, 146, 147, 154, 155, for example, there is an oronasal transition 3275 at the periphery of the plenum chamber 3200 where the nasal portion 3230 and oral portion 3260 connect. The periphery of the seal-forming structure 3100 varies at this location between examples of the technology. As shown in Fig. 7 the oronasal transition 3275 is relatively sharp and there is relatively large positive curvature at the periphery of the seal-forming structure 3100 between the nasal portion 3230 and oral portion 3260. In contrast, as shown in Fig. 49, the oronasal transition 3275 is relatively gradual and there is relatively small positive curvature at the periphery of the seal-forming structure 3100 between the nasal portion 3230 and oral portion 3260. In both cases, the oronasal transition 3275 comprises a saddle region. The plenum chambers 3200 shown in Figs. 128, 138, 146 and 154 comprise distinct but gradual oronasal transitions 3275.

[0506] While the periphery of the seal-forming structure 3100 should preferably be sufficiently stiff that it can support the overall shape of the seal-forming structure 3100 and prevent large creases and buckling, the shape of the periphery may be varied more than the regions that are in contact with the patient's face and the nearby regions (i.e. the thin zones and the thicker zones which prevent creases from creating leak paths past the patient's face). In any case, the oronasal transition 3275 between the nasal portion and oral portions of the seal-forming structure 3100 is relatively stiff (e.g., by being relatively thick) in comparison to low stiffness portions of the seal-forming structure 3100 such as the superior-facing central portion 3111 in order to prevent creases or buckling from occurring and creating leaks between these portions. Alternatively, the oronasal transition 3275 may be reinforced by any suitable means such as an undercushion, ribs, a portion of the shell or a frame or the like.

[0507] In some examples, the oral portion 3260 of the seal-forming structure 3100 comprises features to prevent creasing. The lateral periphery of the oral hole 3271 may be more susceptible to creasing or buckling than the top and bottom

portions of the oral hole 3271, due to the downward forces on the nasal portion of the cushion and the wide oval shape of the oral opening.

[0508] In the examples shown in Figs. 34 to 80, the seal-forming structure 3100 comprises an oral hole peripheral portion 3117 at the periphery of the oral hole 3271, which is thinner than other portions of the seal-forming structure 3100. Additionally, the seal-forming structure in those examples comprises posterior-facing lateral portions 3135 which are thicker than the oral hole peripheral portion 3117 and which resist creasing and buckling in the cushion which could lead to leak paths forming. The seal-forming structures 3100 shown in Figs. 126-157 may also be provided with an oral hole peripheral portion comprising a lower stiffness than posterior-facing lateral portions of the oral portion 3260 in some examples of the present technology.

[0509] In some examples, such as the plenum chamber 3200 shown in Fig. 48, the seal-forming structure comprises lateral peripheral support portions 3136 at opposite lateral sides of the oral hole 3271. In this example, the posterior-facing lateral portions 3135 form the lateral peripheral support portions 3136. The posterior-facing lateral portion 3135 extends medially towards the most lateral edges of the oral hole 3271 to provide the lateral peripheral support portions 3136. The lateral peripheral support portions 3136 provide extra resistance to buckling. The seal-forming structures 3100 shown in Figs. 126-157 may also be provided with lateral peripheral support portions 3136 in some examples of the present technology.

5.3.2.3 Oral-region

[0510] In one form, the non-invasive patient interface 3000 comprises a seal-forming structure 3100 that forms a seal in use on an upper lip region (that is, the lip superior) of the patient's face. The seal forming structure 3100 may comprise a lip superior portion 3116 configured to form a seal to the lip superior of the patient.

[0511] In one form, the seal-forming structure 3100 includes a saddle-shaped region constructed to form a seal in use on an upper lip region of the patient's face.

[0512] In one form the non-invasive patient interface 3000 comprises a seal-forming structure 3100 that forms a seal in use around the patient's mouth at an oral

portion 3260. The seal-forming structure 3100 may form a seal on a chin-region of the patient's face.

[0513] In one form, the seal-forming structure 3100 includes a saddle-shaped region constructed to form a seal in use on a chin-region of the patient's face.

[0514] The seal-forming structure 3100 as shown in Figs. 34 to 80 and 126-183 comprises a lip inferior portion 3118 which forms a seal against the chin region of the patient. In an example, the seal-forming structure 3100, including the lip inferior portion 3118, does not extend below the patient's chin (i.e., below the mental protuberance) in use or engage the patient's face below the chin (i.e., below the mental protuberance) in use. The lip inferior portion 3118 of the seal-forming structure may seal against the lip inferior and supramenton of the patient. Additionally, in these examples, the seal-forming structure 3100 comprises an oral hole peripheral portion 3117. The lip inferior portion 3118 may be connected to (e.g., contiguous with) the lip superior portion 3116 via the oral hole peripheral portion 3117. The seal-forming structure 3100 comprises a relatively low wall thickness at the oral hole peripheral portion 3117 and at the lip inferior portion 3118 of the seal-forming structure 3100 which lies against the chin region (in comparison to other regions). The low wall thickness in these locations assists in achieving an effective, comfortable seal. The seal-forming structure 3100 in these regions is able to readily conform to any complex geometry (e.g. the labiomandibular creases).

[0515] In these examples, the oral portion 3260 comprises posterior-facing lateral portions 3135 on the patient-contacting side of the seal-forming structure 3100. As discussed above, immediately around the oral hole 3271 at the oral hole peripheral portion 3117 the wall thickness is low in comparison to other regions of the seal-forming structure 3100, however in these examples there are posterior-facing lateral portions 3135 on either lateral side of the oral hole peripheral portion 3117 which are thicker than the oral hole peripheral portion 3117. These regions may have a wall thickness of around 1mm to 1.5mm, such as 1.15 mm to 1.35mm, for example around 1.25mm thick. The areas that these regions contact in use, i.e., the patient's cheeks, may generally not be as sensitive as other areas of the face and therefore patients may generally tolerate the seal-forming structure 3100 having a greater wall

thickness/stiffness in these areas. Additionally, the posterior-facing lateral portions 3135 of the oral portion 3260 curve away from contact with the patient's face which reduces the area of contact on the patient's face at these regions. In alternative examples the posterior-facing lateral portions 3135 of the oral portion 3260 may not be thicker and may instead be stiffened by another means, such as by reinforcing structures (e.g., ribs), a stiffer material, an undercushion or the like.

[0516] The posterior-facing lateral portions 3135 may provide resistance to creases that may form proximate the oral hole 3271, thereby preventing leak paths from being created. The posterior-facing lateral portions 3135 may provide a barrier to creases that form at the thinner oral hole peripheral portion 3117, limiting the extent of creases away from the oral hole 3271. This function of the posterior-facing lateral portions 3135 may be similar to the crease resistance function provided by the superior-facing intermediate portions 3121 of the nasal portion 3230 described above.

[0517] The lip inferior portion 3118 of the oral portion 3260 is approximately half the width of the oral portion 3260 and centered inferior to the oral hole 3271. As described above, the lip inferior portion 3118 may be relatively thin. The transitions between the thinner lip inferior portion 3118 and the thicker posterior-facing lateral portions 3135 on either lateral side may be configured to lie at or proximate a patient's labiomandibular creases. The lip inferior portion 3118 is wider at the periphery of the oral hole 3271 than at the lower periphery of the seal-forming structure 3100. The width of the lip inferior portion 3118 therefore tapers down from the oral hole 3271. In the example shown in Figs. 49-80, the lip inferior portion 3118 extends from a posterior-facing side of the seal-forming structure 3100 to an inferior-facing periphery. The actual amount of the lip inferior portion 3118 that makes contact with the patient's face may depend on the shape of the patient's chin. Patient's having a more anteriorly protruding chin may make more contact with the lip inferior portion 3118. In the plenum chambers 3200 shown in Figs. 158-183, the inferior periphery of the shell 3210 is not as inferior as the inferior periphery of the shell 3210 of the plenum chamber 3200 shown in Figs. 49-80, and seal forming structure 3100 and lip inferior portion 3118 around the inferior periphery of the seal-forming

structure 3100 to form a partially anterior-facing portion of the lip inferior portion 3118.

[0518] Further from contact with the patient (e.g., closer to the shell 3210) than the posterior-facing lateral portions 3135 at the lateral periphery of the oral portion 3260 are lateral portions 3145 of the oral portion 3260. In these examples, the lateral portions 3145 are thicker than the posterior-facing lateral portions 3135 of the oral portions. In some examples, the lateral portions 3145 of the oral portion have a thickness in the range of 1.5-2.2mm, such as 1.7-2mm. Most, or all, of the lateral portions 3145 are unlikely to be in contact with the patient's face in use and accordingly, patient comfort is a less important design consideration for these regions and the wall thickness can be higher in these regions than in the patient-contacting regions. The higher wall thickness may provide structural rigidity to the overall shape of the oral portion 3260 of the seal-forming structure 3100. In some examples, the further away from the patient's face a particular region of the seal-forming structure 3100 is, the thicker that region is, unless there is a reason for providing flexibility to that region (e.g., to enable the sides of the nasal portion of the seal-forming structure 3100 to deform). The lateral portions 3145 define a lateral periphery of the seal-forming structure 3100 in the oral portion 3260.

[0519] On the anterior side of the seal-forming structure 3100, the wall thickness is generally higher in these examples, with the exceptions of the anterior sides of the nasal portion and the central inferior region of the oral portion of the seal-forming structure 3100). In these examples the seal-forming structure 3100 comprises anterior-facing lateral portions 3155. The lateral anterior facing portions 3155 in these examples have a wall thickness greater than the lateral portions 3145 (and posterior-facing lateral portions 3135). The anterior-facing lateral portions may have a wall thickness in the range of 1.7-2.7mm, for example in the range of 2.0-2.5mm. These thicker areas provide substantial support and structural rigidity to the overall shape of the seal-forming structure 3100. The lateral anterior-facing portions 3155, in combination with other portions of the seal-forming structure that are provided with high wall thickness, such as the lateral portions 3145, hold the general shape of the seal-forming structure 3100 and may resist creases and/or buckling etc., while the

thinner areas provided to the patient-facing side of the seal-forming structure 3100 deform against the patient's face under the forces exerted on the plenum chamber 3200 by the positioning and stabilising structure 3300.

[0520] Also on the anterior side of the seal-forming structure 3100 are anterior support portions 3161 of the oral portion 3260. The anterior support portions 3161 are even thicker zones of the seal-forming structure 3100 at the base of the nasal portion on the anterior side, where the nasal portion joins the oral portion, proximate the frame, and at the inferior lateral corners of the oral portion 3260. The wall thickness in these regions may be in the range of 2-3mm, for example 2.5-3mm. These regions may provide even further structural stiffness to the seal-forming structure. The anterior support portions 3165 may have a greater wall thickness in comparison to the anterior-facing lateral portions 3155. Generally, the cushion has a greater wall thickness further away from the seal forming region although immediately proximate the shell 3210, the thickness may be similar to the thickness of the anterior-facing lateral portions 3155, even though the anterior support portions 3165 are thicker. The seal-forming structure 3100 immediately adjacent the shell 3210 in some examples may require a lesser wall thickness since it may be reinforced by the peripheral edge of the shell 3210.

5.3.2.4 Forehead region

[0521] In one form, the seal-forming structure forms a seal in use on a forehead region of the patient's face. In such a form, the plenum chamber may cover the eyes in use.

5.3.2.5 Nasal pillows

[0522] In one form the seal-forming structure of the non-invasive patient interface 3000 comprises a pair of nasal puffs, or nasal pillows, each nasal puff or nasal pillow being constructed and arranged to form a seal with a respective naris of the nose of a patient.

[0523] Nasal pillows in accordance with an aspect of the present technology include: a frusto-cone, at least a portion of which forms a seal on an underside of the patient's nose, a stalk, a flexible region on the underside of the frusto-cone and

connecting the frusto-cone to the stalk. In addition, the structure to which the nasal pillow of the present technology is connected includes a flexible region adjacent the base of the stalk. The flexible regions can act in concert to facilitate a universal joint structure that is accommodating of relative movement both displacement and angular of the frusto-cone and the structure to which the nasal pillow is connected. For example, the frusto-cone may be axially displaced towards the structure to which the stalk is connected.

5.3.2.6 Surface finish

[0524] In some examples, different regions of the seal-forming structure 3100 comprise different surface finishes.

[0525] Referring to Fig. 47, the plenum chamber 3200 comprises a seal-forming structure 3100 comprising a nasal portion 3230 and an oral portion 3260. The seal-forming structure comprises a first surface finish in the nasal portion and a second surface finish in the oral portion different from the first surface finish. In the illustrated example the region 3101 has a first surface finish and the region 3103 has a second surface finish. The boundary between the first surface finish and the second surface finish is identified by the lines 3102, which may contact the patient's cheeks in use.

[0526] A coefficient of friction between the seal-forming structure 3100 and the patient's face is greater in the oral portion 3260 than in the nasal portion 3230. The first surface finish in region 3101 may be configured to provide the nasal portion with a smooth feel on the patient's face, which may be more comfortable. The second surface finish in region 3103 may be configured to provide the oral portion with grippy contact on the patient's face, which may enable a more robust seal. In some examples, the first surface finish at region 3101 may be a frosted surface finish. In some examples the second surface finish at region 3103 may be a polished surface finish. The nasal portion 3230 in this example comprises a lip superior portion 3116 having the first surface finish.

[0527] The polished surface finish may have a grippy, sticky feel to it so that there is higher friction acting against movement of the seal-forming structure 3100

against the patient's face. This is generally desired as it helps prevent movement of the plenum chamber 3200 when donned by a patient, thereby assisting in maintaining a seal. However, patients may consider the feeling of a polished surface finish to be less comfortable on their face than a smoother feeling low-friction surface finish. Patients may tolerate the feeling of the polished finish on their cheeks and below their mouth, but may not tolerate the feeling of the polished surface on and around their nose, given the nose is generally a more sensitive area. Therefore, a polished finish is provided around the oral portion 3260, while a frosted finish is provided to the nasal portion 3230 of the seal-forming structure 3100, in this example. The frosted finish at the nasal portion 3230 may also assist the seal-forming structure 3100 to move against the nose as it conforms to the surfaces around the nose, which may also help in forming a seal.

[0528] Additionally, the added grip provided by the higher friction in the region of the second surface finish at region 3103 assists the oral portion 3260 to maintain a seal during movement of the patient's lower jaw. The jaw may have a tendency to move relative to the head (and drop, in particular). The added grip helps the seal maintain its position around the patient's mouth during movement of the jaw.

[0529] The boundary 3102 between the polished finish at 3103 and the frosted finish at 3101 is close to the boundary between the nasal portion 3230 and the oral portion 3260 of the seal-forming structure 3100, slightly closer to the oral portion 3260 than the nasal portion 3230. The boundary 3102 lies across the seal-forming structure 3100 roughly perpendicular to a path on the oral portion 3260 circumscribing the oral hole 3271. At the periphery of the oral hole 3271 the boundary 3102 may lie on the lip superior. At the periphery of the oral portion 3260 of the seal-forming structure 3100 the boundary may lie proximate the patient's zygomatic bone.

[0530] In some forms, where the seal forming structure 3100 comprises a plurality of physical or functional segments, each segment can be formed to have the same finish so as to form an otherwise continuous surface together. Alternatively, in some forms each segment can be formed to have a distinct surface finish. For example, a segment adjacent the patient's jaw may be formed with higher friction to

provide additional grip, whilst a segment adjacent the patient's nose may have a more frosted finish relative to other segments.

5.3.2.7 Textile portions of seal-forming structure 3100

[0531] In the examples shown in Figs. 186 to 192, the patient interface 3000 includes a seal-forming structure 3100 that may have one or more sections of textile. The textile in these examples may be air-impermeable to ensure that pressurized air within the plenum chamber 3200 does not leak through the seal-forming structure 3100. In such examples, each section of textile may be curved around a singular axis. This may avoid the need for complex manufacturing processes when forming the seal-forming structure 3100 and may thus enable the seal-forming structure 3100 to be formed with complex three-dimensional curvatures while minimizing seal-disrupting formations such as creases in the textile sections. In these examples, a textile portion 3170 may be overmolded with another substance (e.g., silicone, thermoplastic elastomer (TPE), and/or thermoplastic polyurethane (TPU)) to form the seal-forming structure 3100. The textile portion 3170 may form surfaces on the seal-forming structure 3100 that primarily contact the patient's face because textile may be more comfortable against the patient's skin. However, the other materials (e.g., silicone, thermoplastic elastomer (TPE), and/or thermoplastic polyurethane (TPU)) of the seal-forming structure 3100 may be relied upon for the overall structure of the seal-forming structure 3100 because they may be easier to form into complex, face-conforming shapes.

5.3.2.7.1 *Separate textile portions*

[0532] In some forms, for example in Figure 186, the seal-forming structure 3100 may include the textile portion 3170 formed by a plurality of discrete zones or segments. The inferior surfaces of the patient's nose and the patient's lip superior have complex geometry and may also be sensitive to pressure. Whilst a textile material may advantageously provide superior comfort when compared with some other materials (e.g., silicone), it may be difficult to manufacture a seal-forming structure 3100 that can engage the patient's face around the entrance to both the nasal and oral air passageways without introducing non-desirable creases into the seal forming structure 3100 when the textile portion 3170 is included. In addition, such a

region defines as a shape having a magnitude of torsion and a curvature in two or more directions, where the combination of the torsion and curvature is above a threshold such that a textile material would form undesirable folds or creases in the resting state.

[0533] In the example of Fig. 186, the seal-forming structure 3100 has a textile portion 3170 that may include a nasal textile portion 3171 on the nasal portion 3120 of the seal-forming structure 3100. The nasal textile portion 3171 may seal, in use, with the inferior surface(s) of the patient's nose. The textile portion 3170 of the seal forming structure 3100 may also include an oral textile portion 3172 at an oral portion 3130 to seal, in use, around the patient's mouth, including an upper lip region of the patient's face and a chin-region of the patient's face. As can be seen, the nasal textile portion 3171 and the oral textile portion 3172 are separate from one another. The textile of the nasal textile portion 3171 may have the same properties as the textile of the oral textile portion 3172, or at least one property of those textiles may be different.

[0534] The nasal textile portion 3171 may include a single nasal hole 3272 to direct the flow of air into both of the patient's nares or two nasal holes 3272 to direct the flow of into corresponding ones of the patient's nares. In the latter example, which is shown in Fig. 186, the nasal textile portion 3171 between the nasal holes 3272 may be positioned adjacent to the patient's columella in use. The oral textile portion 3172 may also include an oral hole 3271 to direct the flow of air into the patient's mouth.

[0535] The seal-forming structure 3100 may be constructed by overmolding silicone to each of the nasal textile portion 3171 and the oral textile portion 3172. A region of the seal-forming structure 3100 between the nasal textile portion 3171 and the oral textile portion 3172 may be exposed and may be adjacent to the patient's lip superior in use.

[0536] Since the regions of the patient's face engaged by the nasal textile portion 3171 and the oral textile portion 3172, respectively, have different shapes and orientations, the nasal textile portion 3171 and the oral textile portion 3172 may be shaped and oriented differently for optimal sealing during use. The nasal textile portion 3171 may be positively curved around a nasal axis 6000. The oral textile

portion 3172 may be positively curved around an oral axis 6001. Fig. 186 shows these axes and how they may be oriented differently from one another. The angle between the nasal axis 6000 and the oral axis 6001 may be greater than 90°. This orientation may tilt the nasal textile portion 3171 in a superior direction away from the patient's face in use to ensure contact along the length of the base of the patient's nose in use. Furthermore, the radius of curvature of the nasal textile portion 3171 around the nasal axis 6000 may be smaller than the radius of curvature of the oral textile portion 3172 around the oral axis 6001. The nasal axis 6000 and the oral axis 6001 may also lie in the same plane, e.g., the patient's sagittal plane in use. Accordingly, the seal-forming structure 3100 may also be symmetrical across the plane in which those axes lie.

[0537] Each discrete nasal textile portion 3171 and oral textile portion 3172 of the seal forming structure 3100 may contact a respective one of the nasal or oral air passageway whilst remaining flexible and compliant, and substantially crease free. The seal forming structure 3100 may thus provide a comfortable level of pressure on the patient's face at these regions. In this manner the non-textile material can be used to form the region/s where complex shapes are required, whilst the textile material can be used in the region/s where there is less complex curvature.

5.3.2.7.2 Unitary textile portion

[0538] In some forms, for example as illustrated in Figs. 187 to 189, the textile portion 3170 of the seal-forming structure 3100 may be formed from a singular piece of textile, yet function as a plurality of discrete zones or segments. As best seen in Figure 187, the nasal textile portion 3171 and the oral textile portion 3172 of the seal-forming structure 3100 can be joined by a bridging portion 3174 so as to form a unitary textile portion 3170 of the seal-forming structure 3100.

[0539] In such forms, the textile of the bridging portion 3174 may be relatively narrow as compared to the nasal textile portion 3171 and the oral textile portion 3172. The bridging portion 3174 may be positioned so as to be adjacent to the patient's lip superior during use. Since the bridging portion 3174 is relatively narrow, it may not impart a significant amount of torsion on the nasal textile portion 3171 and the oral textile portion 3172 once the seal-forming structure 3100 is constructed, and therefore

it may be unlikely to cause undesirable creasing in the nasal textile portion 3171 and the oral textile portion 3172.

[0540] The nasal textile portion 3171 and the oral textile portion 3172 may be substantially functionally independent from one another when overmoulded to the respective portions of the seal-forming structure 3100 because they are each formed with dome-like curvatures about the nasal axis 6000 and the oral axis 6001, respectively. The functional independence may also mean that the shape of the textile portion 3170 is not so complex that the application of force against one of the nasal textile portion 3171 and the oral textile portion 3172 does not cause significant distortions to the other. In other words, the nasal textile portion 3171 and the oral textile portion 3172 may be sufficiently decoupled from one another and they do not significantly distort the supported shape of one another prior to, or during, use. In addition, such a region defines as a shape having a magnitude of torsion and a curvature in two or more directions, where the combination of the torsion and curvature is below a threshold such that use of a textile material seal-forming structure 3100 would not form undesirable folds or creases in the resting state.

[0541] The textile of the nasal textile portion 3171 may have the same properties as the textile of the oral textile portion 3172, or at least one property of those textiles may be different. The bridging portion 3174 may also have the same properties as the nasal textile portion 3171 and the oral textile portion 3172 or at least one property of those textiles may be different. The textile of the nasal textile portion 3171, the oral textile portion 3172, and the bridging portion 3174 a single, continuous piece of textile. Alternatively, where properties are different as between the nasal textile portion 3171, the oral textile portion 3172, and the bridging portion 3174, those textiles may be different pieces joined by stitching or welding.

[0542] The nasal textile portion 3171 may include a single nasal hole 3272 to direct the flow of air into both of the patient's nares or two nasal holes 3272 to direct the flow of into corresponding ones of the patient's nares. In the latter example, which is shown in Figs. 187-189, the nasal textile portion 3171 between the nasal holes 3272 may be positioned adjacent to the patient's columella in use. The oral textile portion

3172 may also include an oral hole 3271 to direct the flow of air into the patient's mouth.

[0543] Since the regions of the patient's face engaged by the nasal textile portion 3171 and the oral textile portion 3172, respectively, have different shapes and orientations, the nasal textile portion 3171 and the oral textile portion 3172 may be shaped and oriented differently for optimal sealing during use. The nasal textile portion 3171 may be positively curved around the nasal axis 6000. The oral textile portion 3172 may be positively curved around the oral axis 6001. Fig. 189 shows these axes and how they may be oriented differently from one another. The angle between the nasal axis 6000 and the oral axis 6001 may be greater than 90°. This orientation may tilt the nasal textile portion 3171 in a superior direction away from the patient's face in use to ensure contact along the length of the base of the patient's nose in use. Furthermore, the radius of curvature of the nasal textile portion 3171 around the nasal axis 6000 may be smaller than the radius of curvature of the oral textile portion 3172 around the oral axis 6001. The nasal axis 6000 and the oral axis 6001 may also lie in the same plane, e.g., the patient's sagittal plane in use. Accordingly, the seal-forming structure 3100 may also be symmetrical across the plane in which those axes lie. Also, Fig. 189 shows a nasolabial axis 6002 about which the bridging portion 3174 may be bent or curved so that the nasal textile portion 3171 and the oral textile portion 3172 occupy their intended orientations.

[0544] In some forms, the seal forming structures 3100 can be attached to the support structure of the shell 3210 using an over-moulding process, whereby the outer peripheral edge of each textile seal forming structure 3100 adjoins the shell 3210 whilst the inner peripheral edge (i.e. that forms an aperture adjacent the respective air passage) of the textile seal forming structure 3100 extends to a free end. This may advantageously improve the textile material's compliance and may thus result in an improved seal.

[0545] Figs. 187, 188, and 189 show the textile portion 3170 and the seal-forming structure 3100 in various states of manufacture. In Fig. 187, the unitary textile portion 3170 is alone, but bent/curved into a shape that may approximate its position in a mold tool. Fig. 188 shows the unitary textile portion 3170 further

bent/curved towards its completed shape, and fold lines 3190 are also indicated. Although the final form of the seal-forming structure 3100 in Fig. 189 may not include any sharp fold lines 3190, e.g., because those may form leak paths, the fold lines 3190 may allow the unitary textile portion 3170 to be formed to fit into the mold tool as the silicone, TPE, and/or TPU is overmolded thereto. Fig. 189 shows the seal-forming structure 3100 in a finished state.

5.3.2.7.3 *Multi-segment textile portion(s)*

[0546] In some forms, the seal-forming structure 3100 may include two segments of textile that are arranged so as to cooperate and effectively act as a singular textile portion 3170. In this manner, the complexity of the curvature can also be distributed across a plurality of cooperating segments of textile. Figs. 190-191 show examples of such arrangements.

[0547] In Fig. 190, where a single oro-nasal hole 3273 is formed to direct the flow of air into the nasal and oral air passageways, the seal forming structure 3100 comprises a first textile segment 3180 that is adapted so as to engage and seal around the nose and the patient's face on either side of the mouth, with a second textile segment 3181 being formed below the oral air passageway and adjacent the patient's chin or lip superior. The oro-nasal hole 3273 may be partially bounded by the first textile segment 3180 and partially bounded by the second textile segment 3181. The first textile segment 3180 may be positioned on the nasal portion 3120 and may extend to lateral sides of the oral portion 3130. The second textile segment may be positioned only on the oral portion 3130.

[0548] By forming the textile portion 3170 of the seal-forming structure 3100 from multiple individual strips of textile, the textile can be curved around complex three-dimensional geometries with reduced leak-producing creases. The textile may also provide improved comfort without reducing the efficiency of the overall seal between the seal-forming structure 3100 and the patient's face. By contrast, a seal-forming structure 3100 having a unitary textile portion 3170 formed into the same complex curvature may need to be stretched during the moulding process, which may lead to residual stresses and textile distortions in the final moulded part.

[0549] The cross-section of Fig. 190A shows how the first textile segment 3180 may be joined to the rest of the seal-forming structure 3100 by overmolding. The first textile segment 3180 may be cantilevered from the rest of the seal-forming structure 3100, and although not shown the second textile segment 3181 may extend similarly.

[0550] Fig. 191 shows another example, separate apertures are formed for the nasal and oral air passageways. The first textile segment 3180 may be positioned on the nasal portion 3120 and may extend to lateral sides of the oral portion 3130. The second textile segment may be positioned only on the oral portion 3130.

[0551] A single nasal hole 3272 may be formed through the first textile segment 3180 to direct the flow of air into both of the patient's nares or two nasal holes 3272 may be formed through the first textile segment 3180 to direct the flow of into corresponding ones of the patient's nares. The former example is shown in Fig. 191. In the latter example, which is not shown, the nasal textile portion 3171 between the nasal holes 3272 may be positioned adjacent to the patient's columella in use. The oral hole 3271 may be formed through the second textile segment 3181 to direct the flow of air into the patient's mouth.

[0552] Since the regions of the patient's face engaged by the nasal textile portion 3171 and the oral textile portion 3172, respectively, have different shapes and orientations, the nasal textile portion 3171 and the oral textile portion 3172 may be shaped and oriented differently for optimal sealing during use. The nasal textile portion 3171 may be positively curved around a nasal axis 6000. The oral textile portion 3172 may be positively curved around an oral axis 6001. Fig. 191 shows these axes and how they may be oriented differently from one another. The angle between the nasal axis 6000 and the oral axis 6001 may be greater than 90°. This orientation may tilt the nasal textile portion 3171 in a superior direction away from the patient's face in use to ensure contact along the length of the base of the patient's nose in use. Furthermore, the radius of curvature of the nasal textile portion 3171 around the nasal axis 6000 may be smaller than the radius of curvature of the oral textile portion 3172 around the oral axis 6001. The nasal axis 6000 and the oral axis 6001 may also lie in the same plane, e.g., the patient's sagittal plane in use. Accordingly, the seal-forming structure 3100 may also be symmetrical across the plane in which those axes lie. Fig.

191 also shows nasolabial sulcus axes 6003 about which the nasal portion 3120 and the oral portion 3130 may be oriented (e.g., curved or bent) relative to one another.

[0553] In these examples, the textile segments may be overmolded with silicone, TPE, and/or TPU to form the seal-forming structure 3100. As can be seen, the first textile segment 3180 and the second textile segment 3181 are separate from one another. The textile of the first textile segment 3180 may have the same properties as the textile of the second textile segment 3181, or at least one property of those textiles may be different. The first textile segment 3180 and the second textile segment 3181 may be joined by stitching or welding. Although these examples show two textile segments 3180, 3181 – one positioned to contact the patient's lip superior and the other forming the remainder of the textile portion 3170 – it is envisioned that any number of textile segments may be used to form the textile portion, depending on the complexity of the textile portion's 3170 intended shape.

5.3.2.7.1 Textile portion with gap

[0554] In a further example shown in Fig. 192, where separate apertures are formed for the nasal and oral air passageways (nasal hole 3272 and oral hole 3271), the textile portion 3170 may include a gap 3175 in the textile portion 3170 between the nasal hole 3272 and the oral hole 3271. The gap 3175 in the textile portion 3170 may allow the seal-forming structure 3100 to flex in this region without forming creases that could cause leak. The gap 3175 may expose the material of the seal-forming structure 3100 that is overmolded to the textile portion 3170, such as silicone, TPE, and/or TPU. The gap 3175 may be positioned adjacent to the patient's lip superior in use.

[0555] In this example, the textile portion 3170 may be unitary or it may be formed from multiple different pieces of textile. The textile of the nasal textile portion 3171 may have the same properties as the textile of the oral textile portion 3172, or at least one property of those textiles may be different.

[0556] In some forms, the gap 3175 in the textile portion 3170 may be occupied by a secondary material such as another textile that may be less prone to creasing or

silicone. In some forms, not shown, there may be no material in the gap 3175 such that the nasal hole(s) 3272 and the oral hole 3271 are continuous.

5.3.3 Positioning and stabilising structure

[0557] The seal-forming structure 3100 of the patient interface 3000 of the present technology may be held in sealing position in use by the positioning and stabilising structure 3300.

[0558] In one form the positioning and stabilising structure 3300 provides a retention force at least sufficient to overcome the effect of the positive pressure in the plenum chamber 3200 to lift off the face.

[0559] In one form the positioning and stabilising structure 3300 provides a retention force to overcome the effect of the gravitational force on the patient interface 3000.

[0560] In one form the positioning and stabilising structure 3300 provides a retention force as a safety margin to overcome the potential effect of disrupting forces on the patient interface 3000, such as from tube drag, or accidental interference with the patient interface.

[0561] In one form of the present technology, a positioning and stabilising structure 3300 is provided that is configured in a manner consistent with being worn by a patient while sleeping. In one example the positioning and stabilising structure 3300 has a low profile, or cross-sectional thickness, to reduce the perceived or actual bulk of the apparatus. In one example, the positioning and stabilising structure 3300 comprises at least one strap having a rectangular cross-section. In one example the positioning and stabilising structure 3300 comprises at least one flat strap.

[0562] In one form of the present technology, a positioning and stabilising structure 3300 is provided that is configured so as not to be too large and bulky to prevent the patient from lying in a supine sleeping position with a back region of the patient's head on a pillow.

[0563] In one form of the present technology, a positioning and stabilising structure 3300 is provided that is configured so as not to be too large and bulky to prevent the patient from lying in a side sleeping position with a side region of the patient's head on a pillow.

[0564] In one form of the present technology, a positioning and stabilising structure 3300 is provided with a decoupling portion located between an anterior portion of the positioning and stabilising structure 3300, and a posterior portion of the positioning and stabilising structure 3300. The decoupling portion does not resist compression and may be, e.g. a flexible or floppy strap. The decoupling portion is constructed and arranged so that when the patient lies with their head on a pillow, the presence of the decoupling portion prevents a force on the posterior portion from being transmitted along the positioning and stabilising structure 3300 and disrupting the seal.

[0565] In one form of the present technology, a positioning and stabilising structure 3300 comprises a strap constructed from a laminate of a fabric patient-contacting layer, a foam inner layer and a fabric outer layer. In one form, the foam is porous to allow moisture, (e.g., sweat), to pass through the strap. In one form, the fabric outer layer comprises loop material to engage with a hook material portion.

[0566] In certain forms of the present technology, a positioning and stabilising structure 3300 comprises a strap that is extensible, e.g. resiliently extensible. For example the strap may be configured in use to be in tension, and to direct a force to draw a seal-forming structure into sealing contact with a portion of a patient's face. In an example the strap may be configured as a tie.

[0567] In one form of the present technology, the positioning and stabilising structure comprises a first tie, the first tie being constructed and arranged so that in use at least a portion of an inferior edge thereof passes superior to an otobasion superior of the patient's head and overlays a portion of a parietal bone without overlaying the occipital bone.

[0568] In one form of the present technology suitable for a nasal-only mask or for a full-face mask, the positioning and stabilising structure includes a second tie, the

second tie being constructed and arranged so that in use at least a portion of a superior edge thereof passes inferior to an otobasion inferior of the patient's head and overlays or lies inferior to the occipital bone of the patient's head.

[0569] In one form of the present technology suitable for a nasal-only mask or for a full-face mask, the positioning and stabilising structure includes a third tie that is constructed and arranged to interconnect the first tie and the second tie to reduce a tendency of the first tie and the second tie to move apart from one another.

[0570] In certain forms of the present technology, a positioning and stabilising structure 3300 comprises a strap that is bendable and e.g. non-rigid. An advantage of this aspect is that the strap is more comfortable for a patient to lie upon while the patient is sleeping.

[0571] In certain forms of the present technology, a positioning and stabilising structure 3300 comprises a strap constructed to be breathable to allow moisture vapour to be transmitted through the strap.

[0572] Figs. 89-95 show a patient interface 3000 according to one example of the present technology having a positioning and stabilising structure 3300 and a plenum chamber 3200 having a seal forming structure 3100. The positioning and stabilising structure 3300 in this example comprises a frame 3350 and a plurality of headgear straps connected to the frame 3350.

[0573] The plenum chamber 3200 of the patient interface 3000 is connected to the frame 3350. The plenum chamber 3200 of the exemplary patient interface 3000 shown in Figs. 89-95 is the plenum chamber 3200 shown in Figures 7-14, although the positioning and stabilising structure 3300 may also be used with other plenum chambers 3200 in alternative examples of the present technology. The plenum chamber 3200 may connect to the frame 3350 via a snap fit connection. In one example, the plenum chamber 3200 may connect to the frame 3350 in the manner described with reference to Figs. 87-88. In other examples, the plenum chamber 3200 may form a different type of removable connection to the frame 3350, snap fit, removable press fit or otherwise, or may be permanently connected to the frame 3350.

[0574] The positioning and stabilising structure 3300 may comprise a plurality of straps or strap portions connecting to the frame 3350 and passing around the patient's head in order to support the plenum chamber 3200 in sealing position against the patient's face. It will be understood that a single "strap" may be formed by multiple lengths of material(s) that have been cut or formed separately and then joined together at their ends to create a longer length or single "strap" may be a single length of material(s).

[0575] In the example illustrated in Figs. 89-95 the positioning and stabilising structure 3300 comprises a pair of upper straps 3310. Each upper strap 3310 is configured to pass between a respective eye and ear of the patient. Additionally, the positioning and stabilising structure 3300 comprises a pair of lower straps 3320 configured to lie over the patient's cheeks below the patient's cheekbones. In this example, the plenum chamber 3200 is held in position via a four-point connection to headgear straps via the frame 3350.

[0576] The frame 3350 is shown in isolation in Figs. 103-108. The frame 3350 comprises a frame inlet connection port 3354. The frame inlet connection port 3354 may be configured to connect to a source of pressurised breathable gas, such as air. In one example, such as the patient interface shown in Figs. 89-95, the frame inlet connection port 3354 may be configured to enable connection to a swivel elbow assembly 3610 which provides a connection port 3600 for connection with an air circuit 4170. The frame inlet connection port 3354 in this example comprises a connection rim 3355. The connection rim 3355 may comprise a radially outwardly extending flange. The swivel elbow assembly 3610 may form a releaseable snap-fit with the connection rim 3355, creating a fluid connection between the swivel elbow assembly and the frame 3350. The opposite side of the frame inlet connection port 3354 is configured to fluidly connect to the plenum chamber, as shown in Figs. 87-88 and Fig 90A. The frame 3350 therefore enables a fluid connection between the swivel elbow assembly 3610 and the interior of the plenum chamber 3200.

[0577] The frame 3350 also comprises a pair of opposed upper strap connection points 3315 to which the upper straps 3310 connect. In this example, each upper strap connection point 3315 comprises an aperture formed in the frame 3350. Each upper

strap 3310 is able to connect to a respective upper strap connection point 3315 by passing through the aperture, looping back onto itself and securing to itself. Each upper strap 3310 may be secured to itself via hook and loop materials configured to releasably bind to each other upon contact. In alternative examples, each upper strap 3310 may pass through a respective aperture, loop back onto itself and be secured onto itself with a band, clip or the like. In further alternative examples, the upper straps 3310 may connect to the frame via side release buckle connections.

[0578] The frame 3350 also comprises a pair of opposed lower strap connection points 3325 to which the lower straps 3320 connect. In this example, each lower strap connection point 3325 comprises a magnet. Each lower strap 3320 comprises a lower strap clip 3326 comprising a magnet or material that is attracted to the magnet at the lower strap connection point 3325. In this example, each lower strap clip 3326 comprises an aperture through which the end of a respective lower strap 3320 is able to pass and then loop back and be secured onto itself, for example with hook and loop material, a band, a clip or the like. In alternative examples, the lower straps 3320 may connect to the frame 3350 via side release buckle connections, onto hooks or via any other suitable connection.

[0579] In an example, the frame 3350 and upper strap connection points 3315 are structured and arranged to direct a force/tension provided by the upper straps 3310 into a partially superior and partially posterior force vector applied to the plenum chamber 3200. The partially superior and partially posterior force vector urges, in particular, the nasal portion 3230 of the seal forming structure 3100 into sealing contact with the lower periphery of the patient's nose and the patient's upper lip.

[0580] The upper straps 3310 may each be selectively adjustable. For example, the effective length of each of the upper straps 3310 may be varied by changing how much of the upper strap 3310 is passed through the aperture at the respective upper strap connection point 3315 and looped back on itself. Passing more of the upper strap 3310 through the aperture effectively reduces the length of the upper strap 3310, allowing the force vectors to be modified and the fit of the patient interface 3000 to be adjusted.

[0581] In an example, the frame 3350 and the lower strap connection points 3325 are structured and arranged to direct a force/tension provided by the lower straps 3320 into a partially posterior and partially inferior force vector applied to the plenum chamber 3200. The partially posterior and partially inferior force vector urges, in particular, the oral portion 3260 into sealing contact with the patient's face around the periphery of the patient's mouth. The partially inferior force applied to the frame 3350 by the lower straps 3320 may balance the partially superior force applied by the upper straps 3310 along with any inferiorly directed force that the patient's nose may apply onto the seal forming structure 3100.

[0582] The lower straps 3320 may each be selectively adjustable. For example, the effective length of each of the lower straps 3320 may be varied by changing how much of each lower strap 3310 is passed through the aperture in the respective lower strap clip 3326 and looped back on itself. Passing more of each lower strap 3320 through the aperture effectively reduces the length of the lower strap 3320, allowing the force vectors to be modified and the fit of the patient interface 3000 to be adjusted.

[0583] The positioning and stabilising structure 3300 may also comprise one or more of a top crown strap 3330, a pair of lateral crown straps 3332 and a neck strap 3334. In the example illustrated in Figs. 89-95, the upper straps 3310 and lower straps 3320 are connected to ends of a top crown strap 3330. The top crown strap 3330 is configured to pass around the patient's head and lie against superiorly and posteriorly facing surfaces. The top crown strap 3330 may be configured to overlie the parietal bone of the patient's skull. Each end of the top crown strap 3330 connects to a respective one of the upper straps 3310 and also to a respective one of a pair of lateral crown straps 3332. Each one of the lateral crown straps 3332 connects between the upper strap 3310 and the lower strap 3320 on a respective side of the patient's head. The inferior ends of the lateral crown straps 3332 are connected to each other by a neck strap 3334. The neck strap 3334 may be configured to pass across the sagittal plane and lie against inferior and/or posterior facing surfaces of the patient's head or lie against the back of the patient's neck. The neck strap 3334 may overlie, or lie inferior to, the occipital bone of the patient's skull.

[0584] The length of the top crown strap 3330 may be selectively adjustable. In the example illustrated in Figs. 89-95 the top crown strap 3330 is formed by two strap portions which are connected by a link having a pair of apertures. Each of the two strap portions forming the top crown strap 3330 is able to pass through a respective one of the apertures then loop back and secure to itself, for example via hook and loop material, a further clip, a band or the like. The amount of each top strap portion that passes through the link can be varied to adjust the length of the top crown strap 3330 and in turn adjust the fit of the positioning and stabilising structure 3300.

[0585] Once all the headgear straps have been adjusted and the desired fit of the patient interface 3000 has been achieved, the magnetic clip connection provided by the lower strap clips 3326 enables the lower straps 3320 to be quickly disengaged from the lower strap connection points 3325 on the frame 3350, allowing the patient interface 3000 to be removed from the patient without adjustment of straps. Similarly, when the patient dons the patient interface again, the lower strap clips 3326 can be quickly engaged at the lower strap connection points 3325 to fit the patient interface 3000 without the need to adjust straps. Further advantages and features of a positioning and stabilising structure comprising magnetic clips are described in WO 2014/110622, the entire contents of which are incorporated herein by reference.

[0586] In certain forms of the present technology, a system is provided comprising more than one positioning and stabilizing structure 3300, each being configured to provide a retaining force to correspond to a different size and/or shape range. For example the system may comprise one form of positioning and stabilizing structure 3300 suitable for a large sized head, but not a small sized head, and another, suitable for a small sized head, but not a large sized head.

[0587] Figs. 184 and 185 show a patient interface 3000 comprising the plenum chamber 3200 shown in Figs. 134 to 141. The patient interface 3000 in this example also comprises a positioning and stabilising structure 3300 to hold the plenum chamber 3200 in sealing position on the patient's face in use. The positioning and stabilising structure 3300 in this example comprises a pair of headgear tubes 3340. The pair of headgear tubes 3340 are connected to each other at their superior ends and are each configured to lie against superior and lateral surfaces of the patient's head in

use. Each of the headgear tubes 3340 may be configured to lie between and eye and an ear of the patient in use. The inferior end of each headgear tube 3340 is configured to fluidly connect to the plenum chamber 3200. In this example, the inferior end of each headgear tube 3340 connects to a headgear tube connector 3344 configured to connect to the shell 3210 of the plenum chamber 3200. The positioning and stabilising structure 3300 comprises a conduit headgear inlet 3390 at the junction of the two headgear tubes 3340. The conduit headgear inlet 3390 is configured to receive a pressurised flow of gas, for example via an elbow comprising a connection port 3600, and allow the flow of gas into hollow interiors of the headgear tubes 3340. The headgear tubes 3340 supply the pressurised flow of gas to the plenum chamber 3200.

[0588] The positioning and stabilising structure 3300 may comprise one or more straps in addition to the headgear tubes 3340. In this example the positioning and stabilising structure 3300 comprises a pair of upper straps 3310 and a pair of lower straps 3320. The posterior ends of the upper straps 3310 and lower straps 3320 are joined together. The junction between the upper straps 3310 and lower strap 3320 is configured to lie against a posterior surface of the patient's head in use, providing an anchor for the upper strap 3310 and lower straps 3320. Anterior ends of the upper straps 3310 connect to the headgear tubes 3340. In this example each headgear tube 3340 comprises a tab 3342 having an opening through which a respective upper strap 3310 can be passed through and then looped back and secured onto itself to secure the upper headgear strap 3310 to the headgear tube 3340. The positioning and stabilising structure 3300 also comprises a lower strap clip 3326 provided to the anterior end of each of the lower straps 3320. Each of the lower strap clip 3326 is configured to connect to a lower connection point 3325 on the plenum chamber 3200. In this example, the lower strap clips 3326 are secured magnetically to the lower connection points 3325. In some examples, there is also a mechanical engagement between the lower strap clips 3326 and the lower connection points 3325.

[0589] The headgear tube connectors 3344 may be configured to allow the patient to breathe ambient air in the absence of pressure within the plenum chamber 3200. Each headgear tube connector 3344 may comprise an anti-asphyxia valve (AAV). The AAV in each headgear tube connector 3344 may be configured to open

in the absence of pressure within the plenum chamber 3200 in order to allow a flow of air between the interior of the plenum chamber 3200 and ambient. Each AAV may be biased into a configurations which blocks the flow of air from the interior of the plenum chamber 3200 into a respective headgear tube 3340 but allows for the exchange of air between the plenum chamber 3200 and ambient. When the headgear tubes 3340 are pressurised the AAV in each headgear tube connector 3344 may prevent the exchange of air between the interior of the plenum chamber 3200 and ambient but allow for a flow of air from the respective headgear tube 3340 into the plenum chamber 3204 breathing by the patient.

5.3.4 Vent

[0590] In one form, the patient interface 3000 includes a vent 3400 constructed and arranged to allow for the washout of exhaled gases, e.g. carbon dioxide.

[0591] In certain forms the vent 3400 is configured to allow a continuous vent flow from an interior of the plenum chamber 3200 to ambient whilst the pressure within the plenum chamber is positive with respect to ambient. The vent 3400 is configured such that the vent flow rate has a magnitude sufficient to reduce rebreathing of exhaled CO₂ by the patient while maintaining the therapeutic pressure in the plenum chamber in use.

[0592] One form of vent 3400 in accordance with the present technology comprises a plurality of holes, for example, about 20 to about 80 holes, or about 40 to about 60 holes, or about 45 to about 55 holes.

[0593] The vent 3400 may be located in the plenum chamber 3200. Alternatively, the vent 3400 is located in a decoupling structure, e.g., a swivel.

[0594] In the example illustrated in Figs. 89-95, the patient interface 3000 comprises a vent 3400. The vent 3400 in this example comprises passages within the frame 3350 and swivel elbow assembly 3610 through which air can flow from the interior of the plenum chamber 3200 to atmosphere. As shown in Figs. 91, 95 and 103-105, the frame 3350 comprises four holes forming part of the vent 3400 around the periphery of the frame inlet connection port 3354. In other examples any number of vent holes, including a single vent hole, may be provided to the frame 3350. As

shown in Fig. 90, air can flow into the swivel elbow assembly 3610 and then out to atmosphere through exterior holes of the swivel elbow assembly 3610 forming part of the vent 3400. The swivel elbow assembly 3610 may be substantially as described in International Publication No. WO 2017/049357 A1, the entire contents of which are incorporated herein by reference.

[0595] The plenum chambers 3200 shown in Figs. 126-157 comprise a vent 3400. In this example, the vent 3400 comprises a plurality of holes. In these examples the vent 3400 is provided to the shell 3210. The holes of the vent 3400 are formed in the shell 3210 in this example. In other examples of the present technology the patient interface 3000 may comprise a vent module, either permanently or detachably connected to the plenum chamber 3200. In some examples of the present technology the patient interface 3000 comprises a diffuser configured to diffuse air flowing through the vent 3400. In the plenum chambers 3200 shown in Fig. 126-157, the vent 3400 is provided centrally. A vent 3400 provided centrally with respect to the plenum chamber 3200 advantageously is less prone to being blocked during side sleeping. Additionally, the vent 3400 in these examples is provided at an inferior location on the shell 3210. The inferior location on the shell 3210 means that the vent 3400 is aligned approximately with the patient's mouth. A large proportion of the exhaled gas from the patient may come from the patient's mouth, so a vent 3400 located opposite the patient's mouth may provide for good gas washout. Furthermore, since the inlet ports 3240 of the plenum chamber 3200 are provided at a superior location on the plenum chamber 3200, a bias flow of air received at the inlet ports 3240 may flow through a large volume (e.g. from a superior location to an inferior location), which may provide for efficient gas washout and may reduce the likelihood of stagnant air pockets bypassed by the bias flow.

5.3.5 Decoupling structure(s)

[0596] In one form the patient interface 3000 includes at least one decoupling structure, for example, a swivel or a ball and socket.

5.3.6 Connection port

[0597] Connection port 3600 allows for connection to the air circuit 4170.

5.3.7 Forehead support

[0598] In one form, the patient interface 3000 includes a forehead support 3700 such as that shown in Fig. 3A. In other examples, e.g., as shown in Figs. 7-125, the patient interface 3000 may exclude a forehead support. Furthermore, the patient interface 3000 may be configured not to contact the patient's forehead at all.

5.3.8 Anti-asphyxia valve

[0599] In one form, the patient interface 3000 includes an anti-asphyxia valve.

[0600] As described above, the patient interface 3000 may comprise one or more headgear tubes 3340 connected to a plenum chamber 3200 via a headgear tube connector 3344 comprising an anti-asphyxia valve. Alternatively, or additionally, the patient interface 3000 may comprise a swivel elbow configured to connect to a supply conduit, the swivel elbow comprising an anti-asphyxia valve. In other examples, an anti-asphyxia valves may be built into a plenum chamber 3200, for example by being provided to a shell 3210 of the plenum chamber 3200.

5.3.9 Ports

[0601] In one form of the present technology, a patient interface 3000 includes one or more ports that allow access to the volume within the plenum chamber 3200. In one form this allows a clinician to supply supplemental oxygen. In one form, this allows for the direct measurement of a property of gases within the plenum chamber 3200, such as the pressure.

5.4 RPT DEVICE

[0602] An RPT device 4000 in accordance with one aspect of the present technology comprises mechanical, pneumatic, and/or electrical components and is configured to execute one or more algorithms, such as any of the methods, in whole or in part, described herein. The RPT device 4000 may be configured to generate a flow of air for delivery to a patient's airways, such as to treat one or more of the respiratory conditions described elsewhere in the present document.

[0603] In one form, the RPT device 4000 is constructed and arranged to be capable of delivering a flow of air in a range of -20 L/min to +150 L/min while

maintaining a positive pressure of at least 6 cmH₂O, or at least 10cmH₂O, or at least 20 cmH₂O. RPT device algorithms

[0604] The RPT device may have an external housing 4010, formed in two parts, an upper portion 4012 and a lower portion 4014. Furthermore, the external housing 4010 may include one or more panel(s) 4015. The RPT device 4000 comprises a chassis 4016 that supports one or more internal components of the RPT device 4000. The RPT device 4000 may include a handle 4018.

[0605] The pneumatic path of the RPT device 4000 may comprise one or more air path items, e.g., an inlet air filter 4112, an inlet muffler 4122, a pressure generator 4140 capable of supplying air at positive pressure (e.g., a blower 4142), an outlet muffler 4124 and one or more transducers 4270, such as pressure sensors and flow rate sensors.

[0606] As mentioned above, in some forms of the present technology, the central controller may be configured to implement one or more algorithms expressed as computer programs stored in a non-transitory computer readable storage medium, such as memory. The algorithms are generally grouped into groups referred to as modules.

[0607] The RPT device 4000 may have an electrical power supply 4210, one or more input devices 4220, a central controller, a therapy device controller, a pressure generator 4140, one or more protection circuits, memory, transducers 4270, data communication interface and one or more output devices 4290. Electrical components 4200 may be mounted on a single Printed Circuit Board Assembly (PCBA) 4202. In an alternative form, the RPT device 4000 may include more than one PCBA 4202.

[0608] An RPT device in accordance with one form of the present technology may include an air filter 4110, or a plurality of air filters 4110.

[0609] In one form, an outlet air filter 4114, for example an antibacterial filter, is located between an outlet of the pneumatic block 4020 and a patient interface 3000.

[0610] An RPT device in accordance with one form of the present technology may include a muffler 4120, or a plurality of mufflers 4120.

[0611] In one form of the present technology, an anti-spill back valve 4160 is located between the humidifier 5000 and the pneumatic block 4020. The anti-spill back valve is constructed and arranged to reduce the risk that water will flow upstream from the humidifier 5000, for example to the motor 4144.

5.5 AIR CIRCUIT

[0612] An air circuit 4170 in accordance with an aspect of the present technology is a conduit or a tube constructed and arranged to allow, in use, a flow of air to travel between two components such as RPT device 4000 and the patient interface 3000.

[0613] In particular, the air circuit 4170 may be in fluid connection with the outlet of the pneumatic block 4020 and the patient interface. The air circuit may be referred to as an air delivery tube. In some cases there may be separate limbs of the circuit for inhalation and exhalation. In other cases a single limb is used.

[0614] In some forms, the air circuit 4170 may comprise one or more heating elements configured to heat air in the air circuit, for example to maintain or raise the temperature of the air. The heating element may be in a form of a heated wire circuit, and may comprise one or more transducers, such as temperature sensors. In one form, the heated wire circuit may be helically wound around the axis of the air circuit 4170. The heating element may be in communication with a controller such as a central controller. One example of an air circuit 4170 comprising a heated wire circuit is described in United States Patent 8,733,349, which is incorporated herewithin in its entirety by reference.

5.5.1 Oxygen delivery

[0615] In one form of the present technology, supplemental oxygen 4180 is delivered to one or more points in the pneumatic path, such as upstream of the pneumatic block 4020, to the air circuit 4170 and/or to the patient interface 3000.

5.6 HUMIDIFIER

5.6.1 Humidifier overview

[0616] In one form of the present technology there is provided a humidifier 5000 (e.g. as shown in Fig. 5A) to change the absolute humidity of air or gas for delivery to

a patient relative to ambient air. Typically, the humidifier 5000 is used to increase the absolute humidity and increase the temperature of the flow of air (relative to ambient air) before delivery to the patient's airways.

[0617] The humidifier 5000 may comprise a humidifier reservoir 5110, a humidifier inlet 5002 to receive a flow of air, and a humidifier outlet 5004 to deliver a humidified flow of *air*. In some forms, as shown in Fig. 5A and Fig. 5B, an inlet and an outlet of the humidifier reservoir 5110 may be the humidifier inlet 5002 and the humidifier outlet 5004 respectively. The humidifier 5000 may further comprise a humidifier base 5006, which may be adapted to receive the humidifier reservoir 5110 and comprise a heating element 5240.

[0618] As shown in Fig. 5C, the humidifier controller 5250 may comprise one or more controllers, such as a central humidifier controller 5251, a heated air circuit controller 5254 configured to control the temperature of a heated air circuit 4171 and/or a heating element controller 5252 configured to control the temperature of a heating element 5240.

5.6.2 Humidifier components

5.6.2.1 Water reservoir

[0619] According to one arrangement, the humidifier 5000 may comprise a water reservoir 5110 configured to hold, or retain, a volume of liquid (e.g. water) to be evaporated for humidification of the flow of air. The water reservoir 5110 may be configured to hold a predetermined maximum volume of water in order to provide adequate humidification for at least the duration of a respiratory therapy session, such as one evening of sleep. Typically, the reservoir 5110 is configured to hold several hundred millilitres of water, e.g. 300 millilitres (ml), 325 ml, 350 ml or 400 ml. In other forms, the humidifier 5000 may be configured to receive a supply of water from an external water source such as a building's water supply system.

[0620] According to one aspect, the water reservoir 5110 is configured to add humidity to a flow of air from the RPT device 4000 as the flow of air travels therethrough. In one form, the water reservoir 5110 may be configured to encourage

the flow of air to travel in a tortuous path through the reservoir 5110 while in contact with the volume of water therein.

[0621] According to one form, the reservoir 5110 may be removable from the humidifier 5000, for example in a lateral direction as shown in Fig. 5A and Fig. 5B.

[0622] The reservoir 5110 may also be configured to discourage egress of liquid therefrom, such as when the reservoir 5110 is displaced and/or rotated from its normal, working orientation, such as through any apertures and/or in between its sub-components. As the flow of air to be humidified by the humidifier 5000 is typically pressurised, the reservoir 5110 may also be configured to prevent losses in pneumatic pressure through leak and/or flow impedance.

5.6.2.2 Conductive portion

[0623] According to one arrangement, the reservoir 5110 comprises a conductive portion 5120 configured to allow efficient transfer of heat from the heating element 5240 to the volume of liquid in the reservoir 5110. In one form, the conductive portion 5120 may be arranged as a plate, although other shapes may also be suitable. All or a part of the conductive portion 5120 may be made of a thermally conductive material such as aluminium (e.g. approximately 2 mm thick, such as 1 mm, 1.5 mm, 2.5 mm or 3 mm), another heat conducting metal or some plastics. In some cases, suitable heat conductivity may be achieved with less conductive materials of suitable geometry.

5.6.2.3 Humidifier reservoir dock

[0624] In one form, the humidifier 5000 may comprise a humidifier reservoir dock 5130 (as shown in Fig. 5B) configured to receive the humidifier reservoir 5110. In some arrangements, the humidifier reservoir dock 5130 may comprise a locking feature such as a locking lever 5135 configured to retain the reservoir 5110 in the humidifier reservoir dock 5130.

5.6.2.4 Water level indicator

[0625] The humidifier reservoir 5110 may comprise a water level indicator 5150 as shown in Fig. 5A-5B. In some forms, the water level indicator 5150 may provide

one or more indications to a user such as the patient 1000 or a care giver regarding a quantity of the volume of water in the humidifier reservoir 5110. The one or more indications provided by the water level indicator 5150 may include an indication of a maximum, predetermined volume of water, any portions thereof, such as 25%, 50% or 75% or volumes such as 200 ml, 300 ml or 400ml.

5.6.2.5 Humidifier transducer(s)

[0626] The humidifier 5000 may comprise one or more humidifier transducers (sensors) 5210 instead of, or in addition to, transducers 4270 described above. Humidifier transducers 5210 may include one or more of an air pressure sensor 5212, an *air* flow rate transducer 5214, a temperature sensor 5216, or a humidity sensor 5218 as shown in Fig. 5C. A humidifier transducer 5210 may produce one or more output signals which may be communicated to a controller such as the central controller and/or the humidifier controller 5250. In some forms, a humidifier transducer may be located externally to the humidifier 5000 (such as in the *air* circuit 4170) while communicating the output signal to the controller.

5.7 BREATHING WAVEFORMS

[0627] Fig. 6A shows a model typical breath waveform of a person while sleeping. The horizontal axis is time, and the vertical axis is respiratory flow rate. While the parameter values may vary, a typical breath may have the following approximate values: tidal volume V_t 0.5L, inhalation time T_i 1.6s, peak inspiratory flow rate Q_{peak} 0.4 L/s, exhalation time T_e 2.4s, peak expiratory flow rate Q_{peak} -0.5 L/s. The total duration of the breath, T_{tot} , is about 4s. The person typically breathes at a rate of about 15 breaths per minute (BPM), with Ventilation $Vent$ about 7.5 L/min. A typical duty cycle, the ratio of T_i to T_{tot} , is about 40%.

5.8 RESPIRATORY PRESSURE THERAPY MODES

[0628] Various respiratory pressure therapy modes may be implemented by the RPT device 4000 depending on the values of the parameters A and P_0 in the treatment pressure equation (**Error! Reference source not found.**) used by the therapy parameter determination algorithm in one form of the present technology.

5.9 GLOSSARY

[0629] For the purposes of the present technology disclosure, in certain forms of the present technology, one or more of the following definitions may apply. In other forms of the present technology, alternative definitions may apply.

5.9.1 General

[0630] *Air*: In certain forms of the present technology, air may be taken to mean atmospheric air, and in other forms of the present technology air may be taken to mean some other combination of breathable gases, e.g. atmospheric air enriched with oxygen.

[0631] *Ambient*: In certain forms of the present technology, the term ambient will be taken to mean (i) external of the treatment system or patient, and (ii) immediately surrounding the treatment system or patient.

[0632] For example, ambient humidity with respect to a humidifier may be the humidity of air immediately surrounding the humidifier, e.g. the humidity in the room where a patient is sleeping. Such ambient humidity may be different to the humidity outside the room where a patient is sleeping.

[0633] In another example, ambient pressure may be the pressure immediately surrounding or external to the body.

[0634] In certain forms, ambient (e.g., acoustic) noise may be considered to be the background noise level in the room where a patient is located, other than for example, noise generated by an RPT device or emanating from a mask or patient interface. Ambient noise may be generated by sources outside the room.

[0635] *Automatic Positive Airway Pressure (APAP) therapy*: CPAP therapy in which the treatment pressure is automatically adjustable, e.g. from breath to breath, between minimum and maximum limits, depending on the presence or absence of indications of SDB events.

[0636] *Continuous Positive Airway Pressure (CPAP) therapy*: Respiratory pressure therapy in which the treatment pressure is approximately constant through a

respiratory cycle of a patient. In some forms, the pressure at the entrance to the airways will be slightly higher during exhalation, and slightly lower during inhalation. In some forms, the pressure will vary between different respiratory cycles of the patient, for example, being increased in response to detection of indications of partial upper airway obstruction, and decreased in the absence of indications of partial upper airway obstruction.

[0637] *Flow rate*: The volume (or mass) of air delivered per unit time. Flow rate may refer to an instantaneous quantity. In some cases, a reference to flow rate will be a reference to a scalar quantity, namely a quantity having magnitude only. In other cases, a reference to flow rate will be a reference to a vector quantity, namely a quantity having both magnitude and direction. Flow rate may be given the symbol Q . 'Flow rate' is sometimes shortened to simply 'flow' or 'airflow'.

[0638] *Humidifier*: The word humidifier will be taken to mean a humidifying apparatus constructed and arranged, or configured with a physical structure to be capable of providing a therapeutically beneficial amount of water (H₂O) vapour to a flow of air to ameliorate a medical respiratory condition of a patient.

[0639] *Leak*: The word leak will be taken to be an unintended flow of air. In one example, leak may occur as the result of an incomplete seal between a mask and a patient's face. In another example leak may occur in a swivel elbow to the ambient.

[0640] *Noise, conducted (acoustic)*: Conducted noise in the present document refers to noise which is carried to the patient by the pneumatic path, such as the air circuit and the patient interface as well as the air therein. In one form, conducted noise may be quantified by measuring sound pressure levels at the end of an air circuit.

[0641] *Noise, radiated (acoustic)*: Radiated noise in the present document refers to noise which is carried to the patient by the ambient air. In one form, radiated noise may be quantified by measuring sound power/pressure levels of the object in question according to ISO 3744.

[0642] *Noise, vent (acoustic)*: Vent noise in the present document refers to noise which is generated by the flow of air through any vents such as vent holes of the patient interface.

[0643] *Patient*: A person, whether or not they are suffering from a respiratory condition.

[0644] *Pressure*: Force per unit area. Pressure may be expressed in a range of units, including cmH₂O, g-f/cm² and hectopascal. 1 cmH₂O is equal to 1 g-f/cm² and is approximately 0.98 hectopascal. In this specification, unless otherwise stated, pressure is given in units of cmH₂O.

[0645] The pressure in the patient interface is given the symbol P_m , while the treatment pressure, which represents a target value to be achieved by the mask pressure P_m at the current instant of time, is given the symbol P_t .

[0646] *Respiratory Pressure Therapy (RPT)*: The application of a supply of air to an entrance to the airways at a treatment pressure that is typically positive with respect to atmosphere.

[0647] *Ventilator*: A mechanical device that provides pressure support to a patient to perform some or all of the work of breathing.

5.9.1.1 Materials

[0648] *Silicone or Silicone Elastomer*: A synthetic rubber. In this specification, a reference to silicone is a reference to liquid silicone rubber (LSR) or a compression moulded silicone rubber (CMSR). One form of commercially available LSR is SILASTIC (included in the range of products sold under this trademark), manufactured by Dow Corning. Another manufacturer of LSR is Wacker. Unless otherwise specified to the contrary, an exemplary form of LSR has a Shore A (or Type A) indentation hardness in the range of about 35 to about 45 as measured using ASTM D2240.

[0649] *Textile*: constructed from a network of fibres.

[0650] *Polycarbonate*: a thermoplastic polymer of Bisphenol-A Carbonate.

5.9.1.2 Mechanical properties

[0651] *Resilience*: Ability of a material to absorb energy when deformed elastically and to release the energy upon unloading.

[0652] *Resilient*: Will release substantially all of the energy when unloaded. Includes e.g. certain silicones, and thermoplastic elastomers.

[0653] *Hardness*: The ability of a material *per se* to resist deformation (e.g. described by a Young's Modulus, or an indentation *hardness* scale measured on a standardised sample size).

- 'Soft' materials may include silicone or thermo-plastic elastomer (TPE), and may, e.g. readily deform under finger pressure.
- 'Hard' materials may include polycarbonate, polypropylene, steel or aluminium, and may not e.g. readily deform under finger pressure.

[0654] *Stiffness (or rigidity) of a structure or component*: The ability of the structure or component to resist deformation in response to an applied load. The load may be a force or a moment, e.g. compression, tension, bending or torsion. The structure or component may offer different resistances in different directions.

[0655] *Floppy structure or component*: A structure or component that will change shape, e.g. bend, when caused to support its own weight, within a relatively short period of time such as 1 second.

[0656] *Rigid structure or component*: A structure or component that will not substantially change shape when subject to the loads typically encountered in use. An example of such a use may be setting up and maintaining a patient interface in sealing relationship with an entrance to a patient's airways, e.g. at a load of approximately 20 to 30 cmH₂O pressure.

[0657] As an example, an I-beam may comprise a different bending stiffness (resistance to a bending load) in a first direction in comparison to a second, orthogonal direction. In another example, a structure or component may be floppy in a first direction and rigid in a second direction.

5.9.2 Respiratory cycle

[0658] *Apnea*: According to some definitions, an apnea is said to have occurred when flow falls below a predetermined threshold for a duration, e.g. 10 seconds. An obstructive apnea will be said to have occurred when, despite patient effort, some obstruction of the airway does not allow air to flow. A central apnea will be said to have occurred when an apnea is detected that is due to a reduction in breathing effort, or the absence of breathing effort, despite the airway being patent. A mixed apnea occurs when a reduction or absence of breathing effort coincides with an obstructed airway.

[0659] *Breathing rate*: The rate of spontaneous respiration of a patient, usually measured in breaths per minute.

[0660] *Duty cycle*: The ratio of inhalation time, T_i to total breath time, T_{tot} .

[0661] *Effort (breathing)*: The work done by a spontaneously breathing person attempting to breathe.

[0662] *Expiratory portion of a breathing cycle*: The period from the start of expiratory flow to the start of inspiratory flow.

[0663] *Flow limitation*: Flow limitation will be taken to be the state of affairs in a patient's respiration where an increase in effort by the patient does not give rise to a corresponding increase in flow. Where flow limitation occurs during an inspiratory portion of the breathing cycle it may be described as inspiratory flow limitation. Where flow limitation occurs during an expiratory portion of the breathing cycle it may be described as expiratory flow limitation.

[0664] *Hypopnea*: According to some definitions, a hypopnea is taken to be a reduction in flow, but not a cessation of flow. In one form, a hypopnea may be said to have occurred when there is a reduction in flow below a threshold rate for a duration. A central hypopnea will be said to have occurred when a hypopnea is detected that is due to a reduction in breathing effort. In one form in adults, either of the following may be regarded as being hypopneas:

- (i) a 30% reduction in patient breathing for at least 10 seconds plus an associated 4% desaturation; or
- (ii) a reduction in patient breathing (but less than 50%) for at least 10 seconds, with an associated desaturation of at least 3% or an arousal.

[0665] *Hyperpnea*: An increase in flow to a level higher than normal.

[0666] *Inspiratory portion of a breathing cycle*: The period from the start of inspiratory flow to the start of expiratory flow will be taken to be the inspiratory portion of a breathing cycle.

[0667] *Patency (airway)*: The degree of the airway being open, or the extent to which the airway is open. A *patent* airway is open. Airway patency may be quantified, for example with a value of one (1) being patent, and a value of zero (0), being closed (obstructed).

[0668] *Positive End-Expiratory Pressure (PEEP)*: The pressure above atmosphere in the lungs that exists at the end of expiration.

[0669] *Peak flow rate (Q_{peak})*: The maximum value of flow rate during the inspiratory portion of the respiratory flow waveform.

[0670] *Respiratory flow rate, patient airflow rate, respiratory airflow rate (Q_r)*: These terms may be understood to refer to the RPT device's estimate of respiratory flow rate, as opposed to "true respiratory flow rate" or "true respiratory flow rate", which is the actual respiratory flow rate experienced by the patient, usually expressed in litres per minute.

[0671] *Tidal volume (V_t)*: The volume of air inhaled or exhaled during normal breathing, when extra effort is not applied. In principle the inspiratory volume V_i (the volume of air inhaled) is equal to the expiratory volume V_e (the volume of air exhaled), and therefore a single tidal volume V_t may be defined as equal to either quantity. In practice the tidal volume V_t is estimated as some combination, e.g. the mean, of the inspiratory volume V_i and the expiratory volume V_e .

[0672] *(inhalation) Time (T_i)*: The duration of the inspiratory portion of the respiratory flow rate waveform.

[0673] *(exhalation) Time (T_e)*: The duration of the expiratory portion of the respiratory flow rate waveform.

[0674] *(total) Time (T_{tot})*: The total duration between the start of one inspiratory portion of a respiratory flow rate waveform and the start of the following inspiratory portion of the respiratory flow rate waveform.

[0675] *Typical recent ventilation*: The value of ventilation around which recent values of ventilation *Vent* over some predetermined timescale tend to cluster, that is, a measure of the central tendency of the recent values of ventilation.

[0676] *Upper airway obstruction (UAO)*: includes both partial and total upper airway obstruction. This may be associated with a state of flow limitation, in which the flow rate increases only slightly or may even decrease as the pressure difference across the upper airway increases (Starling resistor behaviour).

[0677] *Ventilation ($Vent$)*: A measure of a rate of gas being exchanged by the patient's respiratory system. Measures of ventilation may include one or both of inspiratory and expiratory flow, per unit time. When expressed as a volume per minute, this quantity is often referred to as "minute ventilation". Minute ventilation is sometimes given simply as a volume, understood to be the volume per minute.

5.9.3 Anatomy

5.9.3.1 Anatomy of the face

[0678] *Ala*: the external outer wall or "wing" of each nostril (plural: alar)

[0679] *Alare*: The most lateral point on the nasal *ala*.

[0680] *Alar curvature (or alar crest) point*: The most posterior point in the curved base line of each *ala*, found in the crease formed by the union of the *ala* with the cheek.

[0681] *Auricle*: The whole external visible part of the ear.

[0682] *(nose) Bony framework:* The bony framework of the nose comprises the nasal bones, the frontal process of the maxillae and the nasal part of the frontal bone.

[0683] *(nose) Cartilaginous framework:* The cartilaginous framework of the nose comprises the septal, lateral, major and minor cartilages.

[0684] *Columella:* the strip of skin that separates the nares and which runs from the pronasale to the upper lip.

[0685] *Columella angle:* The angle between the line drawn through the midpoint of the nostril aperture and a line drawn perpendicular to the Frankfort horizontal while intersecting subnasale.

[0686] *Frankfort horizontal plane:* A line extending from the most inferior point of the orbital margin to the left tragon. The tragon is the deepest point in the notch superior to the tragus of the auricle.

[0687] *Glabella:* Located on the soft tissue, the most prominent point in the midsagittal plane of the forehead.

[0688] *Lateral nasal cartilage:* A generally triangular plate of cartilage. Its superior margin is attached to the nasal bone and frontal process of the maxilla, and its inferior margin is connected to the greater alar cartilage.

[0689] *Greater alar cartilage:* A plate of cartilage lying below the lateral nasal cartilage. It is curved around the anterior part of the naris. Its posterior end is connected to the frontal process of the maxilla by a tough fibrous membrane containing three or four minor cartilages of the *ala*.

[0690] *Nares (Nostrils):* Approximately ellipsoidal apertures forming the entrance to the nasal cavity. The singular form of nares is naris (nostril). The nares are separated by the nasal septum.

[0691] *Naso-labial sulcus or Naso-labial fold:* The skin fold or groove that runs from each side of the nose to the corners of the mouth, separating the cheeks from the upper lip.

- [0692] *Naso-labial angle*: The angle between the columella and the upper lip, while intersecting subnasale.
- [0693] *Otobasion inferior*: The lowest point of attachment of the auricle to the skin of the face.
- [0694] *Otobasion superior*: The highest point of attachment of the auricle to the skin of the face.
- [0695] *Pronasale*: the most protruded point or tip of the nose, which can be identified in lateral view of the rest of the portion of the head.
- [0696] *Philtrum*: the midline groove that runs from lower border of the nasal septum to the top of the lip in the upper lip region.
- [0697] *Pogonion*: Located on the soft tissue, the most anterior midpoint of the chin.
- [0698] *Ridge (nasal)*: The nasal ridge is the midline prominence of the nose, extending from the Sellion to the Pronasale.
- [0699] *Sagittal plane*: A vertical plane that passes from anterior (front) to posterior (rear). The midsagittal plane is a sagittal plane that divides the body into right and left halves.
- [0700] *Sellion*: Located on the soft tissue, the most concave point overlying the area of the frontonasal suture.
- [0701] *Septal cartilage (nasal)*: The nasal septal cartilage forms part of the septum and divides the front part of the nasal cavity.
- [0702] *Subalare*: The point at the lower margin of the alar base, where the alar base joins with the skin of the superior (upper) lip.
- [0703] *Subnasal point*: Located on the soft tissue, the point at which the columella merges with the upper lip in the midsagittal plane.

[0704] *Supramenton*: The point of greatest concavity in the midline of the lower lip between labrale inferius and soft tissue pogonion

5.9.3.2 Anatomy of the skull

[0705] *Frontal bone*: The frontal bone includes a large vertical portion, the *squama frontalis*, corresponding to the region known as the forehead.

[0706] *Mandible*: The mandible forms the lower jaw. The mental protuberance is the bony protuberance of the jaw that forms the chin.

[0707] *Maxilla*: The maxilla forms the upper jaw and is located above the mandible and below the orbits. The *frontal process of the maxilla* projects upwards by the side of the nose, and forms part of its lateral boundary.

[0708] *Nasal bones*: The nasal bones are two small oblong bones, varying in size and form in different individuals; they are placed side by side at the middle and upper part of the face, and form, by their junction, the "bridge" of the nose.

[0709] *Nasion*: The intersection of the frontal bone and the two nasal bones, a depressed area directly between the eyes and superior to the bridge of the nose.

[0710] *Occipital bone*: The occipital bone is situated at the back and lower part of the cranium. It includes an oval aperture, the *foramen magnum*, through which the cranial cavity communicates with the vertebral canal. The curved plate behind the foramen magnum is the *squama occipitalis*.

[0711] *Orbit*: The bony cavity in the skull to contain the eyeball.

[0712] *Parietal bones*: The parietal bones are the bones that, when joined together, form the roof and sides of the cranium.

[0713] *Temporal bones*: The temporal bones are situated on the bases and sides of the skull, and support that part of the face known as the temple.

[0714] *Zygomatic bones*: The face includes two zygomatic bones, located in the upper and lateral parts of the face and forming the prominence of the cheek.

5.9.3.3 Anatomy of the respiratory system

[0715] *Diaphragm*: A sheet of muscle that extends across the bottom of the rib cage. The diaphragm separates the thoracic cavity, containing the heart, lungs and ribs, from the abdominal cavity. As the diaphragm contracts the volume of the thoracic cavity increases and air is drawn into the lungs.

[0716] *Larynx*: The larynx, or voice box houses the vocal folds and connects the inferior part of the pharynx (hypopharynx) with the trachea.

[0717] *Lungs*: The organs of respiration in humans. The conducting zone of the lungs contains the trachea, the bronchi, the bronchioles, and the terminal bronchioles. The respiratory zone contains the respiratory bronchioles, the alveolar ducts, and the alveoli.

[0718] *Nasal cavity*: The nasal cavity (or nasal fossa) is a large air filled space above and behind the nose in the middle of the face. The nasal cavity is divided in two by a vertical fin called the nasal septum. On the sides of the nasal cavity are three horizontal outgrowths called nasal conchae (singular "concha") or turbinates. To the front of the nasal cavity is the nose, while the back blends, via the choanae, into the nasopharynx.

[0719] *Pharynx*: The part of the throat situated immediately inferior to (below) the nasal cavity, and superior to the oesophagus and larynx. The pharynx is conventionally divided into three sections: the nasopharynx (epipharynx) (the nasal part of the pharynx), the oropharynx (mesopharynx) (the oral part of the pharynx), and the laryngopharynx (hypopharynx).

5.9.4 Patient interface

[0720] *Anti-asphyxia valve (AAV)*: The component or sub-assembly of a mask system that, by opening to atmosphere in a failsafe manner, reduces the risk of excessive CO₂ rebreathing by a patient.

[0721] *Elbow*: An elbow is an example of a structure that directs an axis of flow of air travelling therethrough to change direction through an angle. In one form, the angle may be approximately 90 degrees. In another form, the angle may be more, or

less than 90 degrees. The elbow may have an approximately circular cross-section. In another form the elbow may have an oval or a rectangular cross-section. In certain forms an elbow may be rotatable with respect to a mating component, e.g. about 360 degrees. In certain forms an elbow may be removable from a mating component, e.g. via a snap connection. In certain forms, an elbow may be assembled to a mating component via a one-time snap during manufacture, but not removable by a patient.

[0722] *Frame*: Frame will be taken to mean a mask structure that bears the load of tension between two or more points of connection with a headgear. A mask frame may be a non-airtight load bearing structure in the mask. However, some forms of mask frame may also be air-tight.

[0723] *Headgear*: Headgear will be taken to mean a form of positioning and stabilizing structure designed for use on a head. For example the headgear may comprise a collection of one or more struts, ties and stiffeners configured to locate and retain a patient interface in position on a patient's face for delivery of respiratory therapy. Some ties are formed of a soft, flexible, elastic material such as a laminated composite of foam and fabric.

[0724] *Membrane*: Membrane will be taken to mean a typically thin element that has, preferably, substantially no resistance to bending, but has resistance to being stretched.

[0725] *Plenum chamber*: a mask plenum chamber will be taken to mean a portion of a patient interface having walls at least partially enclosing a volume of space, the volume having air therein pressurised above atmospheric pressure in use. A shell may form part of the walls of a mask plenum chamber.

[0726] *Seal*: May be a noun form ("a seal") which refers to a structure, or a verb form ("to seal") which refers to the effect. Two elements may be constructed and/or arranged to 'seal' or to effect 'sealing' therebetween without requiring a separate 'seal' element *per se*.

[0727] *Shell*: A shell will be taken to mean a curved, relatively thin structure having bending, tensile and compressive stiffness. For example, a curved structural

wall of a mask may be a shell. In some forms, a shell may be faceted. In some forms a shell may be airtight. In some forms a shell may not be airtight.

[0728] *Stiffener*: A stiffener will be taken to mean a structural component designed to increase the bending resistance of another component in at least one direction.

[0729] *Strut*: A strut will be taken to be a structural component designed to increase the compression resistance of another component in at least one direction.

[0730] *Swivel* (noun): A subassembly of components configured to rotate about a common axis, preferably independently, preferably under low torque. In one form, the swivel may be constructed to rotate through an angle of at least 360 degrees. In another form, the swivel may be constructed to rotate through an angle less than 360 degrees. When used in the context of an air delivery conduit, the sub-assembly of components preferably comprises a matched pair of cylindrical conduits. There may be little or no leak flow of air from the swivel in use.

[0731] *Tie* (noun): A structure designed to resist tension.

[0732] *Vent*: (noun): A structure that allows a flow of *air* from an interior of the mask, or conduit, to ambient air for clinically effective washout of exhaled gases. For example, a clinically effective washout may involve a flow rate of about 10 litres per minute to about 100 litres per minute, depending on the mask design and treatment pressure.

5.9.5 Shape of structures

[0733] Products in accordance with the present technology may comprise one or more three-dimensional mechanical structures, for example a mask cushion or an impeller. The three-dimensional structures may be bounded by two-dimensional surfaces. These surfaces may be distinguished using a label to describe an associated surface orientation, location, function, or some other characteristic. For example a structure may comprise one or more of an anterior surface, a posterior surface, an interior surface and an exterior surface. In another example, a seal-forming structure may comprise a face-contacting (e.g. outer) surface, and a separate non-face-

contacting (e.g. underside or inner) surface. In another example, a structure may comprise a first surface and a second surface.

[0734] To facilitate describing the shape of the three-dimensional structures and the surfaces, we first consider a cross-section through a surface of the structure at a point, p . See Fig. 3B to Fig. 3F, which illustrate examples of cross-sections at point p on a surface, and the resulting plane curves. Figs. 3B to 3F also illustrate an outward normal vector at p . The outward normal vector at p points away from the surface. In some examples we describe the surface from the point of view of an imaginary small person standing upright on the surface.

5.9.5.1 Curvature in one dimension

[0735] The curvature of a plane curve at p may be described as having a sign (e.g. positive, negative) and a magnitude (e.g. $1/\text{radius}$ of a circle that just touches the curve at p).

[0736] *Positive curvature:* If the curve at p turns towards the outward normal, the curvature at that point will be taken to be positive (if the imaginary small person leaves the point p they must walk uphill). See Fig. 3B (relatively large positive curvature compared to Fig. 3C) and Fig. 3C (relatively small positive curvature compared to Fig. 3B). Such curves are often referred to as concave.

[0737] *Zero curvature:* If the curve at p is a straight line, the curvature will be taken to be zero (if the imaginary small person leaves the point p , they can walk on a level, neither up nor down). See Fig. 3D.

[0738] *Negative curvature:* If the curve at p turns away from the outward normal, the curvature in that direction at that point will be taken to be negative (if the imaginary small person leaves the point p they must walk downhill). See Fig. 3E (relatively small negative curvature compared to Fig. 3F) and Fig. 3F (relatively large negative curvature compared to Fig. 3E). Such curves are often referred to as convex.

5.9.5.2 Curvature of two dimensional surfaces

[0739] A description of the shape at a given point on a two-dimensional surface in accordance with the present technology may include multiple normal cross-

sections. The multiple cross-sections may cut the surface in a plane that includes the outward normal (a “normal plane”), and each cross-section may be taken in a different direction. Each cross-section results in a plane curve with a corresponding curvature. The different curvatures at that point may have the same sign, or a different sign. Each of the curvatures at that point has a magnitude, e.g. relatively small. The plane curves in Figs. 3B to 3F could be examples of such multiple cross-sections at a particular point.

[0740] *Principal curvatures and directions:* The directions of the normal planes where the curvature of the curve takes its maximum and minimum values are called the principal directions. In the examples of Fig. 3B to Fig. 3F, the maximum curvature occurs in Fig. 3B, and the minimum occurs in Fig. 3F, hence Fig. 3B and Fig. 3F are cross sections in the principal directions. The principal curvatures at p are the curvatures in the principal directions.

[0741] *Region of a surface:* A connected set of points on a surface. The set of points in a region may have similar characteristics, e.g. curvatures or signs.

[0742] *Saddle region:* A region where at each point, the principal curvatures have opposite signs, that is, one is positive, and the other is negative (depending on the direction to which the imaginary person turns, they may walk uphill or downhill).

[0743] *Dome region:* A region where at each point the principal curvatures have the same sign, e.g. both positive (a “concave dome”) or both negative (a “convex dome”).

[0744] *Cylindrical region:* A region where one principal curvature is zero (or, for example, zero within manufacturing tolerances) and the other principal curvature is non-zero.

[0745] *Planar region:* A region of a surface where both of the principal curvatures are zero (or, for example, zero within manufacturing tolerances).

[0746] *Edge of a surface:* A boundary or limit of a surface or region.

[0747] *Path*: In certain forms of the present technology, ‘path’ will be taken to mean a path in the mathematical – topological sense, e.g. a continuous space curve from $f(0)$ to $f(1)$ on a surface. In certain forms of the present technology, a ‘path’ may be described as a route or course, including e.g. a set of points on a surface. (The path for the imaginary person is where they walk on the surface, and is analogous to a garden path).

[0748] *Path length*: In certain forms of the present technology, ‘path length’ will be taken to mean the distance along the surface from $f(0)$ to $f(1)$, that is, the distance along the path on the surface. There may be more than one path between two points on a surface and such paths may have different path lengths. (The path length for the imaginary person would be the distance they have to walk on the surface along the path).

[0749] *Straight-line distance*: The straight-line distance is the distance between two points on a surface, but without regard to the surface. On planar regions, there would be a path on the surface having the same path length as the straight-line distance between two points on the surface. On non-planar surfaces, there may be no paths having the same path length as the straight-line distance between two points. (For the imaginary person, the straight-line distance would correspond to the distance ‘as the crow flies’.)

5.9.5.3 Space curves

[0750] *Space curves*: Unlike a plane curve, a space curve does not necessarily lie in any particular plane. A space curve may be closed, that is, having no endpoints. A space curve may be considered to be a one-dimensional piece of three-dimensional space. An imaginary person walking on a strand of the DNA helix walks along a space curve. A typical human left ear comprises a helix, which is a left-hand helix, see Fig. 3Q. A typical human right ear comprises a helix, which is a right-hand helix, see Fig. 3R. Fig. 3S shows a right-hand helix. The edge of a structure, e.g. the edge of a membrane or impeller, may follow a space curve. In general, a space curve may be described by a curvature and a torsion at each point on the space curve. Torsion is a measure of how the curve turns out of a plane. Torsion has a sign and a magnitude.

The torsion at a point on a space curve may be characterised with reference to the tangent, normal and binormal vectors at that point.

[0751] *Tangent unit vector (or unit tangent vector):* For each point on a curve, a vector at the point specifies a direction from that point, as well as a magnitude. A tangent unit vector is a unit vector pointing in the same direction as the curve at that point. If an imaginary person were flying along the curve and fell off her vehicle at a particular point, the direction of the tangent vector is the direction she would be travelling.

[0752] *Unit normal vector:* As the imaginary person moves along the curve, this tangent vector itself changes. The unit vector pointing in the same direction that the tangent vector is changing is called the unit principal normal vector. It is perpendicular to the tangent vector.

[0753] *Binormal unit vector:* The binormal unit vector is perpendicular to both the tangent vector and the principal normal vector. Its direction may be determined by a right-hand rule (see e.g. Fig. 3P), or alternatively by a left-hand rule (Fig. 3O).

[0754] *Osculating plane:* The plane containing the unit tangent vector and the unit principal normal vector. See Figures 3O and 3P.

[0755] *Torsion of a space curve:* The torsion at a point of a space curve is the magnitude of the rate of change of the binormal unit vector at that point. It measures how much the curve deviates from the osculating plane. A space curve which lies in a plane has zero torsion. A space curve which deviates a relatively small amount from the osculating plane will have a relatively small magnitude of torsion (e.g. a gently sloping helical path). A space curve which deviates a relatively large amount from the osculating plane will have a relatively large magnitude of torsion (e.g. a steeply sloping helical path). With reference to Fig. 3S, since $T_2 > T_1$, the magnitude of the torsion near the top coils of the helix of Fig. 3S is greater than the magnitude of the torsion of the bottom coils of the helix of Fig. 3S

[0756] With reference to the right-hand rule of Fig. 3P, a space curve turning towards the direction of the right-hand binormal may be considered as having a right-

hand positive torsion (e.g. a right-hand helix as shown in Fig. 3S). A space curve turning away from the direction of the right-hand binormal may be considered as having a right-hand negative torsion (e.g. a left-hand helix).

[0757] Equivalently, and with reference to a left-hand rule (see Fig. 3O), a space curve turning towards the direction of the left-hand binormal may be considered as having a left-hand positive torsion (e.g. a left-hand helix). Hence left-hand positive is equivalent to right-hand negative. See Fig. 3T.

5.9.5.4 Holes

[0758] A surface may have a one-dimensional hole, e.g. a hole bounded by a plane curve or by a space curve. Thin structures (e.g. a membrane) with a hole, may be described as having a one-dimensional hole. See for example the one dimensional hole in the surface of structure shown in Fig. 3I, bounded by a plane curve.

[0759] A structure may have a two-dimensional hole, e.g. a hole bounded by a surface. For example, an inflatable tyre has a two dimensional hole bounded by the interior surface of the tyre. In another example, a bladder with a cavity for air or gel could have a two-dimensional hole. See for example the cushion of Fig. 3L and the example cross-sections therethrough in Fig. 3M and Fig. 3N, with the interior surface bounding a two dimensional hole indicated. In a yet another example, a conduit may comprise a one-dimension hole (e.g. at its entrance or at its exit), and a two-dimension hole bounded by the inside surface of the conduit. See also the two dimensional hole through the structure shown in Fig. 3K, bounded by a surface as shown.

5.10 OTHER REMARKS

[0760] Unless the context clearly dictates otherwise and where a range of values is provided, it is understood that each intervening value, to the tenth of the unit of the lower limit, between the upper and lower limit of that range, and any other stated or intervening value in that stated range is encompassed within the technology. The upper and lower limits of these intervening ranges, which may be independently included in the intervening ranges, are also encompassed within the technology, subject to any specifically excluded limit in the stated range. Where the stated range

includes one or both of the limits, ranges excluding either or both of those included limits are also included in the technology.

[0761] Furthermore, where a value or values are stated herein as being implemented as part of the technology, it is understood that such values may be approximated, unless otherwise stated, and such values may be utilized to any suitable significant digit to the extent that a practical technical implementation may permit or require it.

[0762] Unless defined otherwise, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this technology belongs. Although any methods and materials similar or equivalent to those described herein can also be used in the practice or testing of the present technology, a limited number of the exemplary methods and materials are described herein.

[0763] When a particular material is identified as being used to construct a component, obvious alternative materials with similar properties may be used as a substitute. Furthermore, unless specified to the contrary, any and all components herein described are understood to be capable of being manufactured and, as such, may be manufactured together or separately.

[0764] It must be noted that as used herein and in the appended claims, the singular forms "a", "an", and "the" include their plural equivalents, unless the context clearly dictates otherwise.

[0765] All publications mentioned herein are incorporated herein by reference in their entirety to disclose and describe the methods and/or materials which are the subject of those publications. The publications discussed herein are provided solely for their disclosure prior to the filing date of the present application. Nothing herein is to be construed as an admission that the present technology is not entitled to antedate such publication by virtue of prior invention. Further, the dates of publication provided may be different from the actual publication dates, which may need to be independently confirmed.

[0766] The terms "comprises" and "comprising" should be interpreted as referring to elements, components, or steps in a non-exclusive manner, indicating that the referenced elements, components, or steps may be present, or utilized, or combined with other elements, components, or steps that are not expressly referenced.

[0767] The subject headings used in the detailed description are included only for the ease of reference of the reader and should not be used to limit the subject matter found throughout the disclosure or the claims. The subject headings should not be used in construing the scope of the claims or the claim limitations.

[0768] Although the technology herein has been described with reference to particular examples, it is to be understood that these examples are merely illustrative of the principles and applications of the technology. In some instances, the terminology and symbols may imply specific details that are not required to practice the technology. For example, although the terms "first" and "second" may be used, unless otherwise specified, they are not intended to indicate any order but may be utilised to distinguish between distinct elements. Furthermore, although process steps in the methodologies may be described or illustrated in an order, such an ordering is not required. Those skilled in the art will recognize that such ordering may be modified and/or aspects thereof may be conducted concurrently or even synchronously.

[0769] It is therefore to be understood that numerous modifications may be made to the illustrative examples and that other arrangements may be devised without departing from the spirit and scope of the technology.

5.11 REFERENCE SIGNS LIST

patient	1000
bed partner	1100
patient interface	3000
seal - forming structure	3100

region	3101
boundary	3102
region	3103
superior - facing central portion	3111
central saddle portion	3112
bridge portion	3113
lateral corner regions	3114
anterior - facing central portion	3115
lip superior portion	3116
oral hole peripheral portion	3117
lip inferior portion	3118
nasal portion	3120
superior - facing intermediate portion	3121
anterior facing intermediate portion	3125
oral portion	3130
posterior corners	3131
posterior - facing lateral portion	3135
lateral peripheral support portions	3136
lateral - facing posterior portion	3141
lateral portions	3145

lateral support portion	3151
flat inferior boundary	3152
curved superior boundary	3153
anterior - facing lateral portions	3155
anterior support portions	3161
anterior support portions	3165
textile portion	3170
nasal textile portion	3171
oral textile portion	3172
bridging portion	3174
gap	3175
uncovered portion	3176
first textile segment	3180
second textile segment	3181
fold	3190
plenum chamber	3200
chord	3209
shell	3210
top edge	3211
protruding portions	3215

rim	3218
superior point	3220
inferior point	3229
nasal portion	3230
lateral portions	3231
superior periphery	3232
inlet port	3240
oral portion	3260
oral hole	3271
nasal hole	3272
oro-nasal hole	3273
oronasal transition	3275
positioning and stabilising structure	3300
upper strap	3310
upper strap connection point	3315
lower strap	3320
lower connection point	3325
lower strap clip	3326

top crown strap	3330
lateral crown strap	3332
neck strap	3334
headgear tube	3340
tab	3342
headgear tube connector	3344
frame	3350
snap fit hooks	3351
frame inlet connection port	3354
connection rim	3355
conduit headgear inlet	3390
vent	3400
connection port	3600
swivel elbow assembly	3610
forehead support	3700
RPT device	4000
external housing	4010
upper portion	4012
lower portion	4014
panel	4015

chassis	4016
handle	4018
pneumatic block	4020
air filter	4110
inlet air filter	4112
outlet air filter	4114
muffler	4120
inlet muffler	4122
outlet muffler	4124
pressure generator	4140
blower	4142
motor	4144
anti - spill back valve	4160
air circuit	4170
heated air circuit	4171
supplemental oxygen	4180
electrical components	4200
Printed Circuit Board Assembly (PCBA)	4202
electrical power supply	4210
input devices	4220

transducers	4270
output devices	4290
humidifier	5000
humidifier inlet	5002
humidifier outlet	5004
humidifier base	5006
reservoir	5110
conductive portion	5120
humidifier reservoir dock	5130
locking lever	5135
water level indicator	5150
humidifier transducer	5210
air pressure sensor	5212
air flow rate transducer	5214
temperature sensor	5216
heating element	5240
humidifier controller	5250
central humidifier controller	5251
heating element controller	5252
air circuit controller	5254

nasal axis	6000
oral axis	6001
nasolabial axis	6002
nasolabial axis	6002
nasolabial sulcus axis	6003

6 CLAIMS

1. A patient interface comprising:

a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use;

a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the nasal portion having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares in use, the oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use;

a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient; and

a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use;

wherein the nasal portion of the seal-forming structure includes a nasal textile portion that forms the at least one nasal hole and is configured to contact the patient's nose in use, the nasal textile portion being positively curved around a nasal axis;

wherein the oral portion of the seal-forming structure includes an oral textile portion that is separate from the nasal textile portion, forms the oral hole, and is configured to contact the patient's face proximal to the patient's mouth in use, the oral textile portion being positively curved around an oral axis that is oriented differently from the nasal axis; and

wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

2. The patient interface of claim 1, wherein the seal-forming structure is constructed from silicone overmolded to the nasal textile portion and the oral textile portion.
3. The patient interface of claim 1 or 2, wherein the silicone is exposed between the nasal textile portion and the oral textile portion.
4. The patient interface of any one of claims 1 to 3, wherein the silicone exposed between the nasal textile portion and the oral textile portion is configured to be positioned adjacent to the patient's lip superior in use.
5. The patient interface of any one of claims 1 to 4, wherein the nasal axis and the oral axis are located in the patient's sagittal plane in use.
6. The patient interface of any one of claims 1 to 5, wherein the nasal axis and the oral axis are oriented relative to one another at an angle greater than 90°.
7. The patient interface of any one of claims 1 to 6, wherein a radius of curvature of the nasal textile portion is less than a radius of curvature of the oral textile portion.
8. The patient interface of any one of claims 1 to 7, wherein the nasal textile portion and the oral textile portion are constructed from an air-impermeable textile.
9. The patient interface of any one of claims 1 to 8, wherein the nasal textile portion is constructed from a first textile and the oral textile portion is constructed from a second textile.
10. The patient interface of any one of claims 1 to 9, wherein the first textile and the second textile have the same properties.
11. The patient interface of any one of claims 1 to 10, wherein the first textile and the second textile have at least one property that is different.
12. The patient interface of any one of claims 1 to 11, wherein the nasal textile portion consists of one nasal hole configured to direct the flow of air into both nares during use.

13. The patient interface of any one of claims 1 to 12, wherein the nasal textile portion consists of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use.

14. The patient interface of any one of claims 1 to 13, wherein the nasal textile portion is configured to be positioned adjacent to the patient's columella in use.

15. A patient interface comprising:

a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use;

a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the nasal portion having at least one nasal hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares in use, the oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use;

a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient;

a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use; and

a unitary textile portion comprising:

a nasal textile portion that forms the at least one nasal hole and is positioned on the nasal portion to contact the patient's nose in use, the nasal textile portion being positively curved around a nasal axis;

an oral textile portion that forms the oral hole and is positioned on the oral portion to contact the patient's face proximal to the patient's mouth in use, the oral textile portion being positively curved around an oral axis that is oriented differently from the nasal axis; and

a bridging portion that joins the nasal textile portion and the oral textile portion;

wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

16. The patient interface of claim 15, wherein the seal-forming structure is constructed from silicone overmolded to the unitary textile portion.
17. The patient interface of any one of claims 15 to 16, wherein the nasal axis and the oral axis are located in the patient's sagittal plane in use.
18. The patient interface of any one of claims 15 to 17, wherein the nasal axis and the oral axis are oriented relative to one another at an angle greater than 90°.
19. The patient interface of any one of claims 15 to 18, wherein a radius of curvature of the nasal textile portion is less than a radius of curvature of the oral textile portion.
20. The patient interface of any one of claims 15 to 19, wherein the nasal textile portion is constructed from a first textile, the oral textile portion is constructed from a second textile, and the bridging portion is constructed from a third textile.
21. The patient interface of any one of claims 15 to 20, wherein the first textile, the second textile, and the third textile have the same properties.
22. The patient interface of any one of claims 15 to 21, wherein the first textile, the second textile, and the third textile have at least one property that is different.
23. The patient interface of any one of claims 15 to 22, wherein the first textile, the second textile, and the third textile are air-impermeable.

24. The patient interface of any one of claims 15 to 23, wherein the nasal textile portion, the oral textile portion, and the bridging portion are joined by stitching or welding.
25. The patient interface of any one of claims 15 to 24, wherein the nasal textile portion, the oral textile portion, and the bridging portion are constructed from a single, continuous piece of textile.
26. The patient interface of any one of claims 15 to 25, wherein the unitary textile portion is curved or bent around a nasolabial axis at the bridging portion.
27. The patient interface of any one of claims 15 to 16, wherein the bridging portion is narrower than the nasal textile portion and the oral textile portion.
28. The patient interface of any one of claims 15 to 27, wherein the bridging portion is configured to be positioned adjacent the patient's lip superior during use.
29. The patient interface of any one of claims 15 to 28, wherein the nasal textile portion consists of one nasal hole configured to direct the flow of air into both nares during use.
30. The patient interface of any one of claims 15 to 29, wherein the nasal textile portion consists of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use.
31. A patient interface comprising:
- a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use;
 - a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the seal-forming structure having at least one hole configured to deliver a flow of air at said therapeutic pressure to the patient's nares and mouth in use, and the seal-forming structure being constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use;

a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient;

a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use;

a first textile portion that bounds a first portion of the at least one hole; and

a second textile portion that is joined to the first textile portion and bounds a second portion of the at least one hole;

wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

32. The patient interface of claim 31, wherein the seal-forming structure is constructed from silicone overmolded to the first textile portion and the second textile portion.

33. The patient interface of claim 31 or 32, wherein the seal-forming structure consists of a single oro-nasal hole configured to receive the patient's nose and mouth during use.

34. The patient interface of any one of claims 31 to 33, wherein the at least one hole comprises at least one nasal hole formed in the nasal portion and an oral hole formed in the oral portion.

35. The patient interface of any one of claims 31 to 34, wherein the at least one nasal hole consists of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use.

36. The patient interface of any one of claims 31 to 35, wherein the at least one nasal hole consists of one nasal hole configured to direct the flow of air into both nares during use.

37. The patient interface of any one of claims 31 to 36, wherein the first textile portion surrounds the at least one nasal hole.
38. The patient interface of any one of claims 31 to 37, wherein the first textile portion partially surrounds the oral hole.
39. The patient interface of any one of claims 31 to 38, wherein the first textile portion and the second textile portion are joined to surround the oral hole.
40. The patient interface of any one of claims 31 to 39, wherein the first textile portion and the second textile portion are joined to surround the at least one hole.
41. The patient interface of any one of claims 31 to 40, wherein the first textile portion is constructed from a first textile and the second textile portion is constructed from a second textile.
42. The patient interface of any one of claims 31 to 41, wherein the first textile and the second textile have the same properties.
43. The patient interface of any one of claims 31 to 42, wherein the first textile and the second textile have at least one property that is different.
44. The patient interface of any one of claims 31 to 43, wherein the first textile and the second textile are air-impermeable.
45. The patient interface of any one of claims 31 to 44, wherein the first textile portion and the second textile portion are joined by stitching or welding.
46. The patient interface of any one of claims 31 to 45, wherein the second textile portion is configured to contact the patient's lip inferior during use.
47. A patient interface comprising:
- a plenum chamber pressurisable to a therapeutic pressure of at least 6 cmH₂O above ambient air pressure throughout a patient's respiratory cycle in use;
 - a seal-forming structure joined to the plenum chamber and comprising a nasal portion and an oral portion, the nasal portion having at least one nasal hole configured

to deliver a flow of air at said therapeutic pressure to the patient's nares in use, the oral portion having an oral hole configured to deliver the flow of air at said therapeutic pressure to the patient's mouth in use, the seal-forming structure constructed and arranged to maintain said therapeutic pressure in the plenum chamber throughout the patient's respiratory cycle in use;

a vent comprising a plurality of holes configured to allow a continuous vent flow from an interior of the plenum chamber to ambient throughout the patient's respiratory cycle while the therapeutic pressure within the plenum chamber is positive with respect to ambient;

a positioning and stabilising structure comprising at least one tie and being configured to hold the seal-forming structure in a therapeutically effective position on the patient's head in use; and

a textile portion comprising:

a nasal textile portion that at least partially forms the at least one nasal hole and is positioned on the nasal portion to contact the patient's nose in use; and

an oral textile portion that at least partially forms the oral hole and is positioned on the oral portion to contact the patient's face proximal to the patient's mouth in use; and

a gap in the textile portion between the at least one nasal hole and the oral hole;

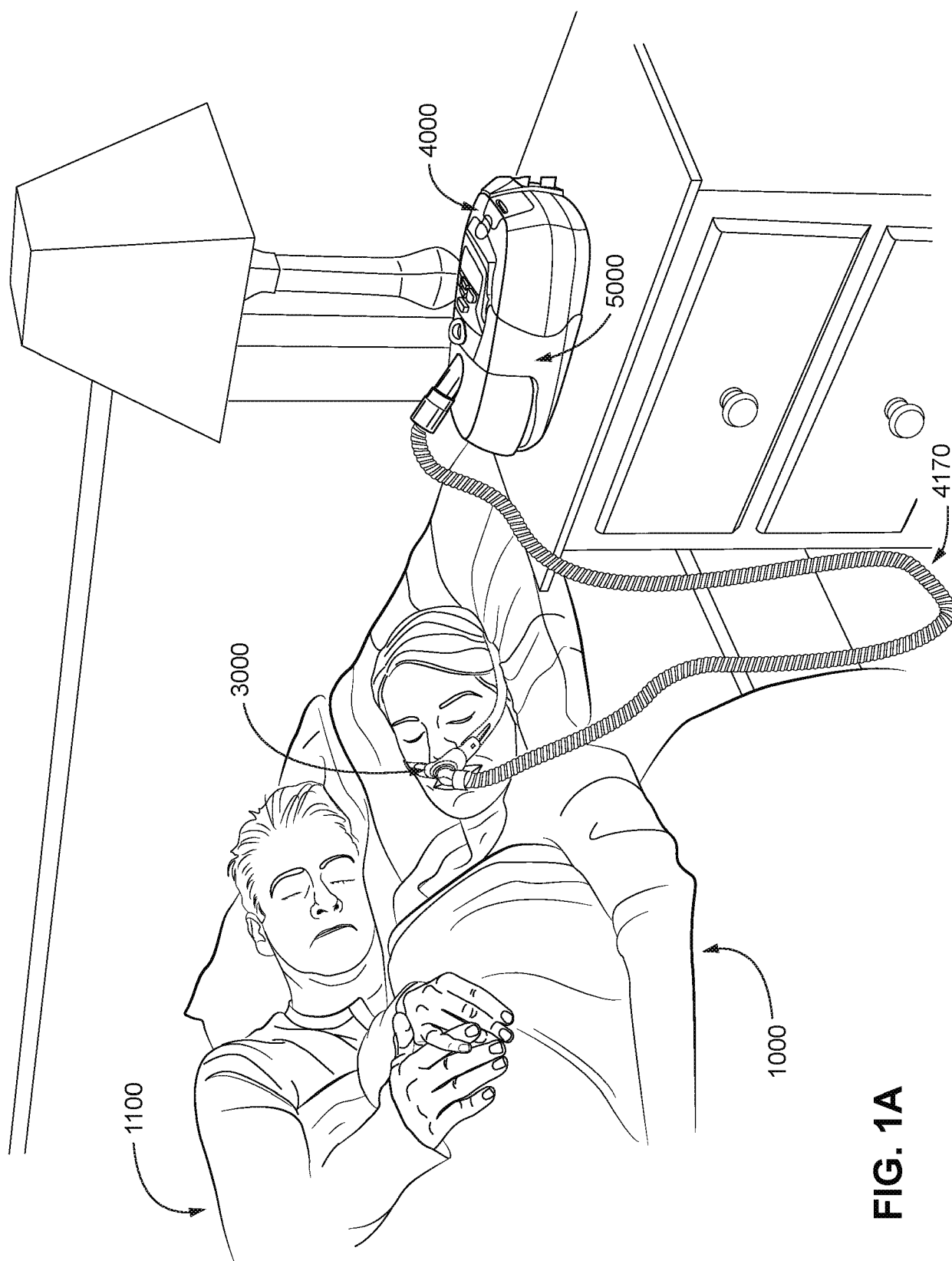
wherein the patient interface is configured to allow the patient to breath from ambient in the absence of the flow of air at the therapeutic pressure.

48. The patient interface of claim 47, wherein the seal-forming structure is constructed from silicone overmolded to the textile portion.

49. The patient interface of claim 47 or 48, wherein the textile portion is unitary.

50. The patient interface of any one of claims 47 to 49, wherein the silicone of the seal-forming structure is exposed at the gap.

51. The patient interface of any one of claims 47 to 50, wherein the silicone of the seal-forming structure exposed at the gap is configured to be positioned adjacent to the patient's lip superior during use.
52. The patient interface of any one of claims 47 to 51, wherein the nasal textile portion is constructed from a first textile and the oral textile portion is constructed from a second textile.
53. The patient interface of any one of claims 47 to 52, wherein the first textile and the second textile have the same properties.
54. The patient interface of any one of claims 47 to 53, wherein the first textile and the second textile have at least one property that is different.
55. The patient interface of any one of claims 47 to 54, wherein the first textile and the second textile are air-impermeable.
56. The patient interface of any one of claims 47 to 55, wherein the nasal textile portion consists of one nasal hole configured to direct the flow of air into both nares during use.
57. The patient interface of any one of claims 47 to 56, wherein the nasal textile portion consists of two nasal holes configured to direct the flow of air into a corresponding one of the nares during use.



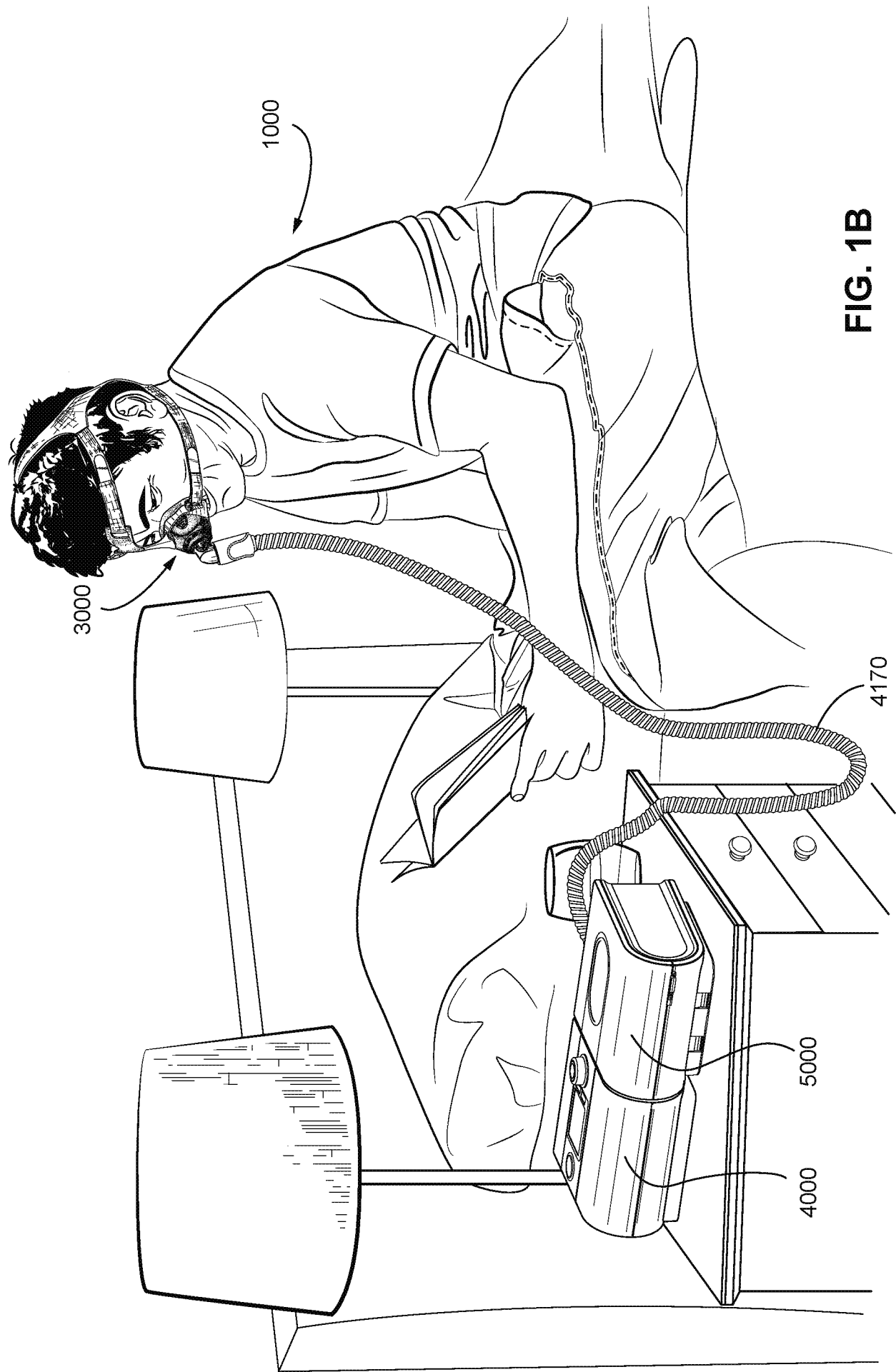
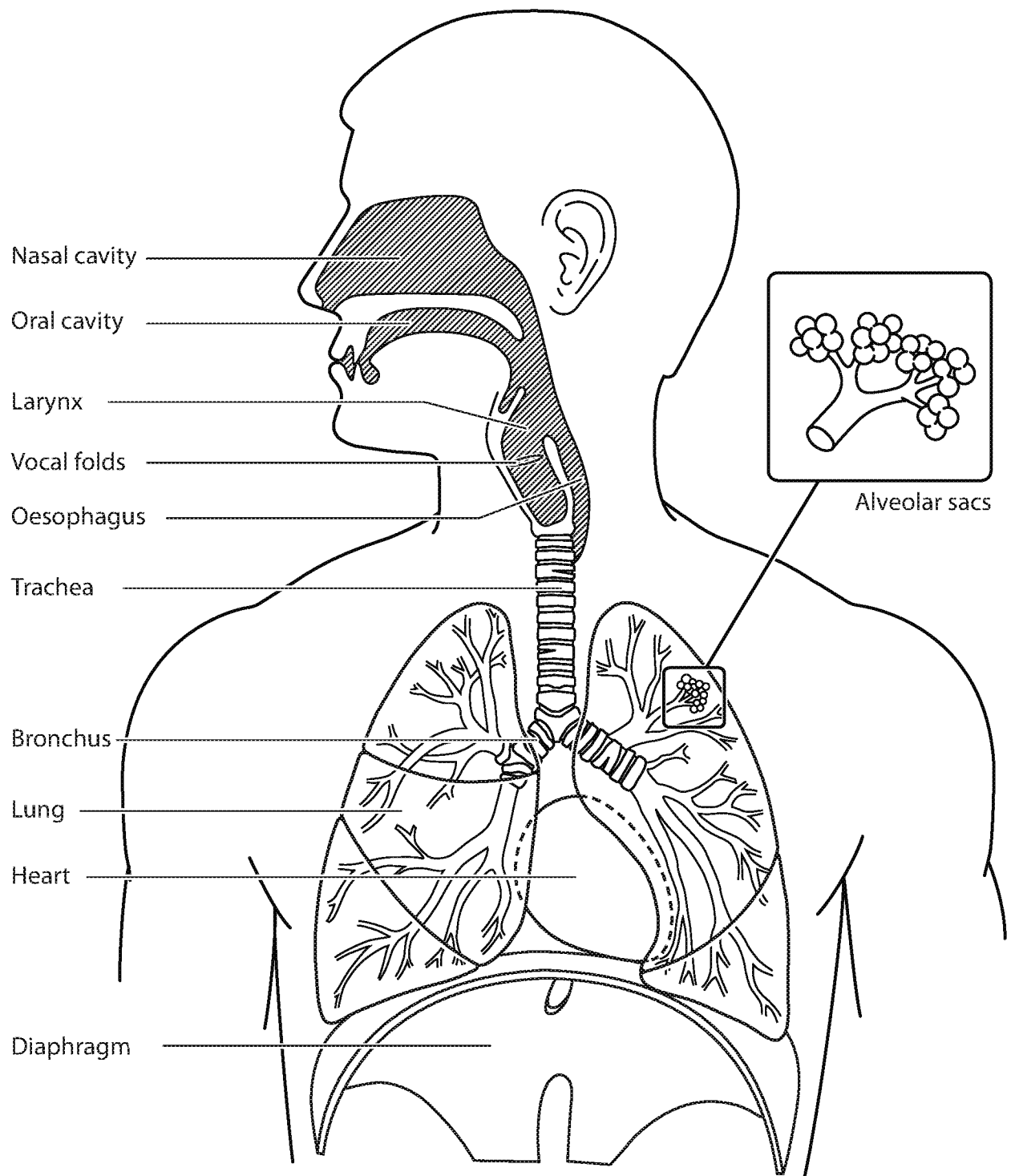
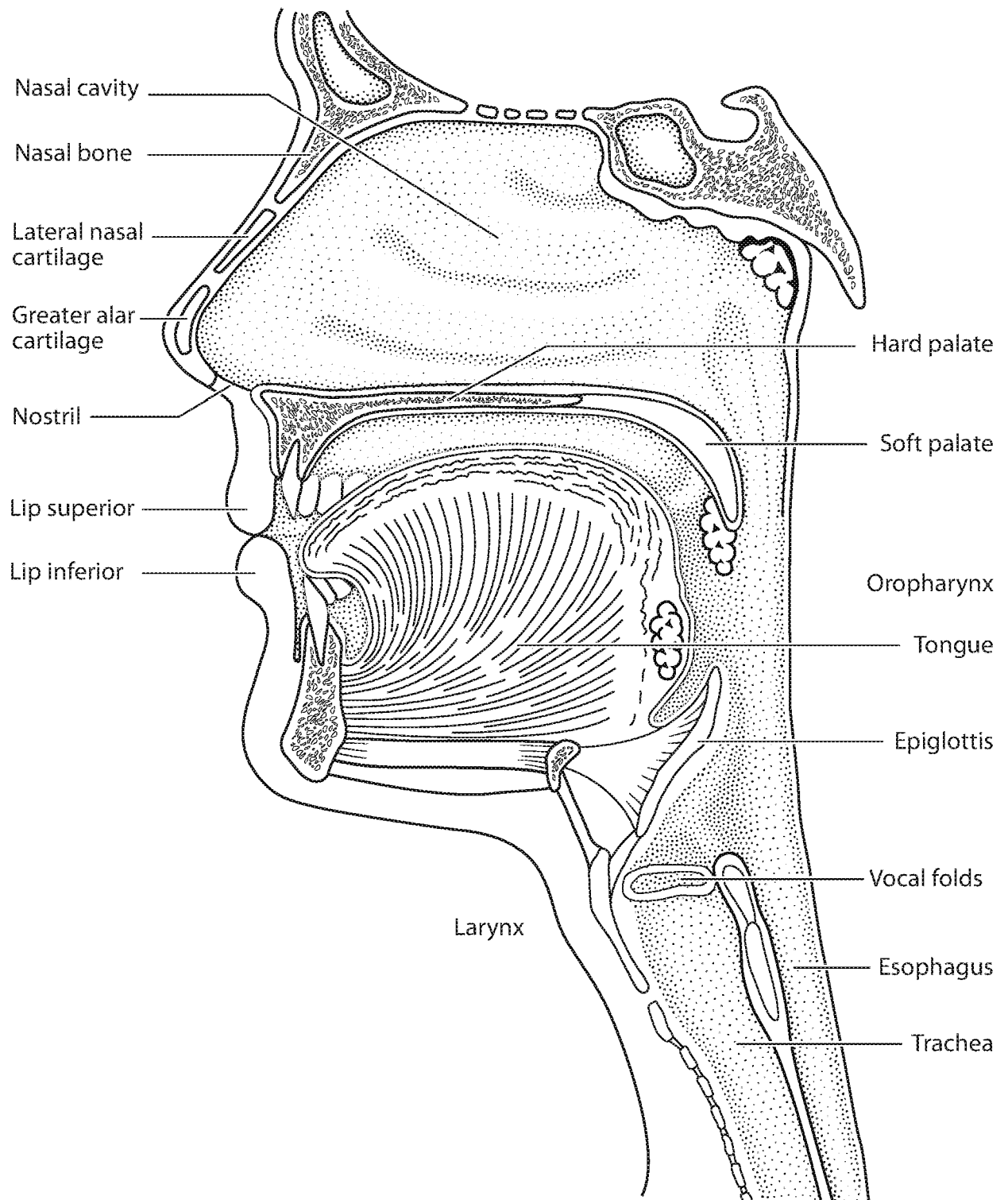
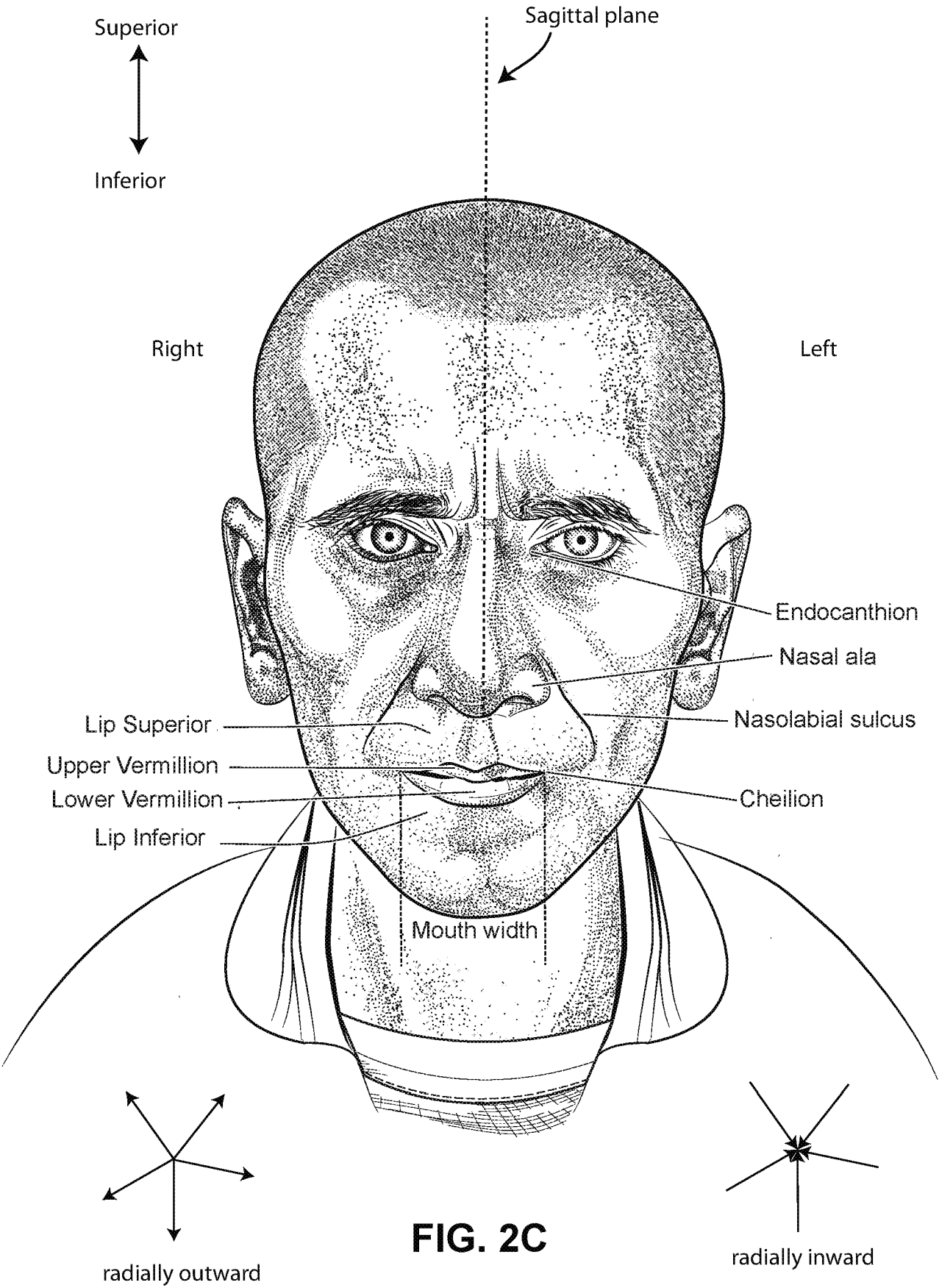


FIG. 1B



**FIG. 2A**

**FIG. 2B**



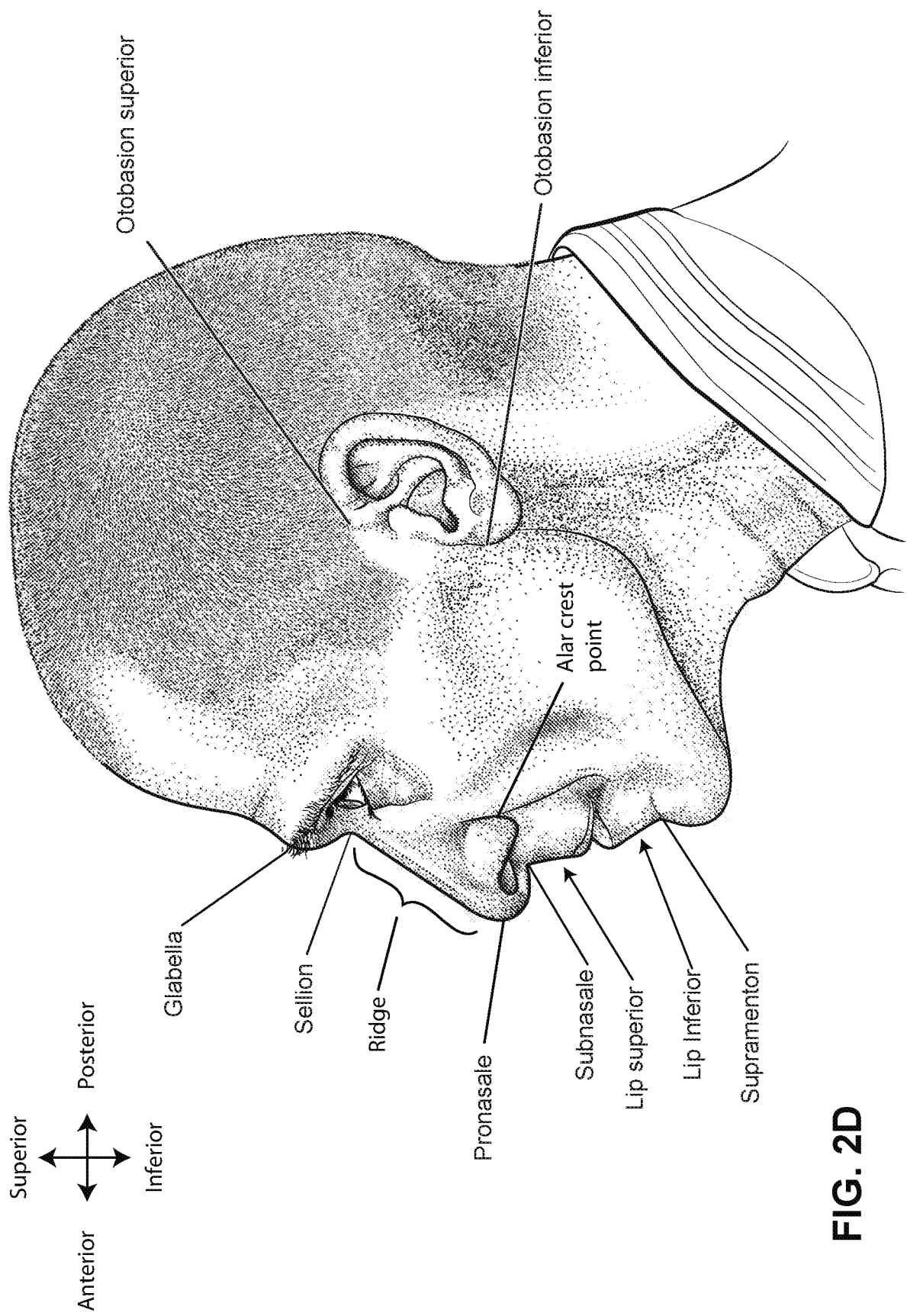


FIG. 2D

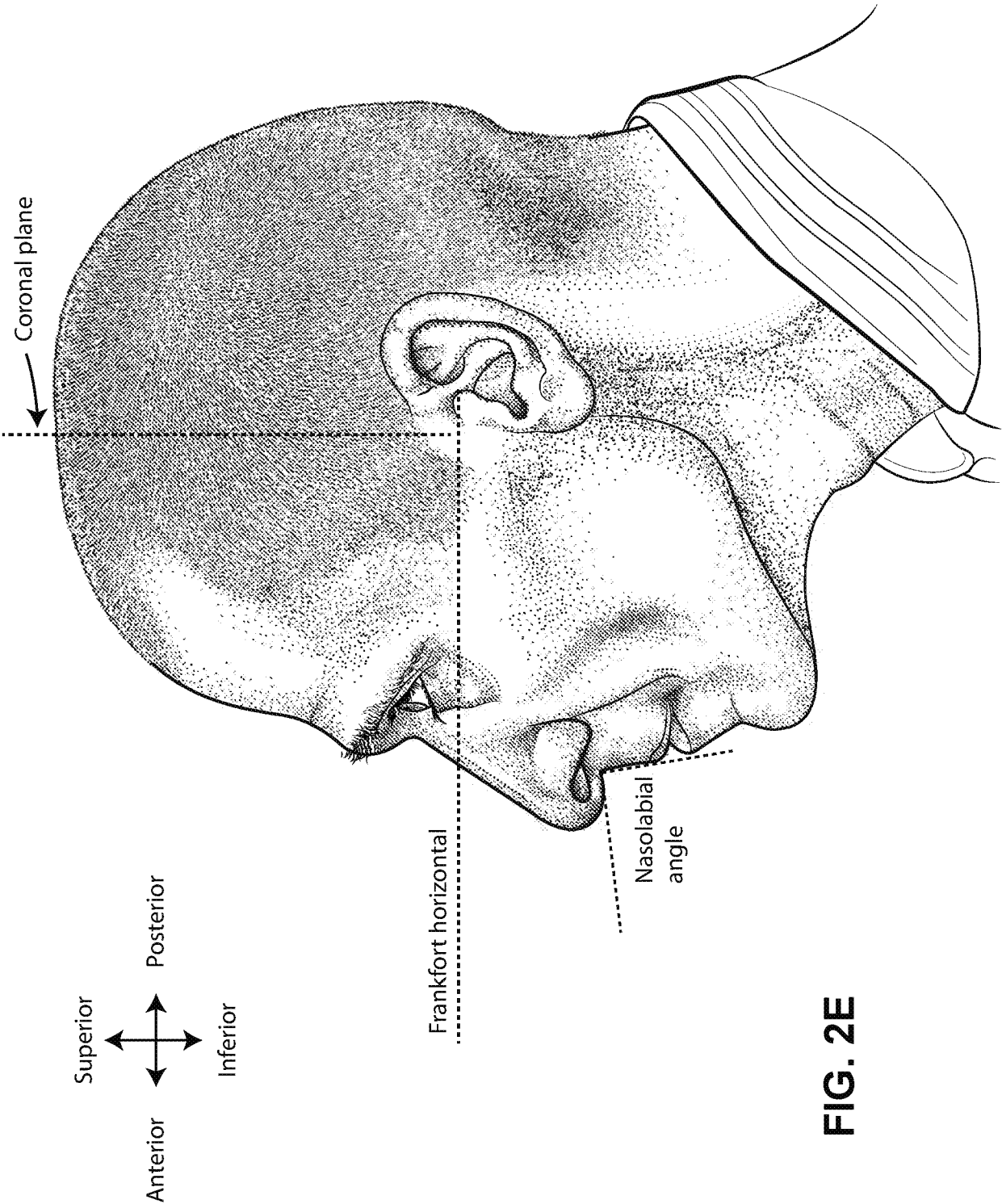
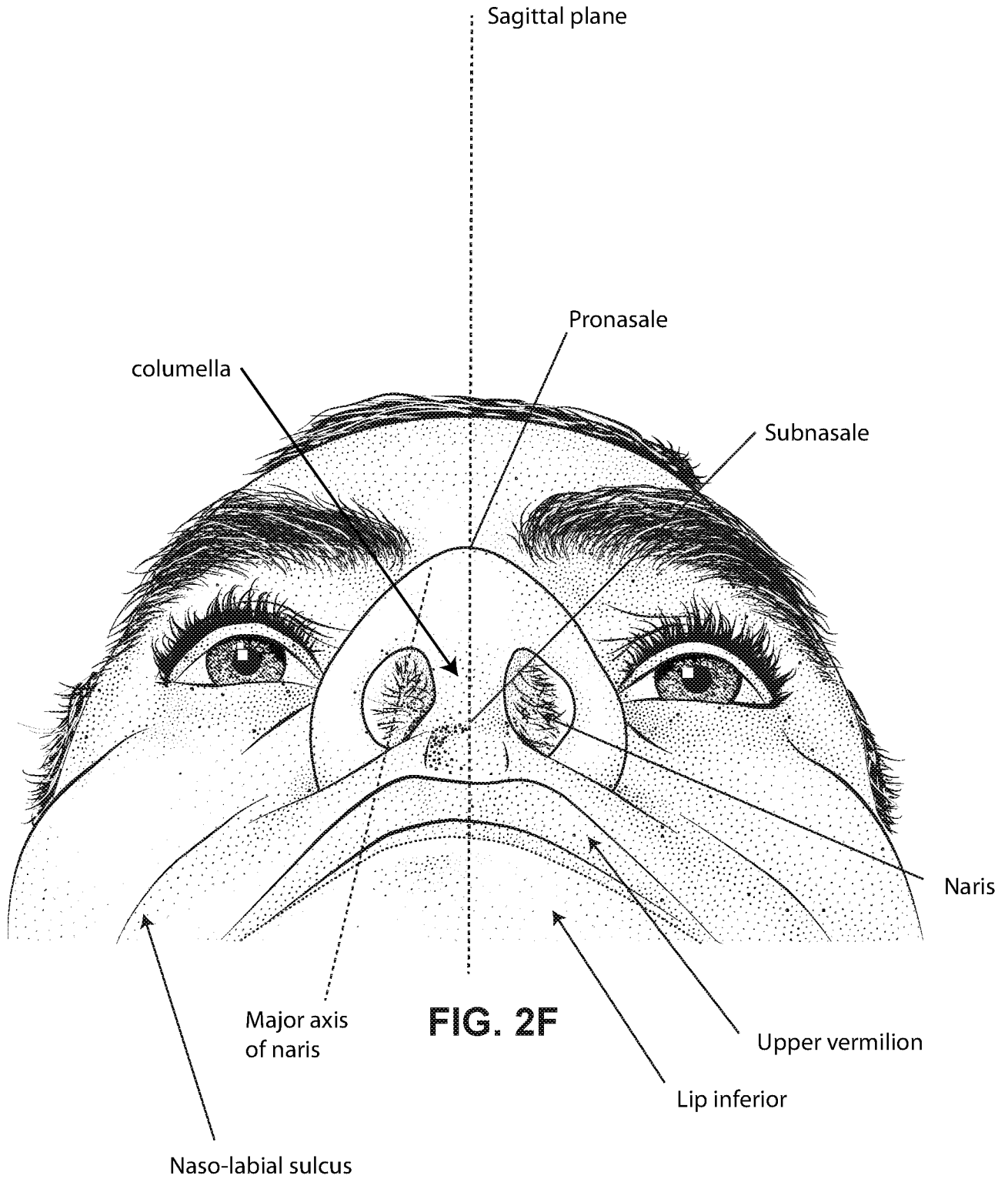


FIG. 2E



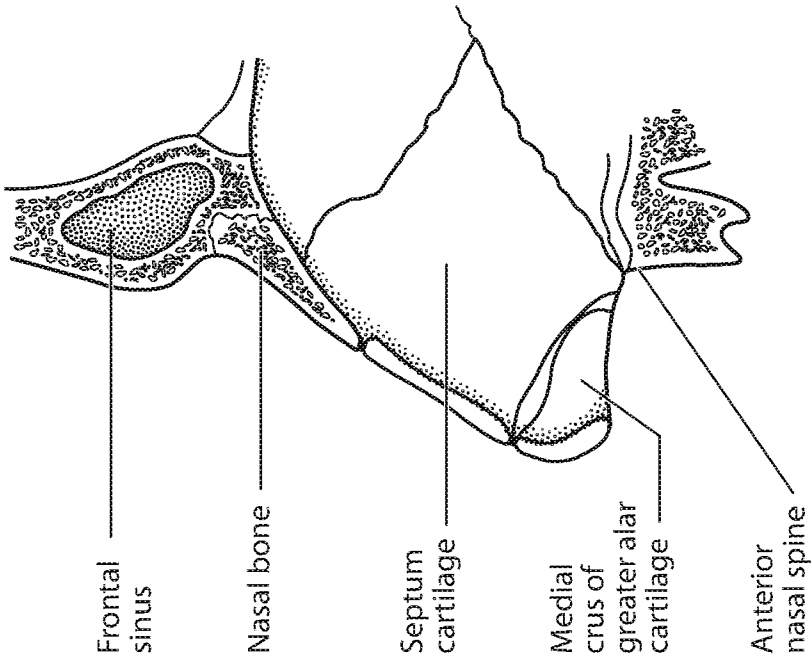


FIG. 2I

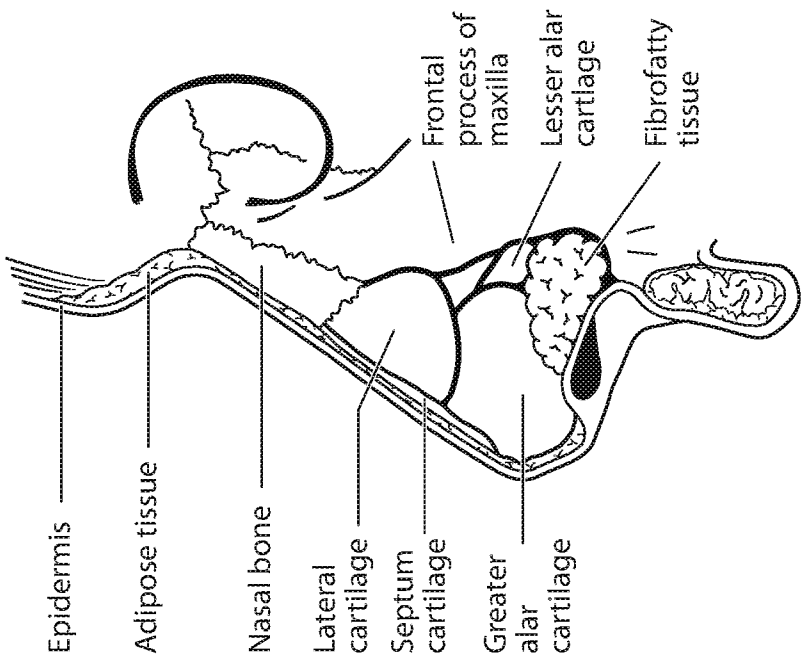


FIG. 2H



FIG. 2G

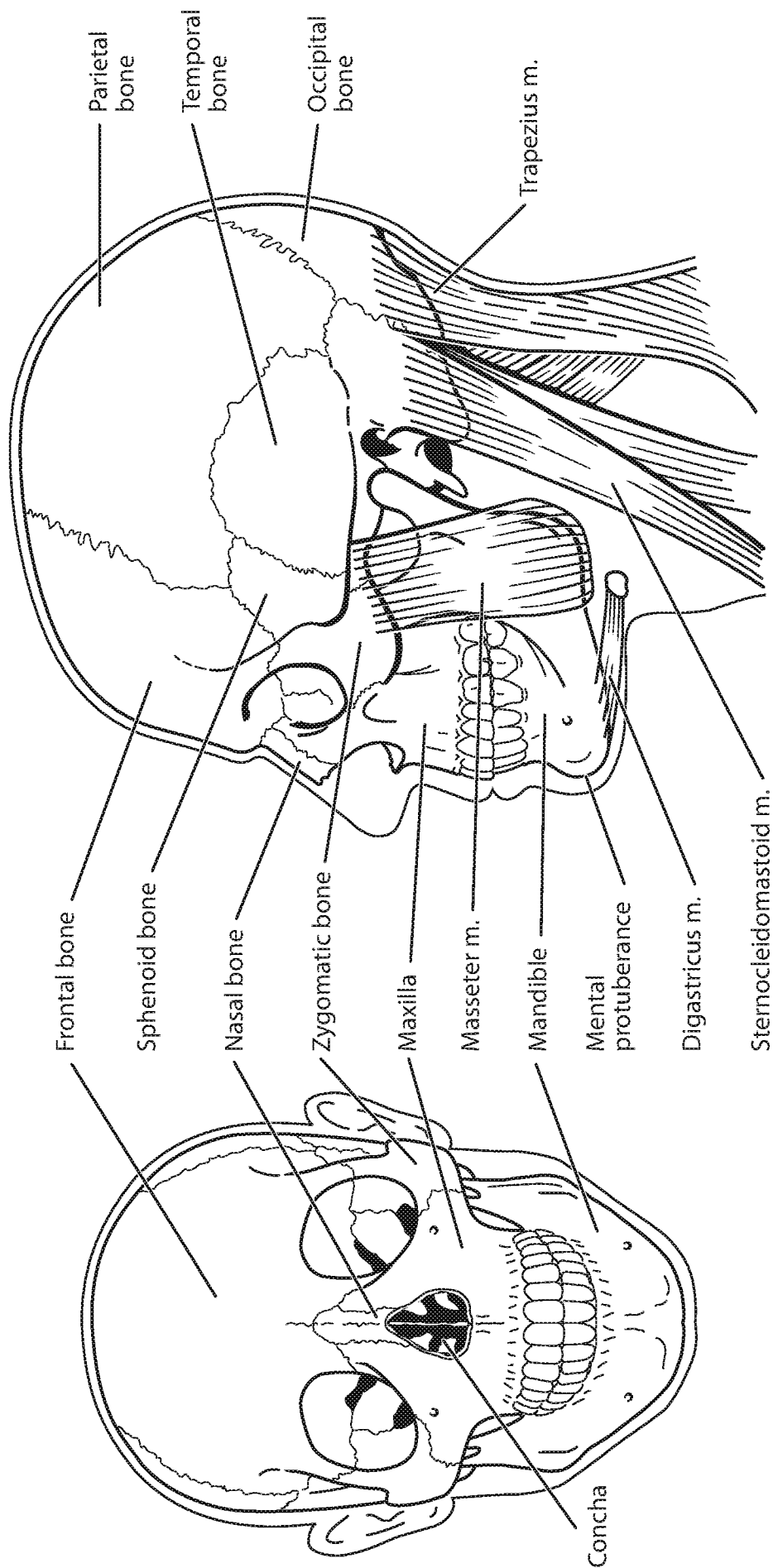
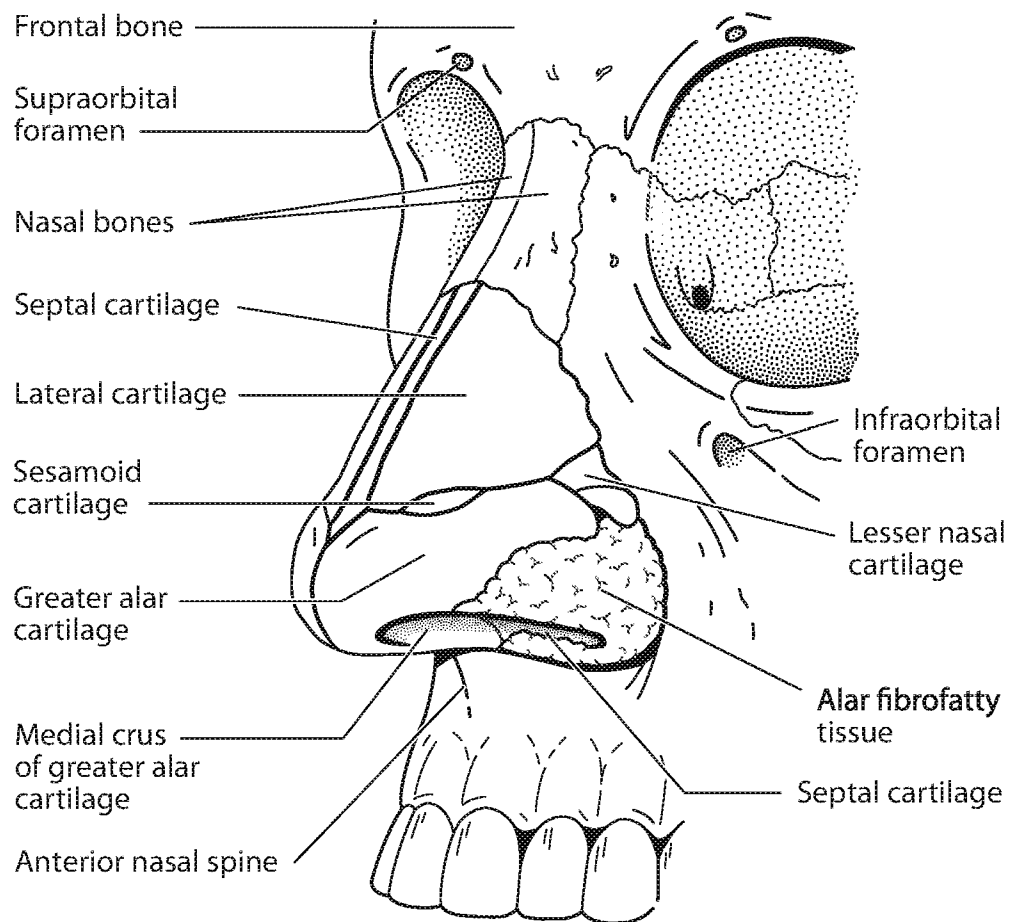


FIG. 2J

FIG. 2K

**FIG. 2L**

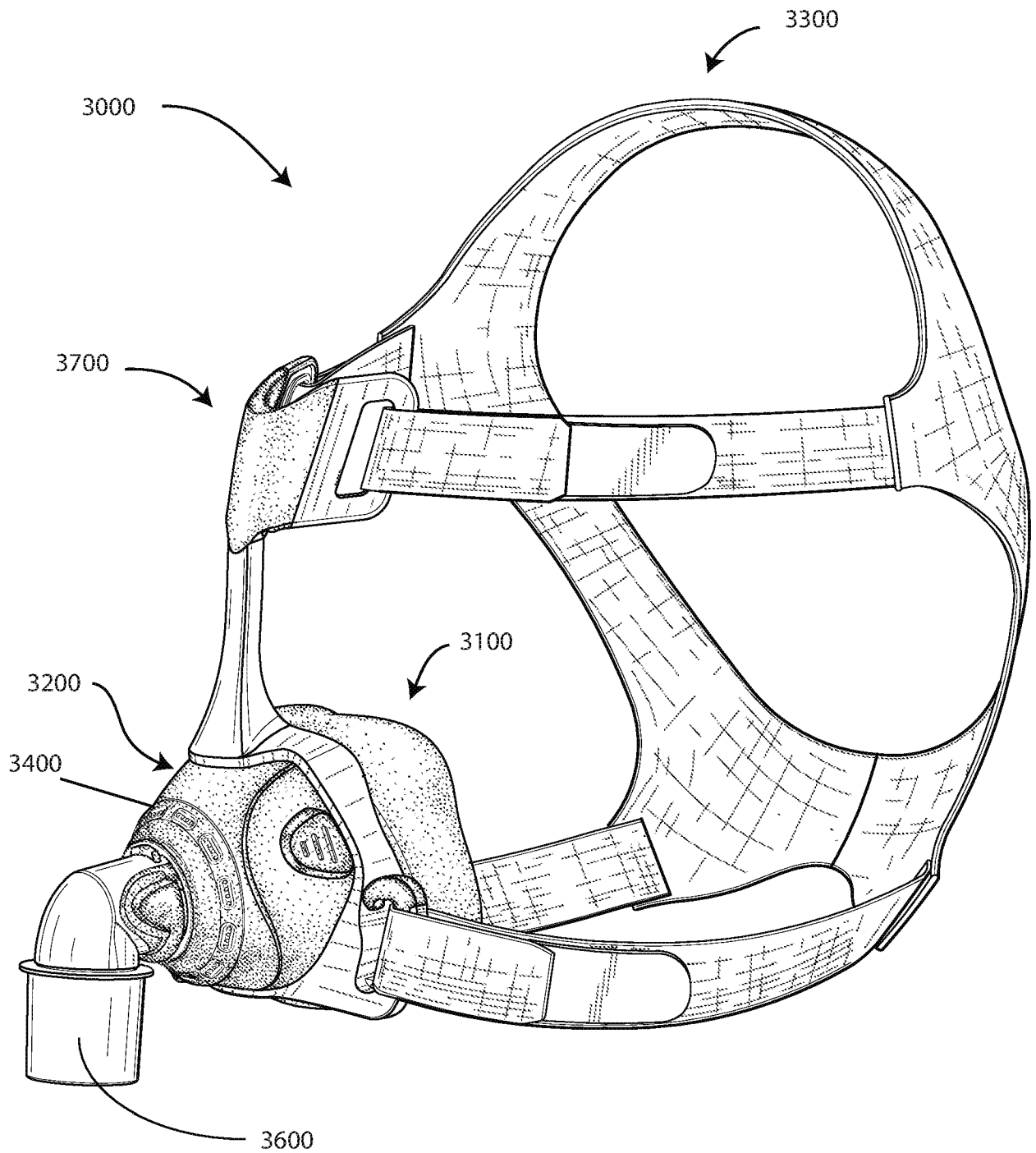
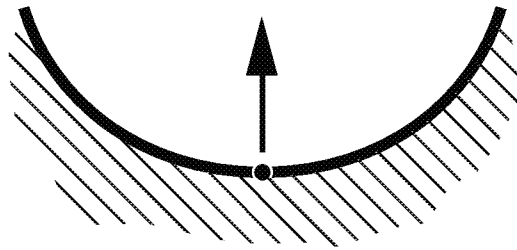
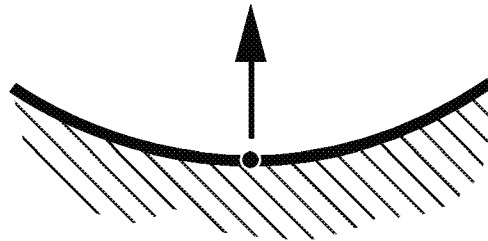


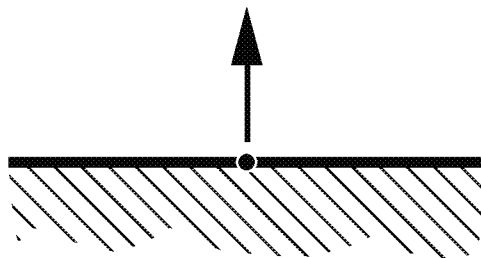
FIG. 3A

FIG. 3B

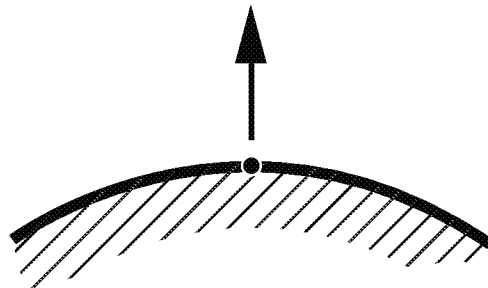
Relatively Large
Positive Curvature

FIG. 3C

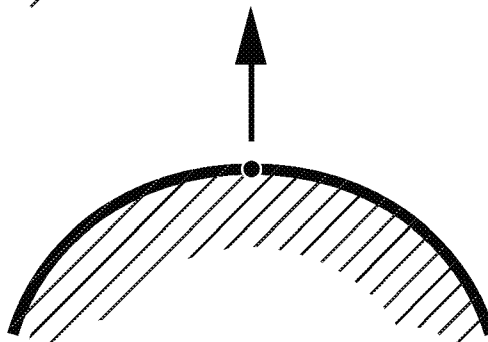
Relatively Small
Positive Curvature

FIG. 3D

Zero Curvature

FIG. 3E

Relatively Small
Negative Curvature

FIG. 3F

Relatively Large
Negative Curvature

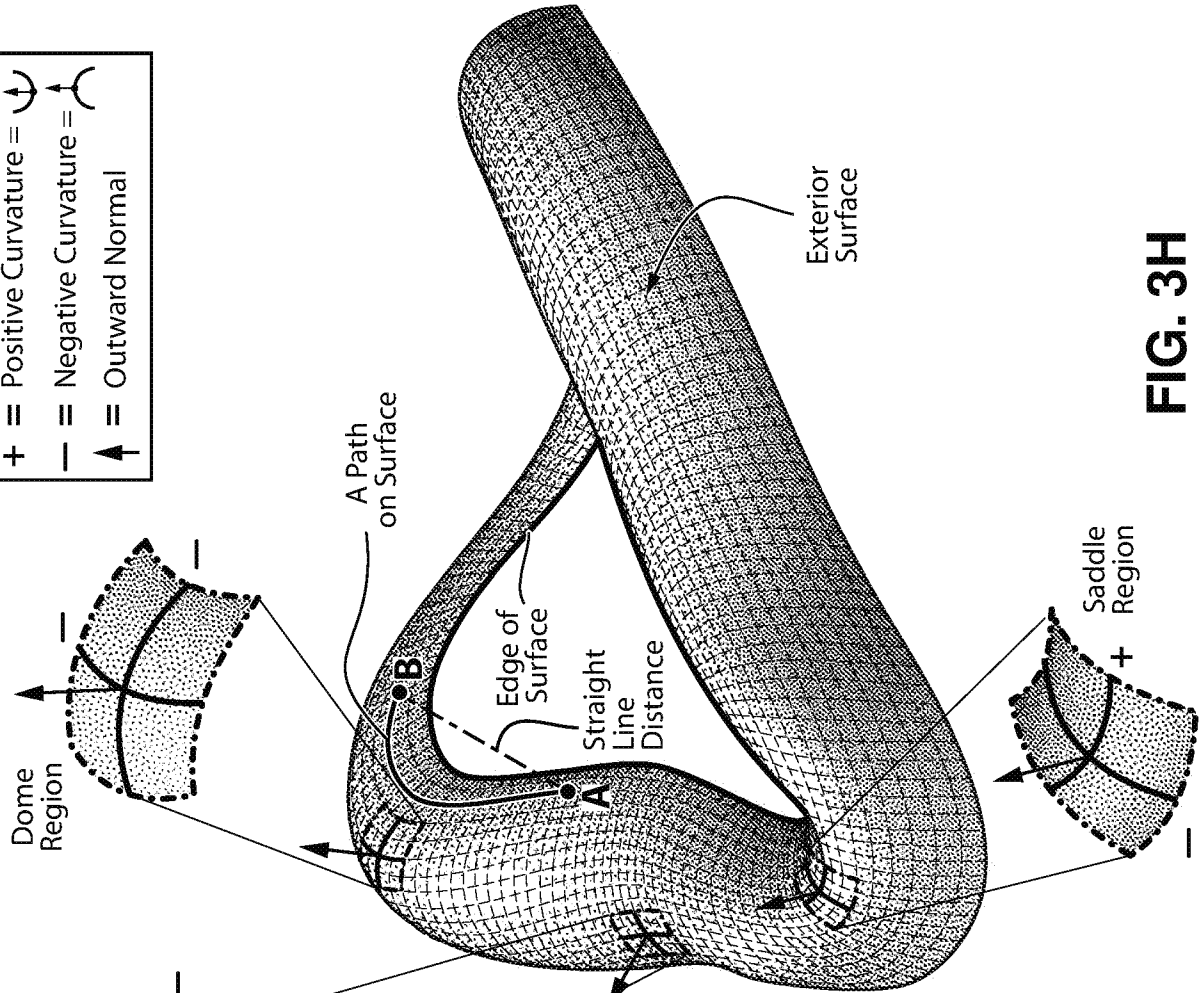
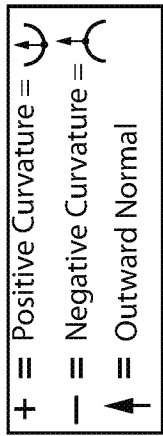


FIG. 3H

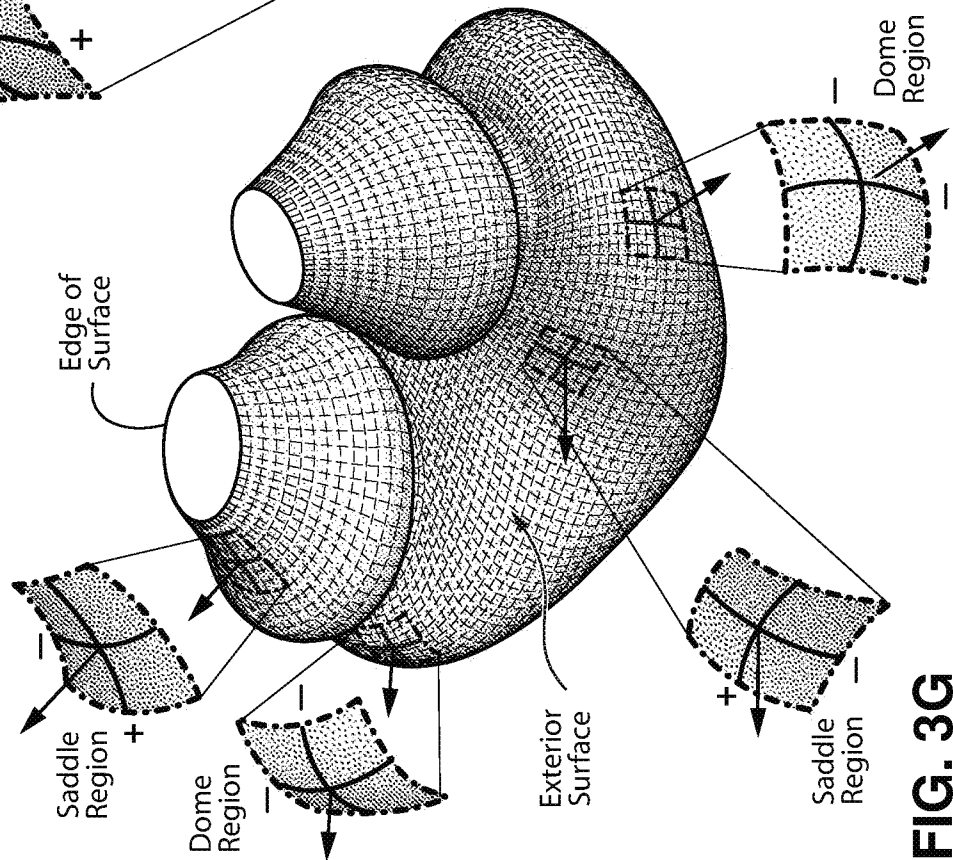
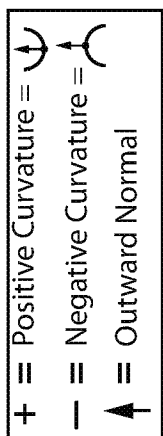
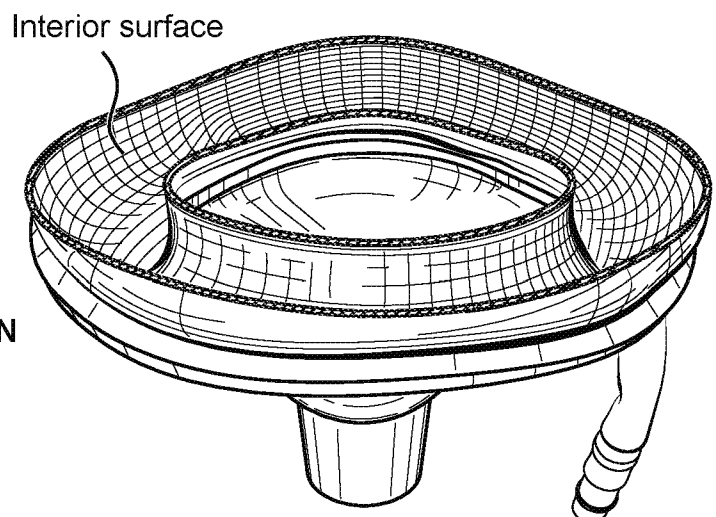
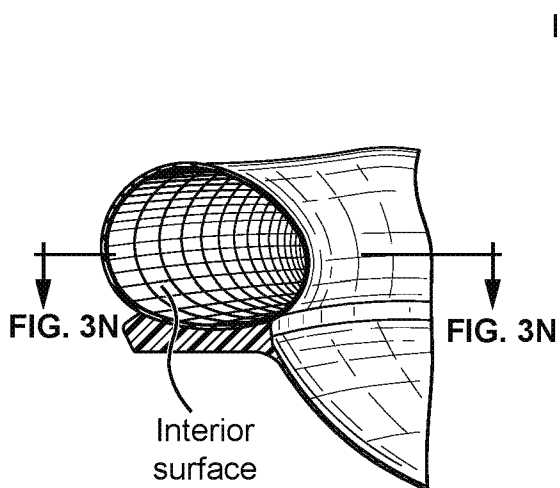
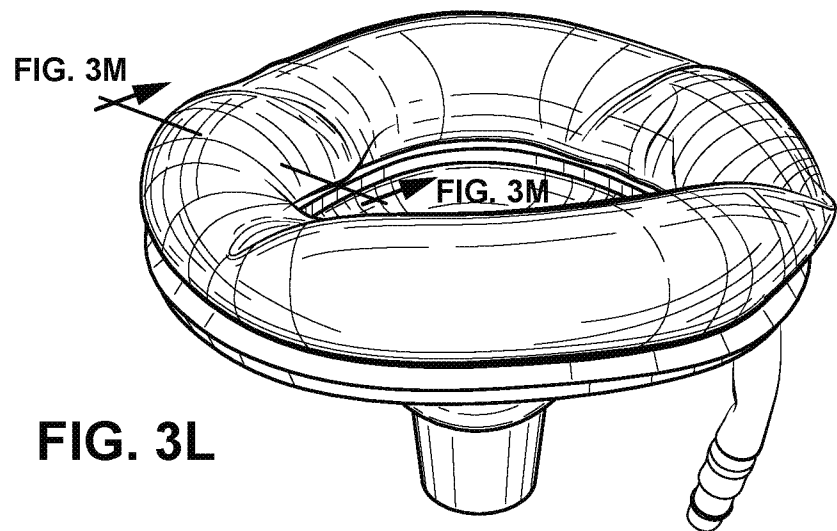
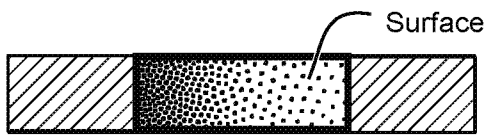
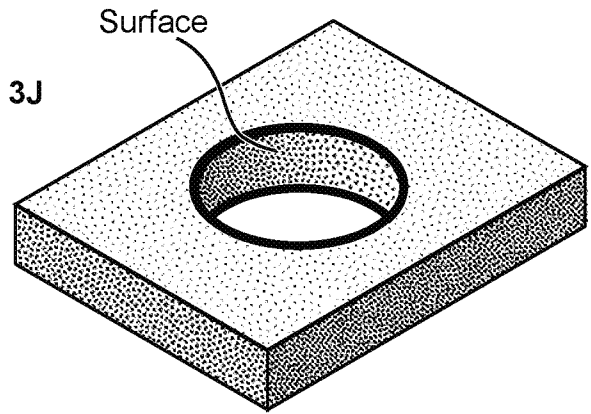
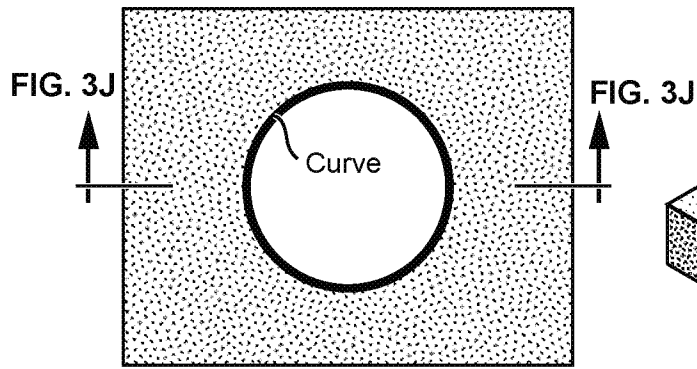
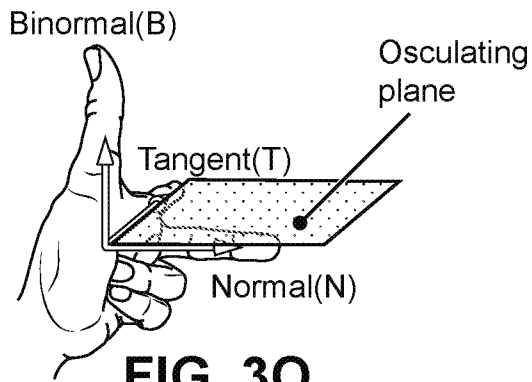
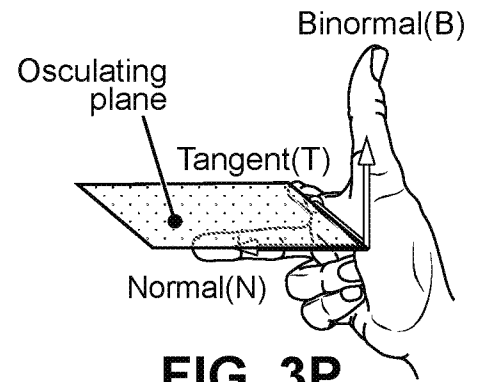
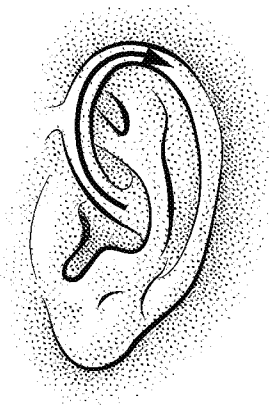
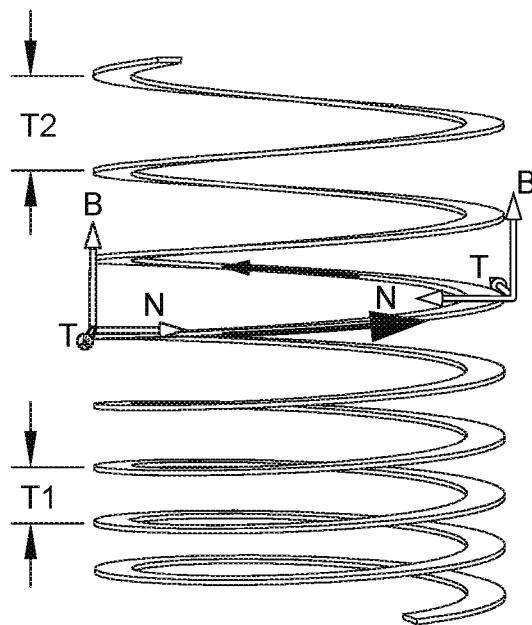
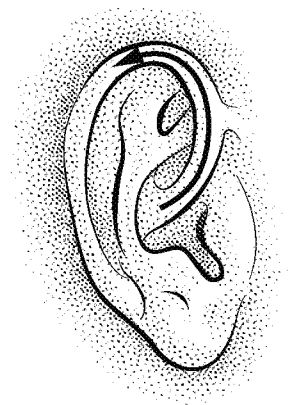


FIG. 3G



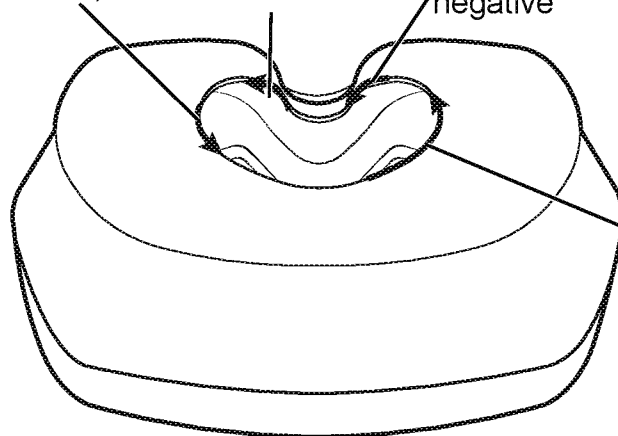
Left-hand rule**FIG. 3O****Right-hand rule****FIG. 3P****Left ear helix****FIG. 3Q****FIG. 3S****Right ear helix****FIG. 3R**

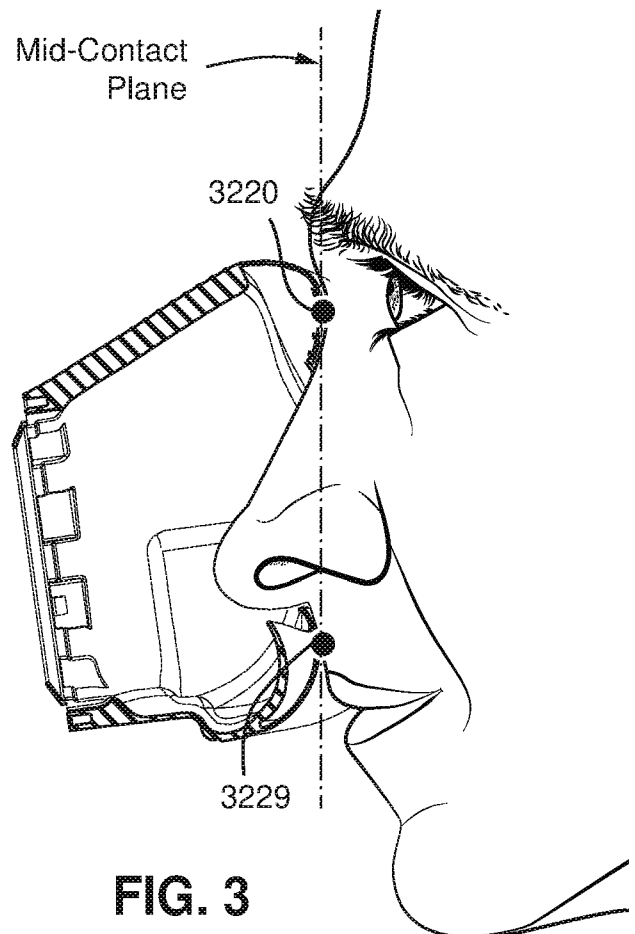
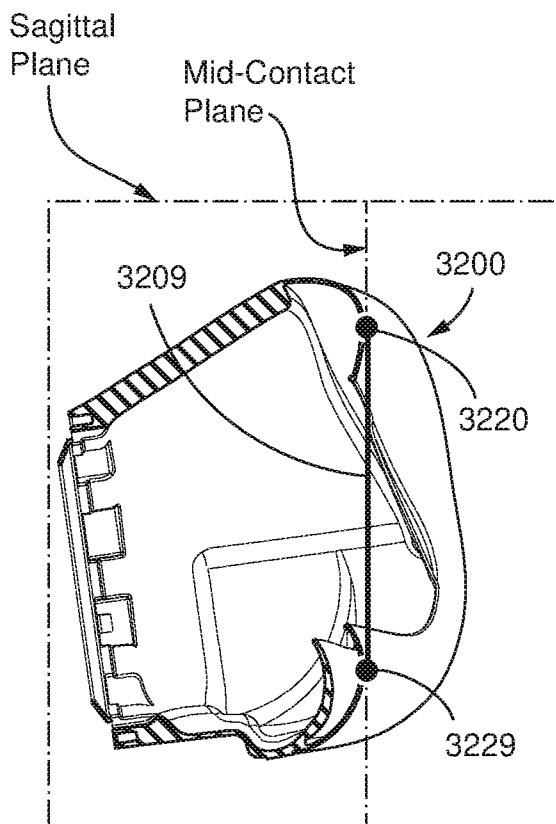
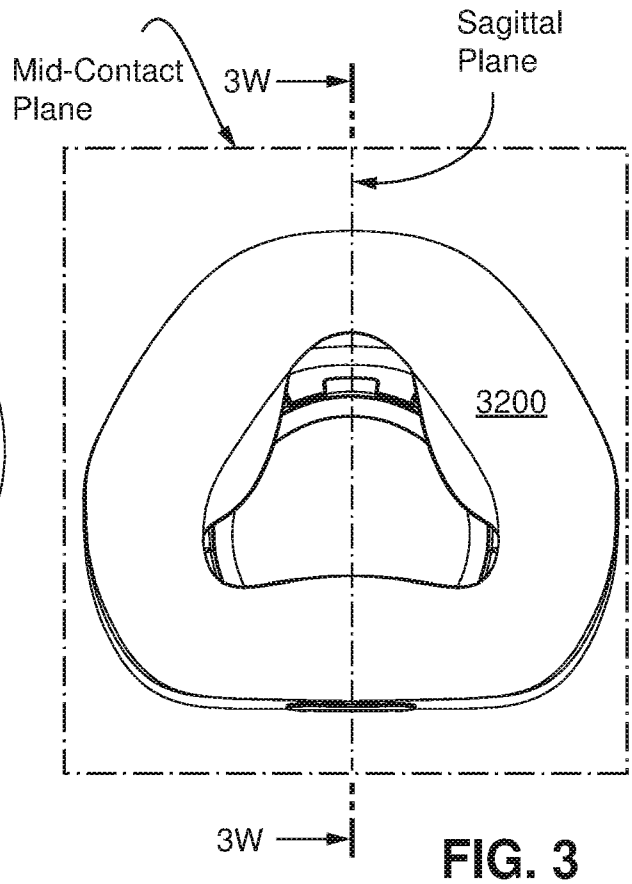
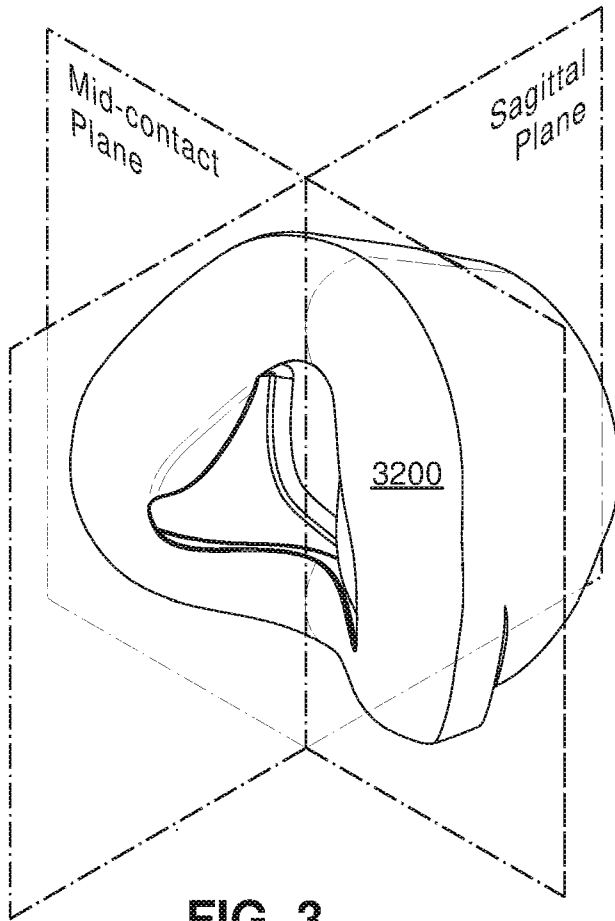
Right-hand negative
(=left-hand positive)

Right-hand
positive

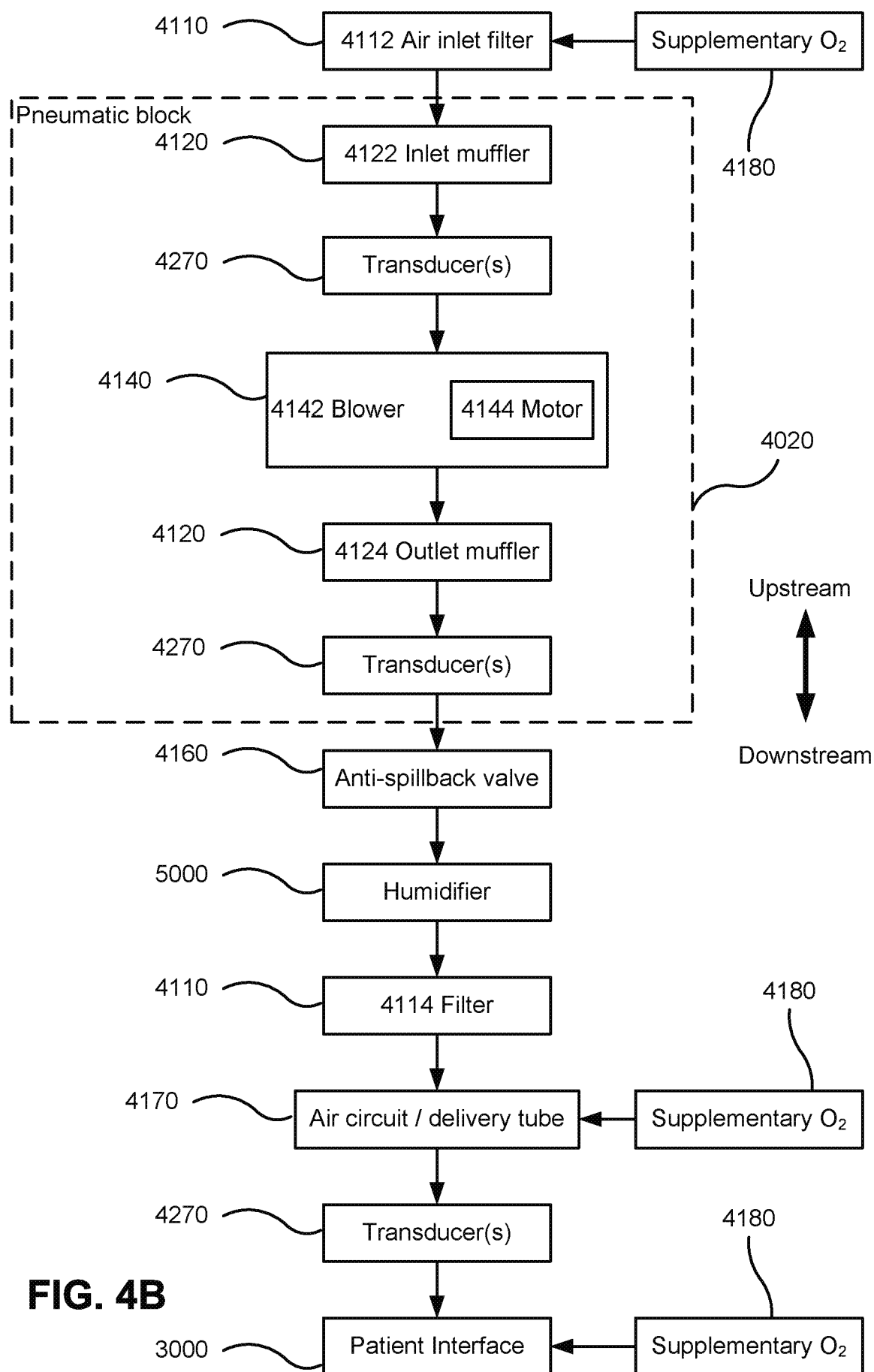
Right-hand
negative

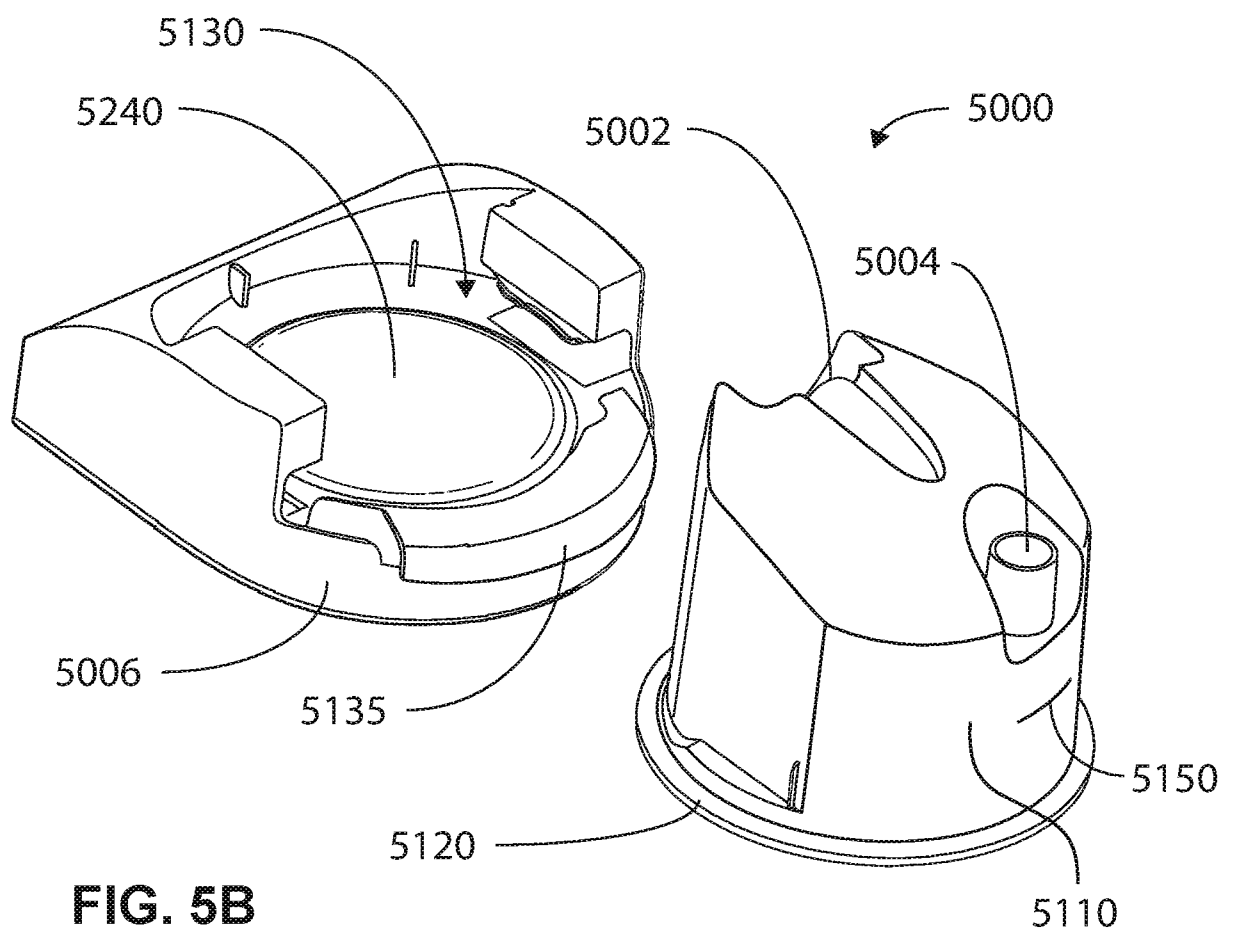
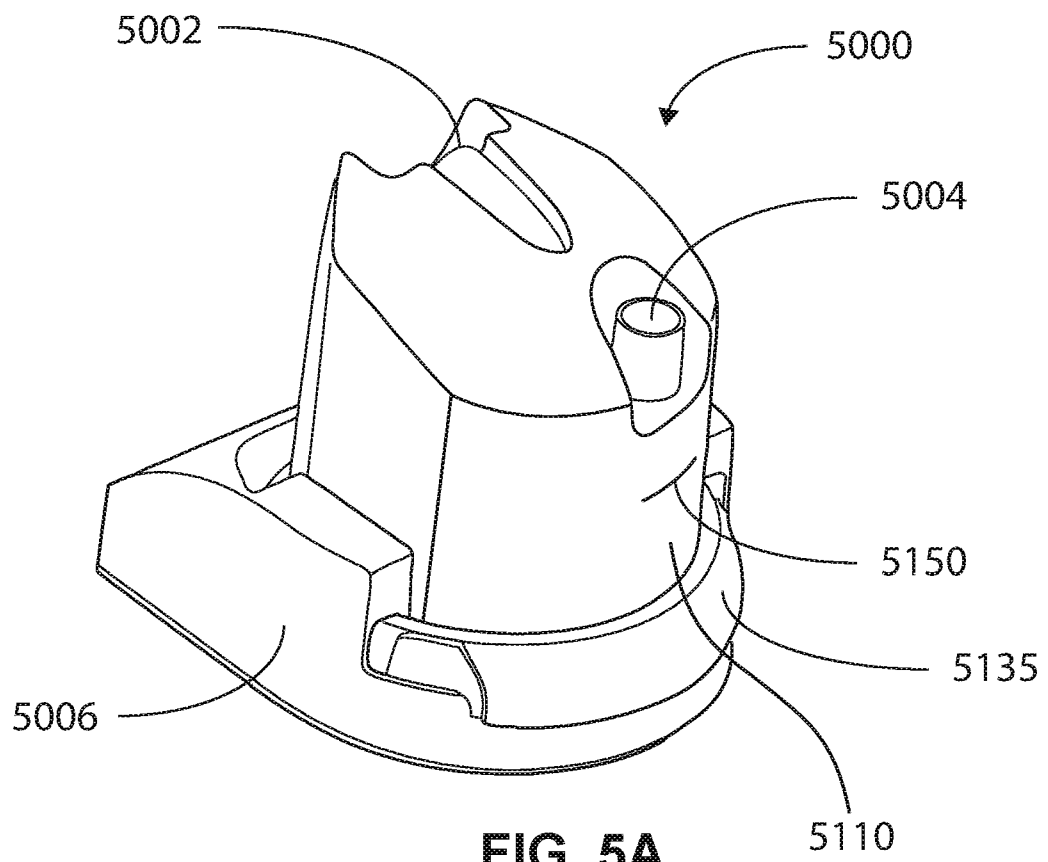
Right-hand
positive

FIG. 3T









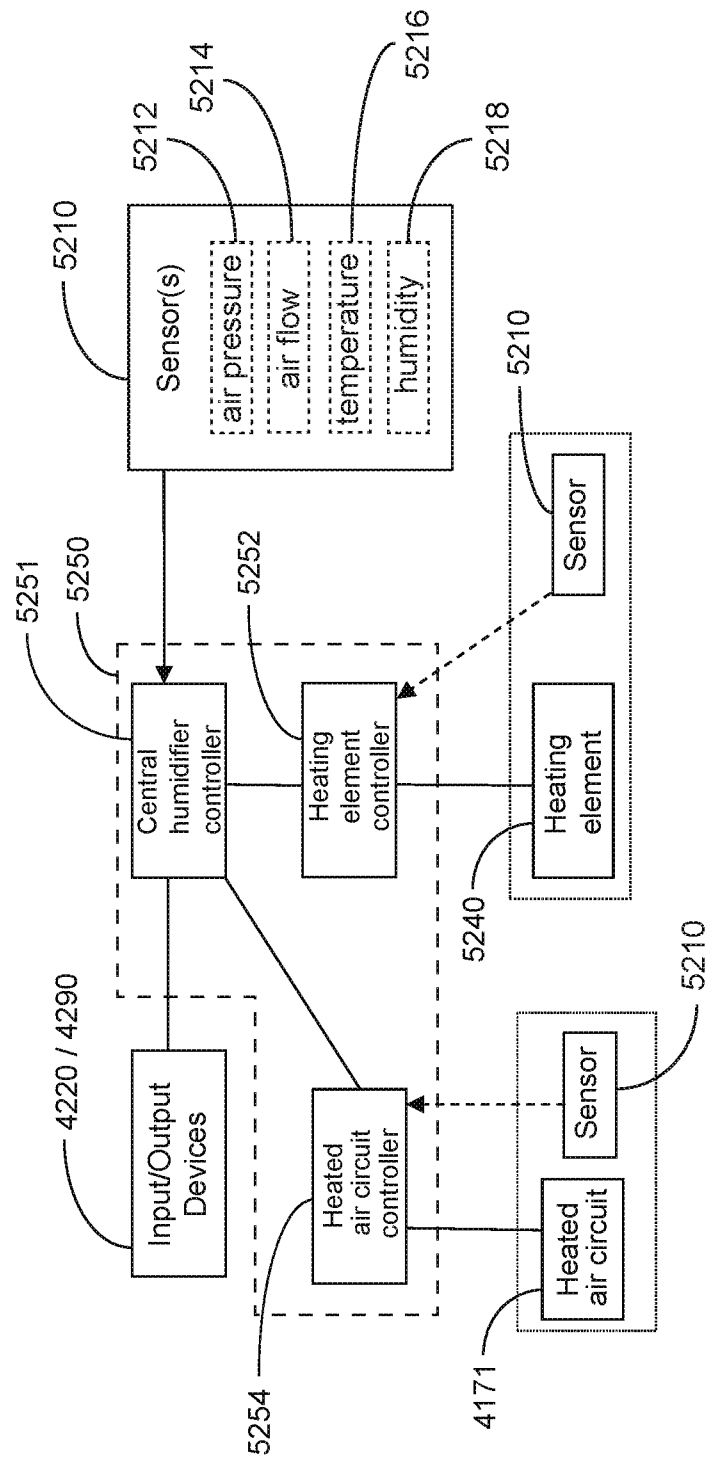


FIG. 5C

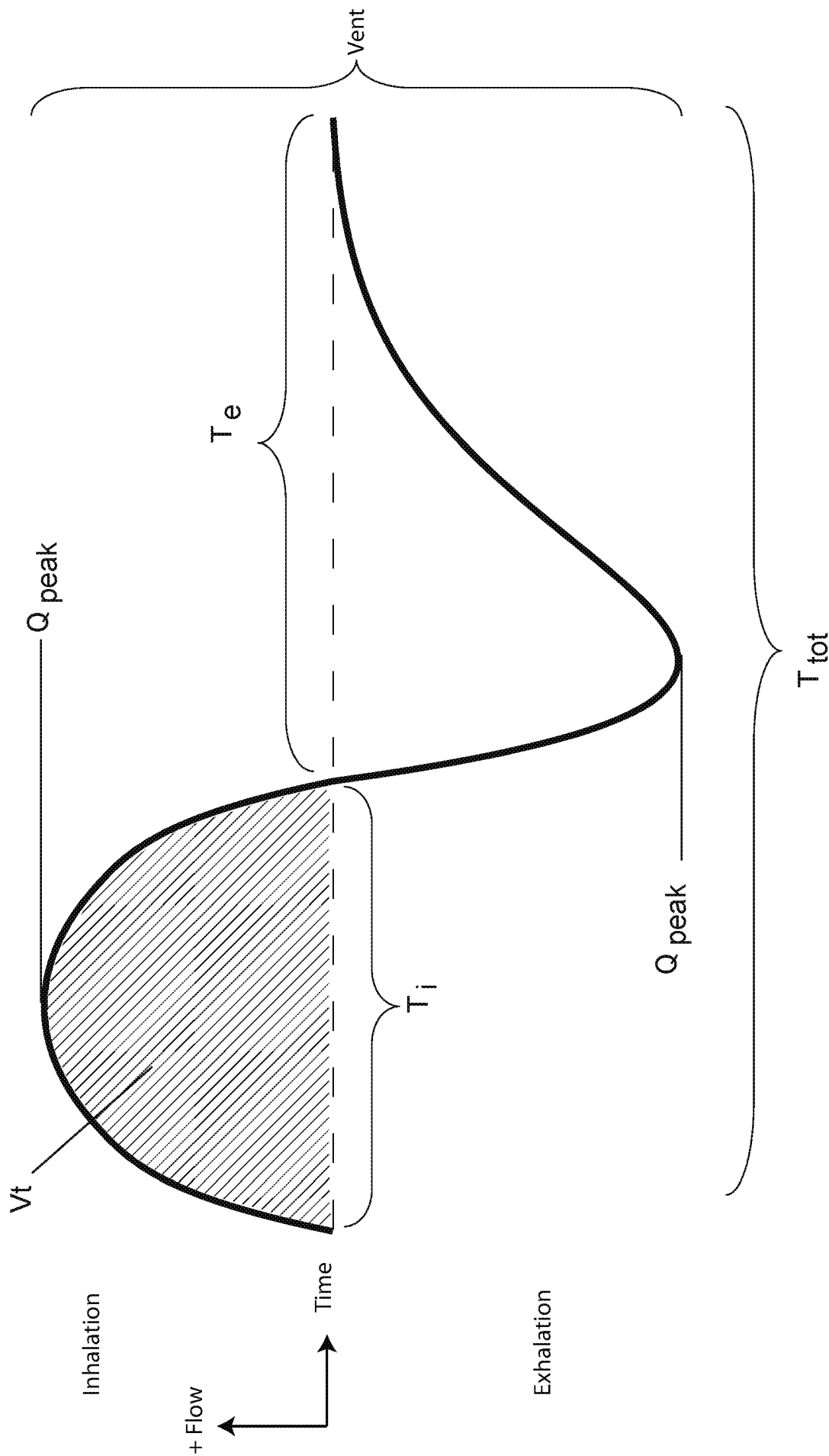
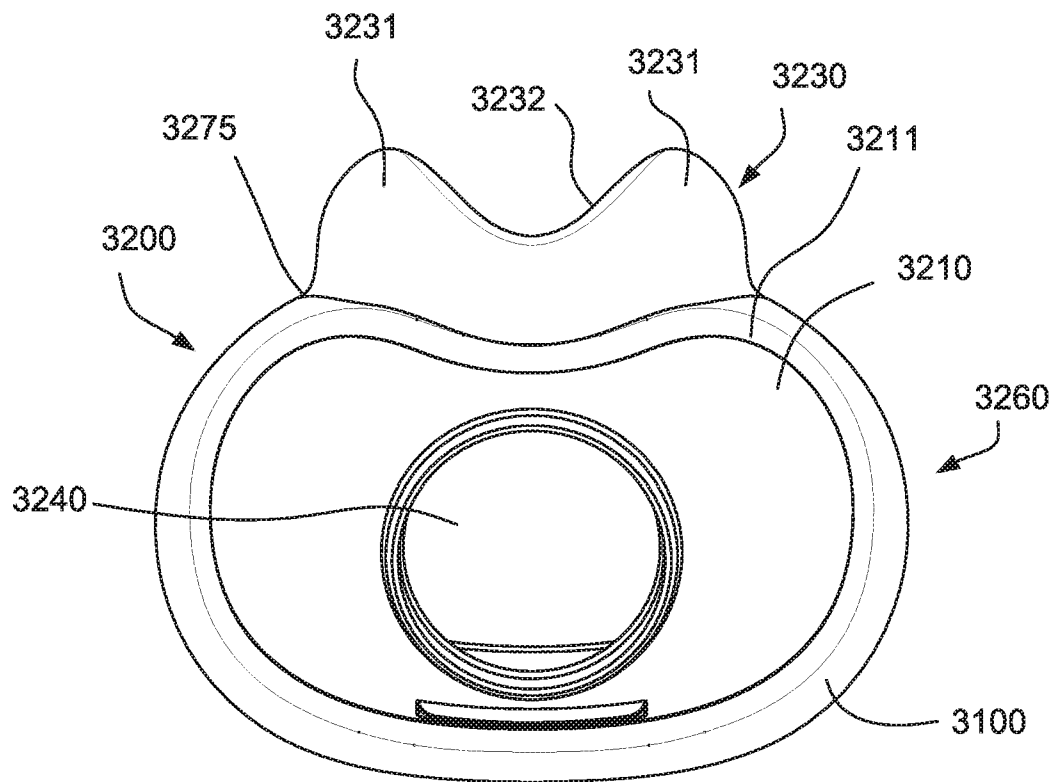
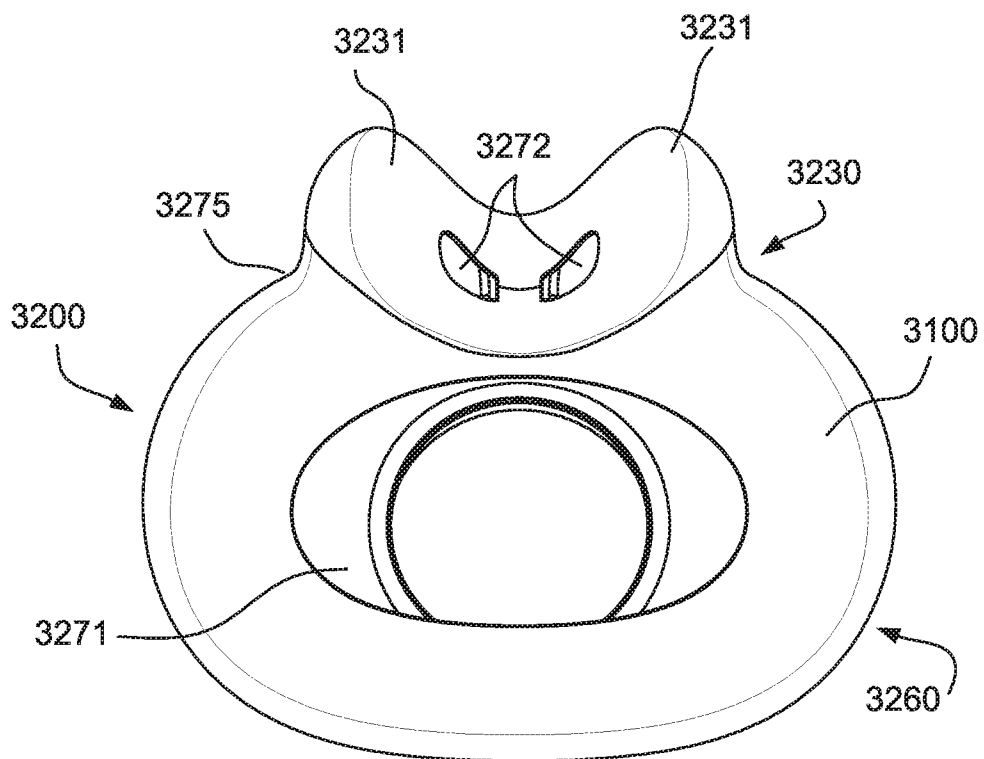
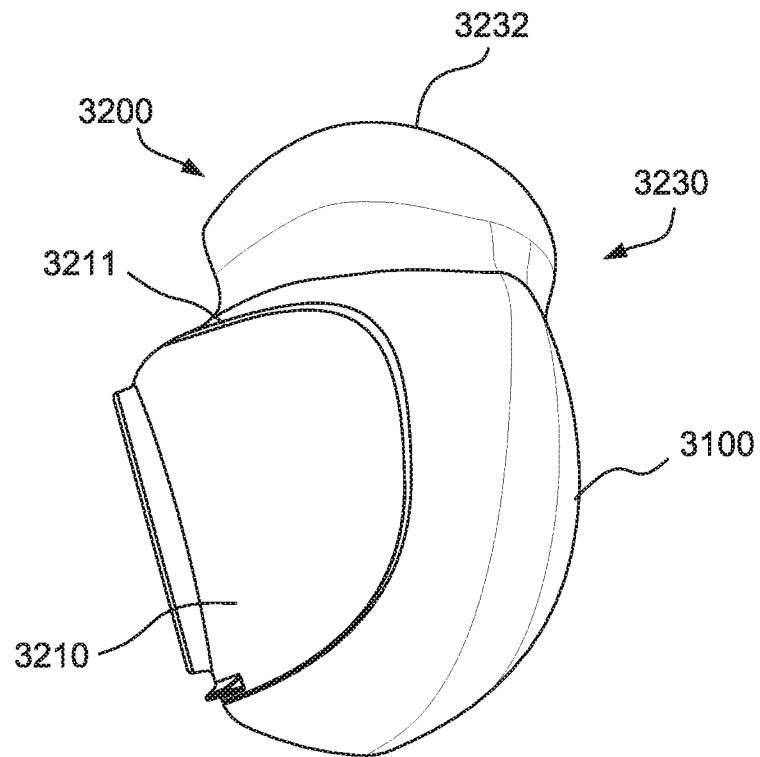
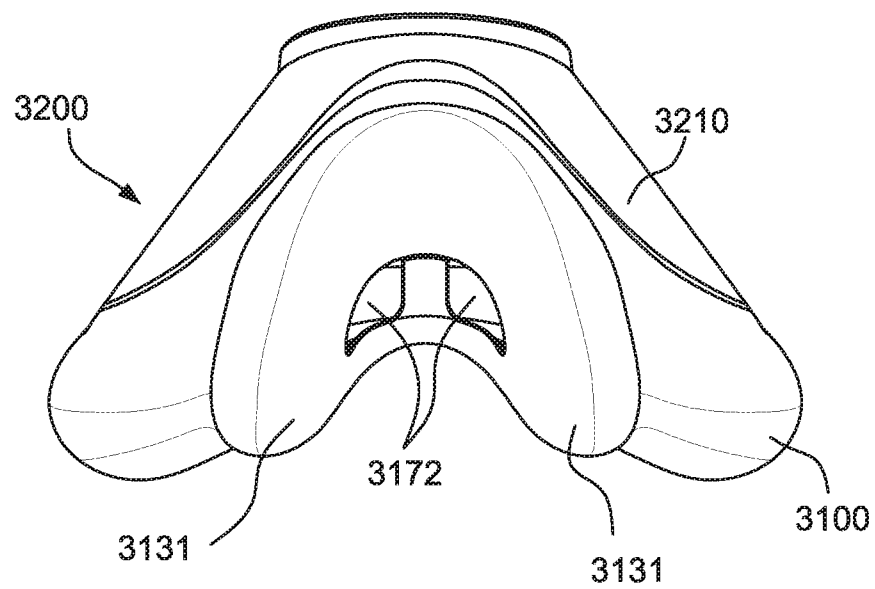
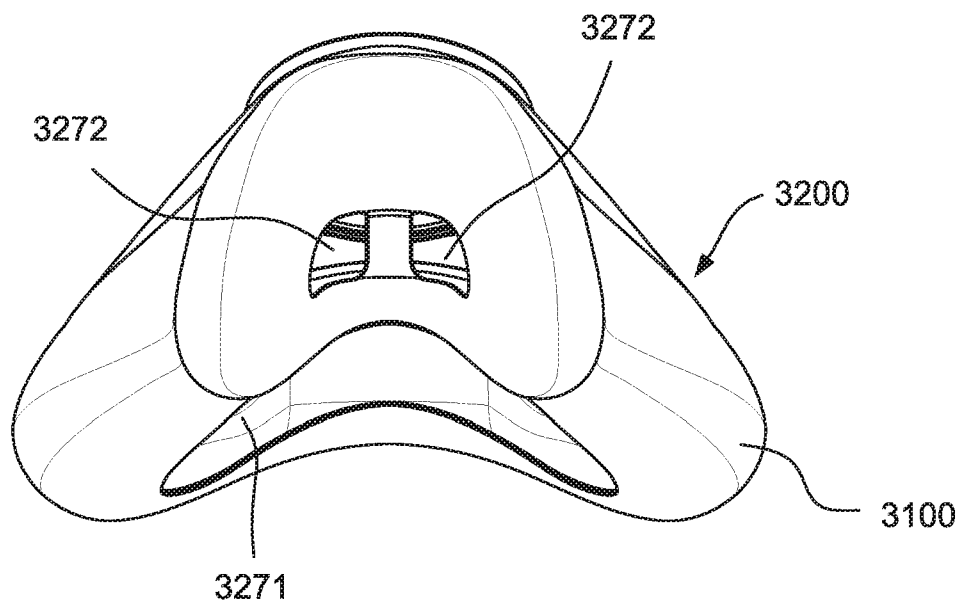
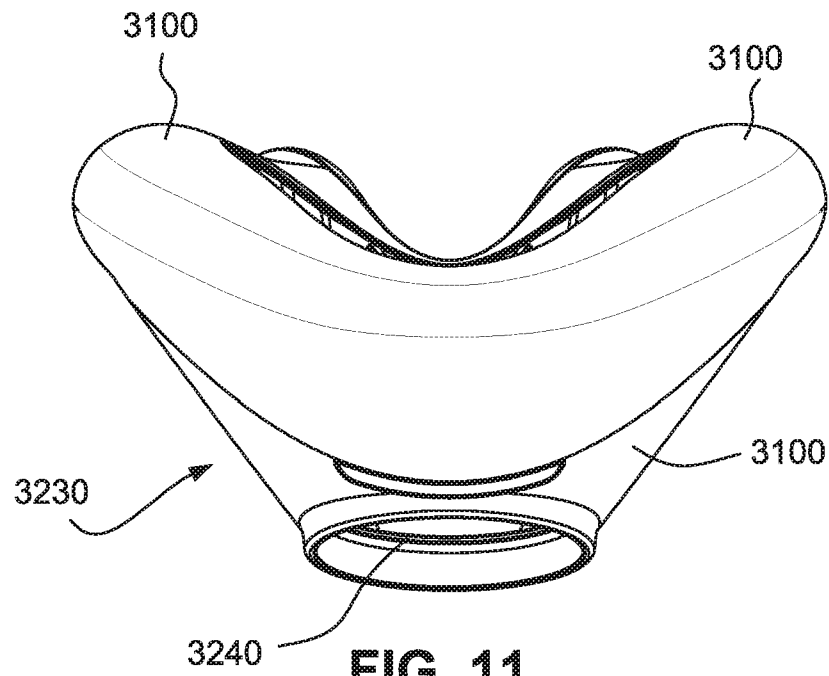
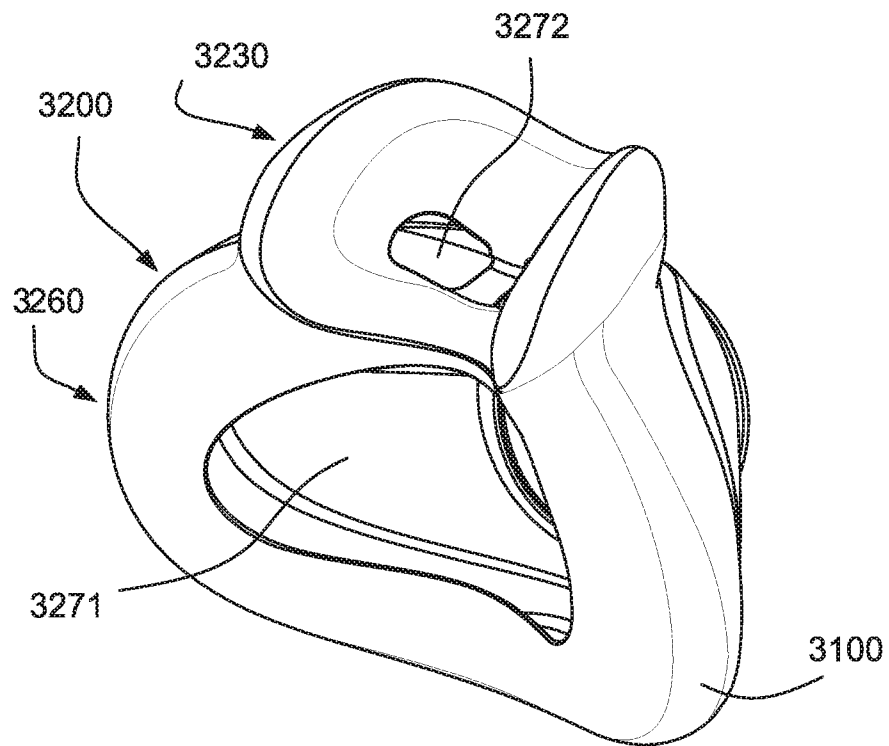
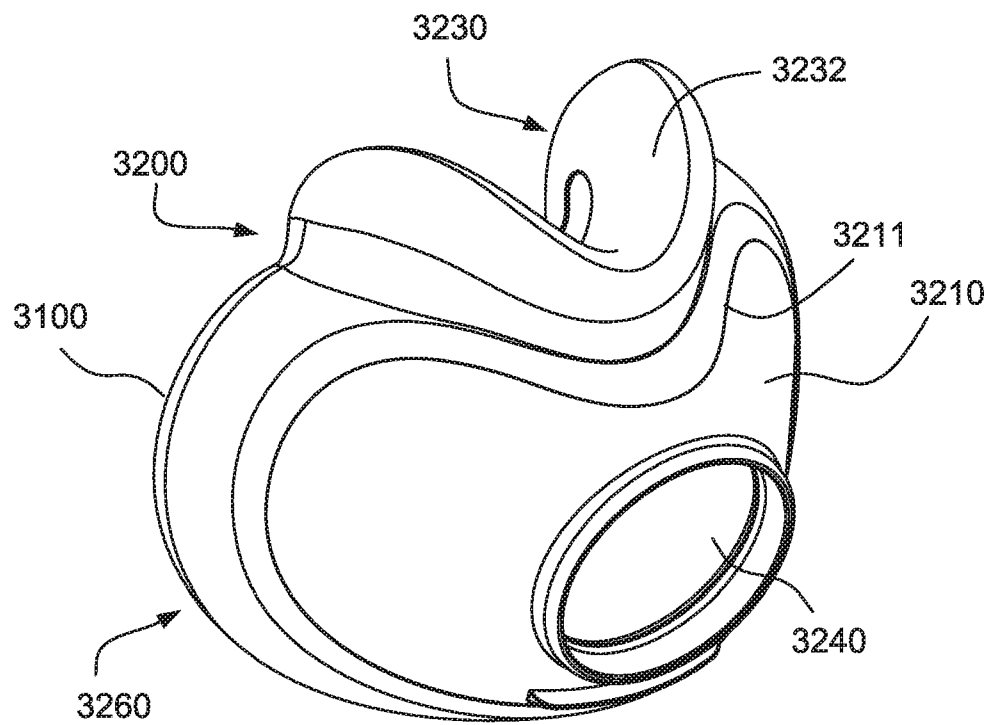


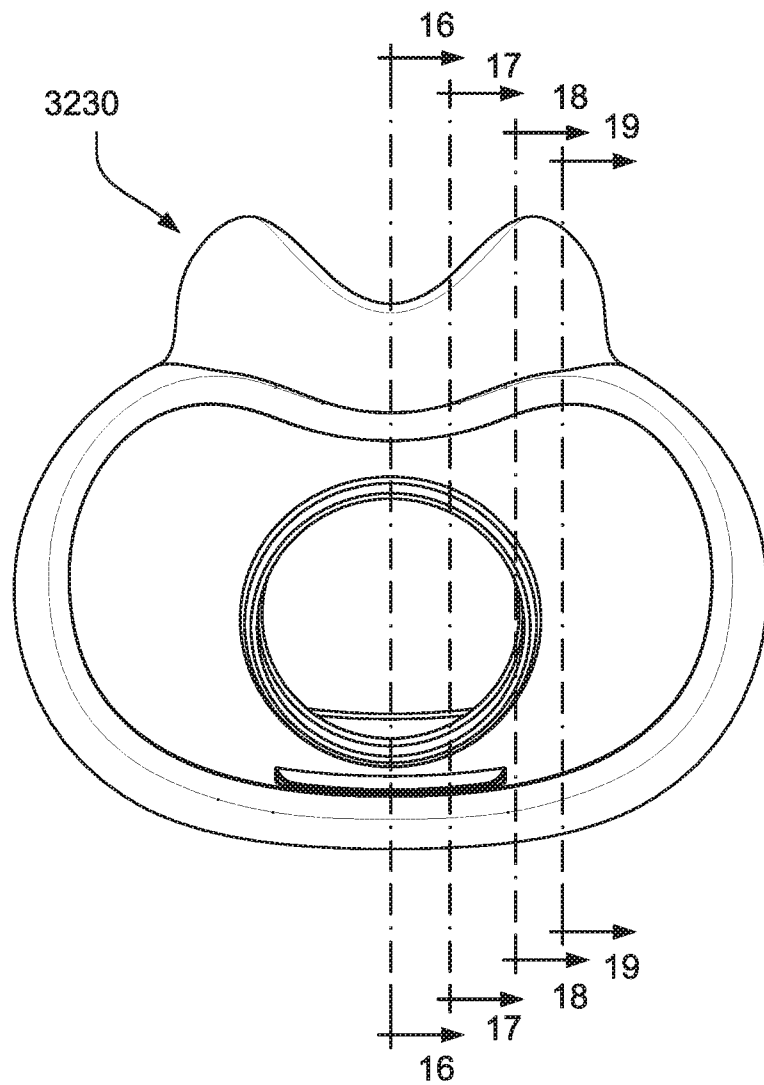
FIG. 6

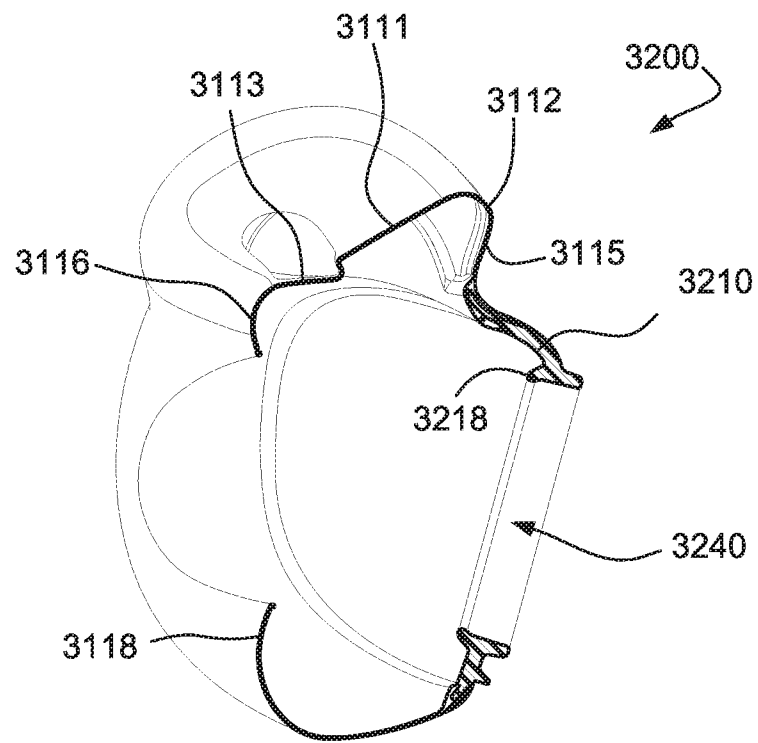
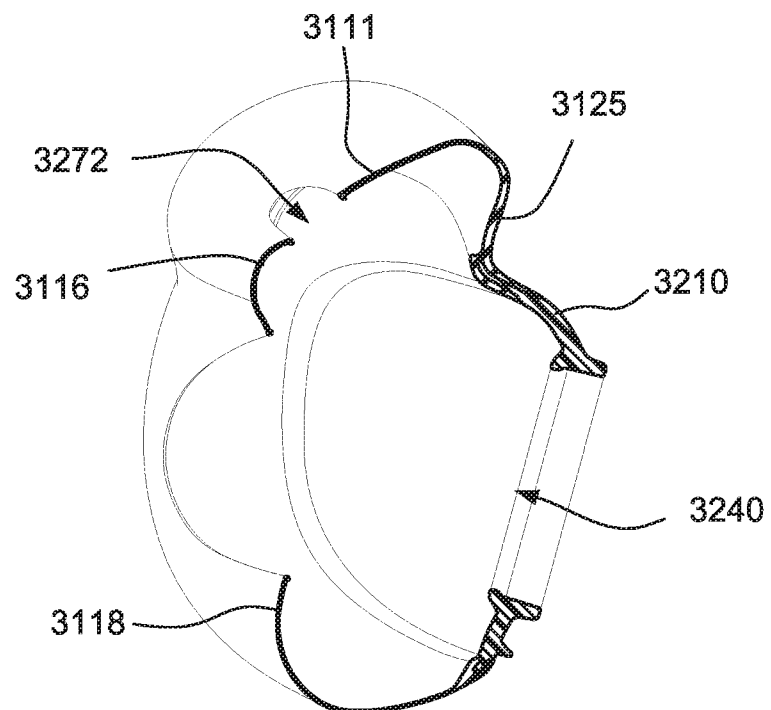
**FIG. 7****FIG. 8**

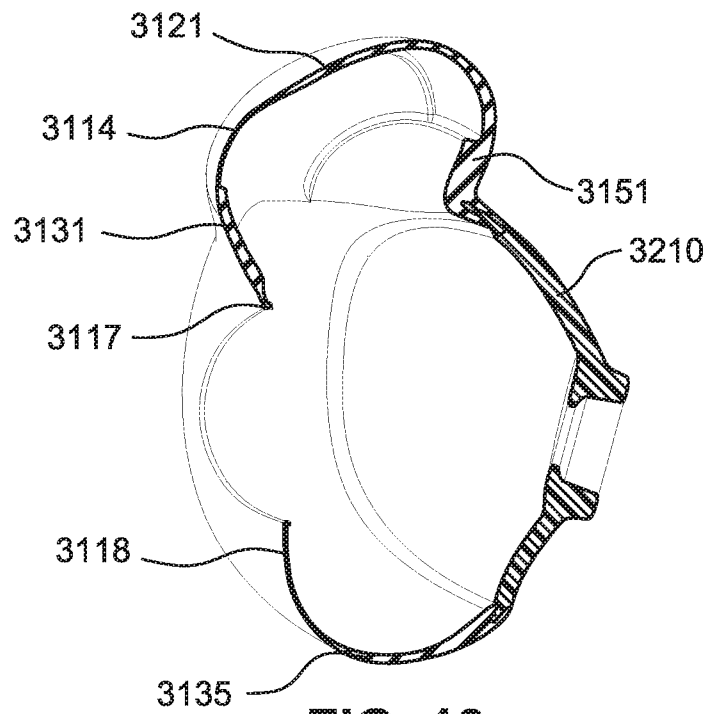
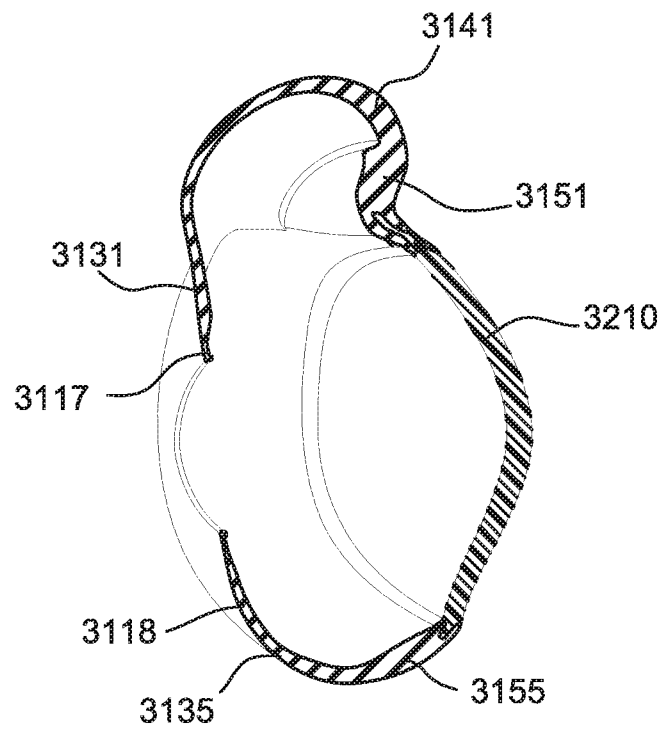
**FIG. 9****FIG. 10**

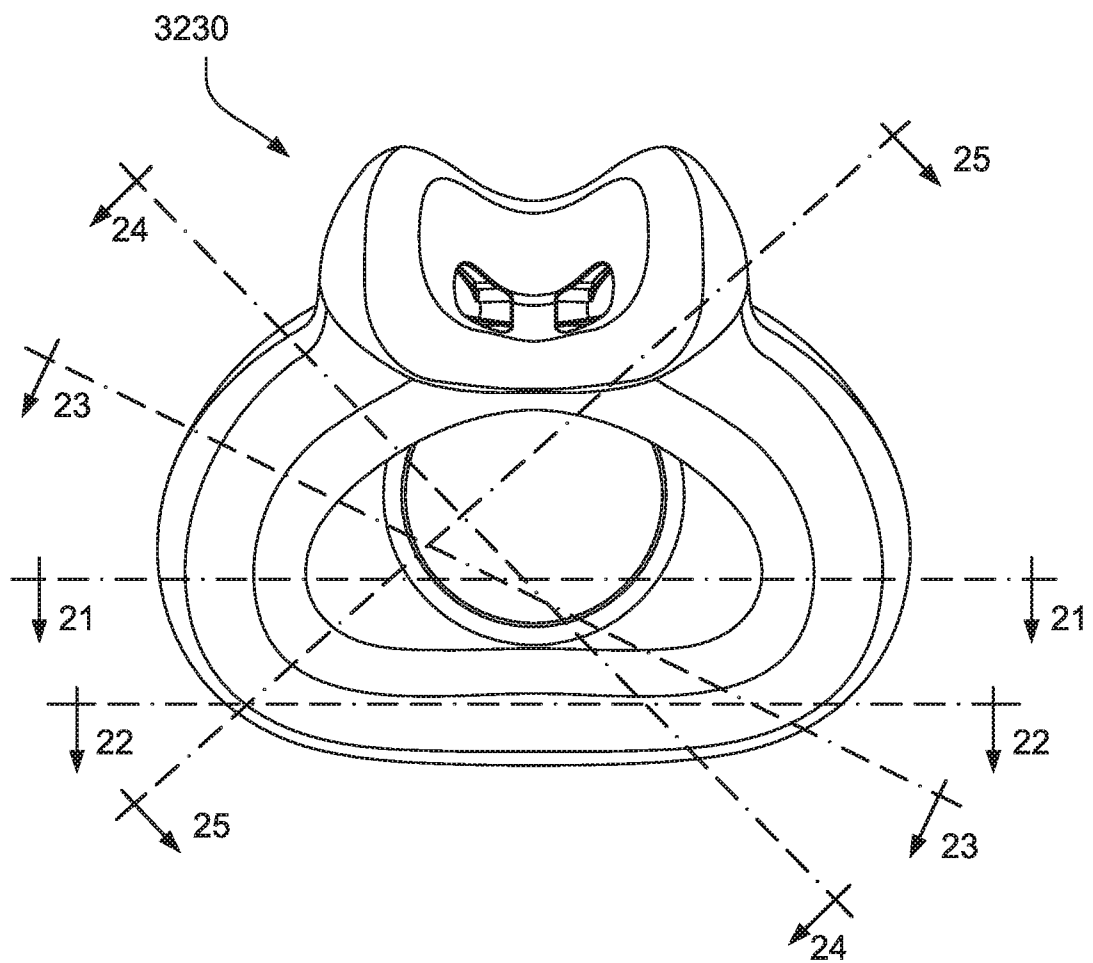
**FIG. 12**

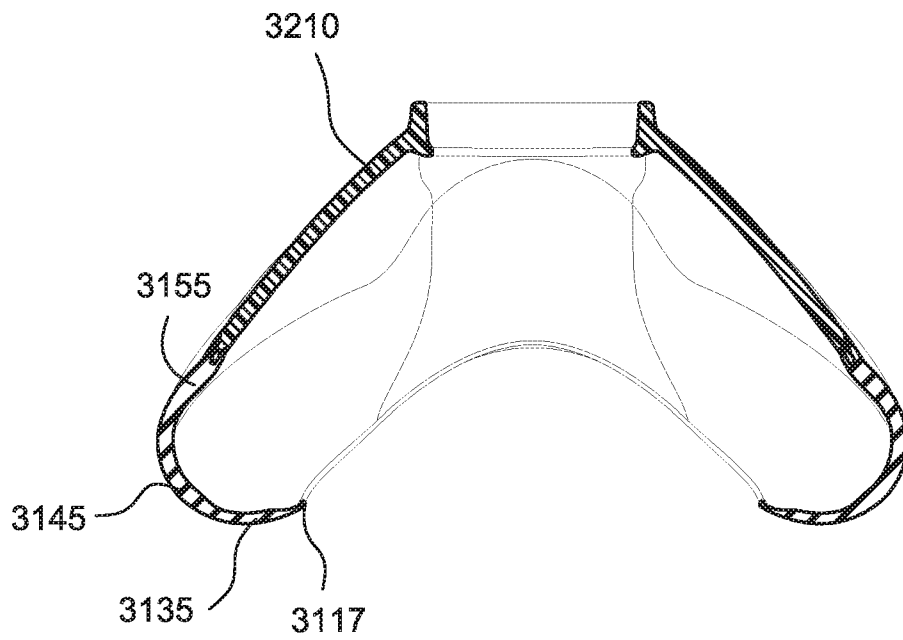
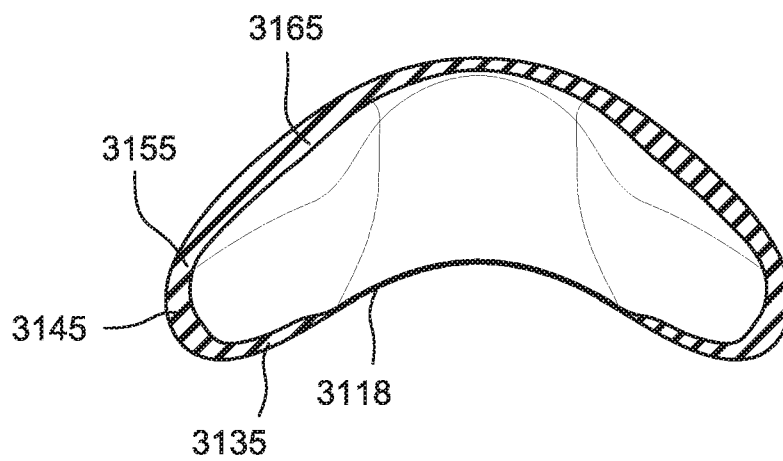
**FIG. 13****FIG. 14**

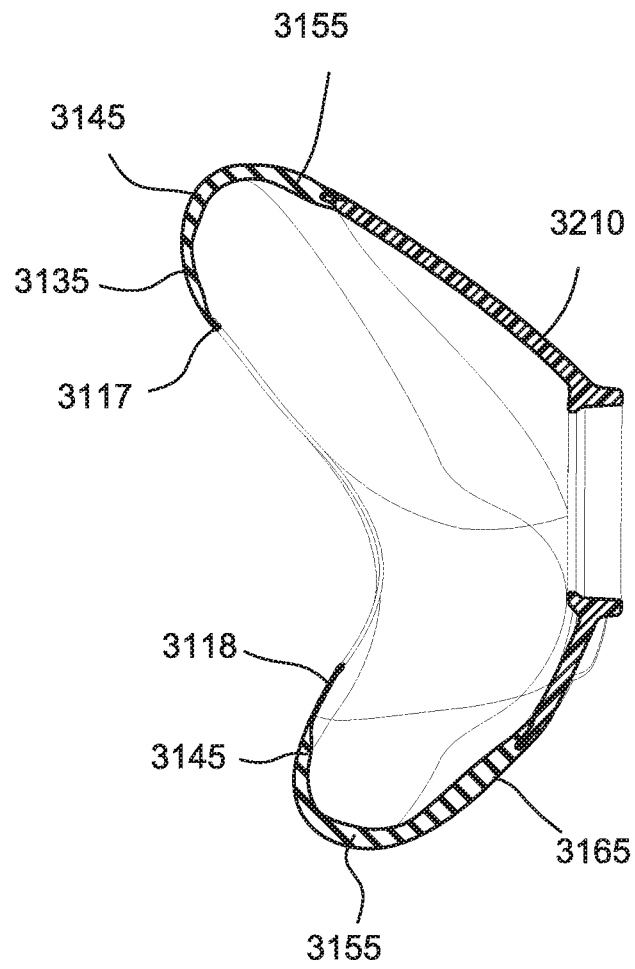
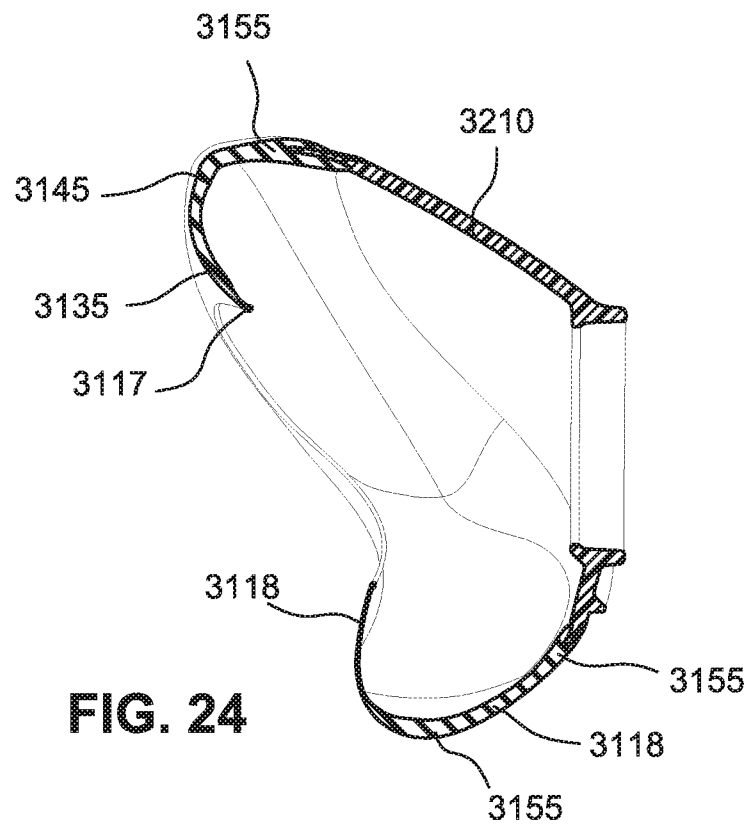
**FIG. 15**

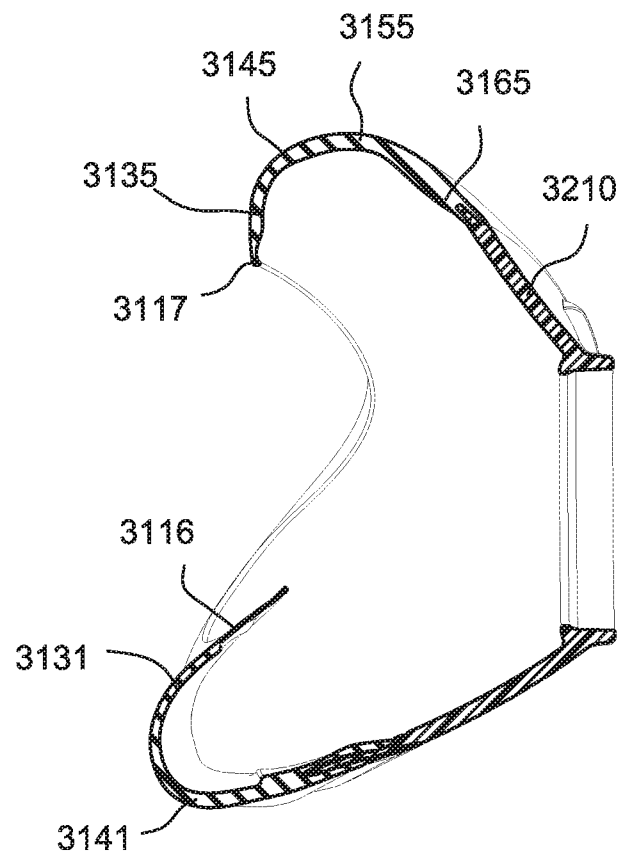
**FIG. 16****FIG. 17**

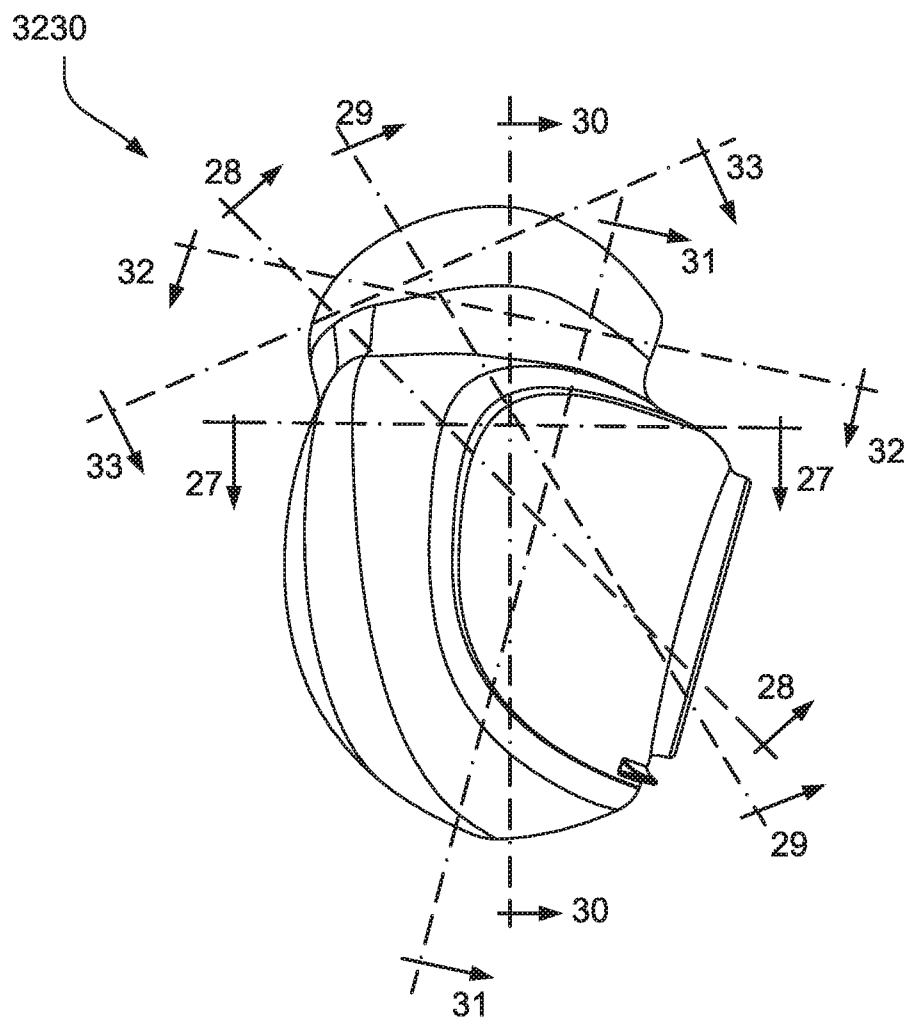
**FIG. 18****FIG. 19**

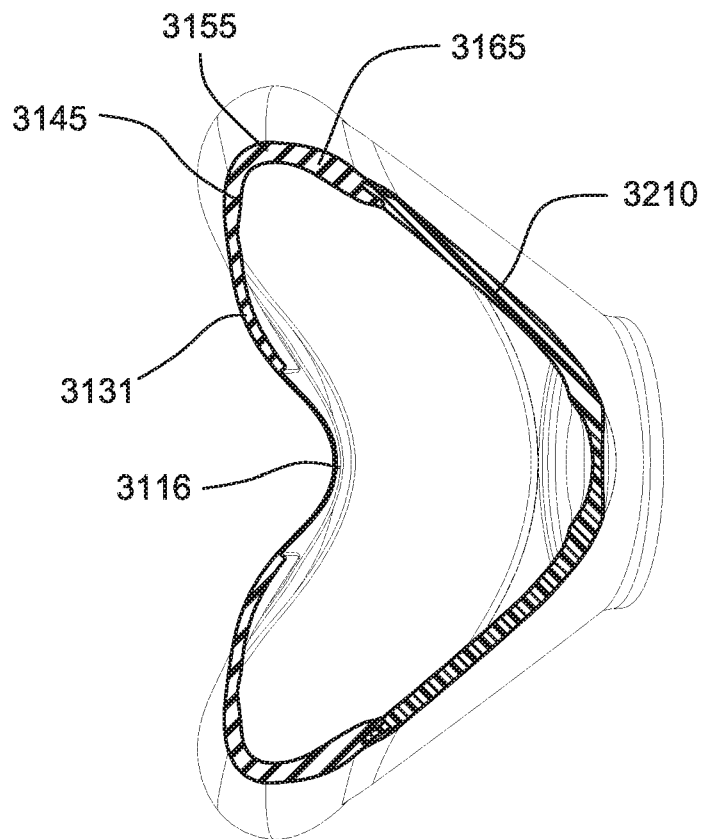
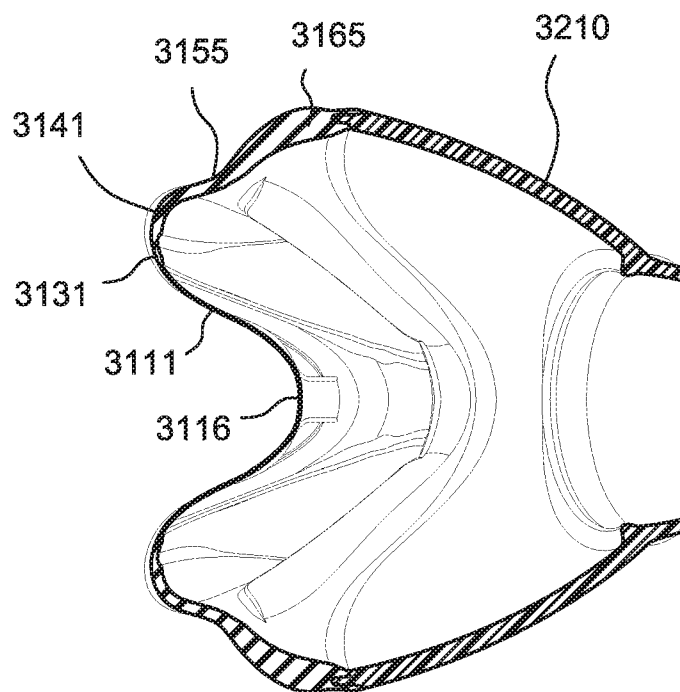
**FIG. 20**

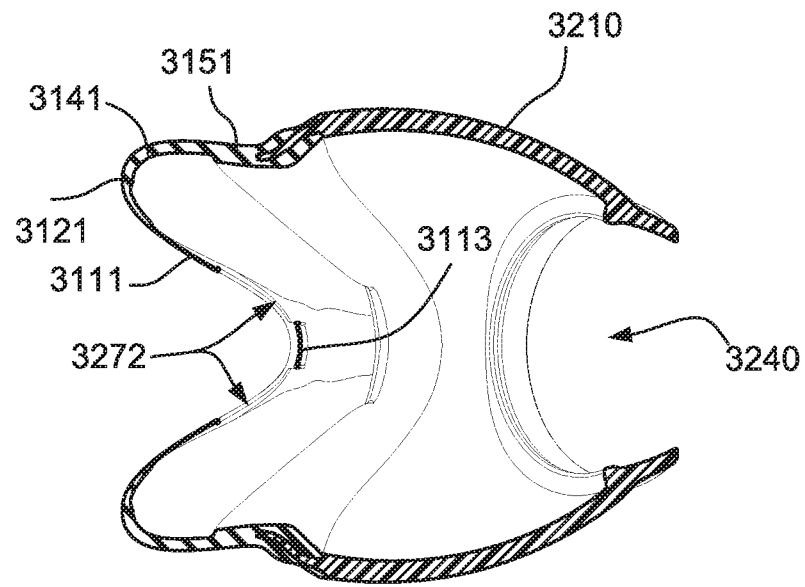
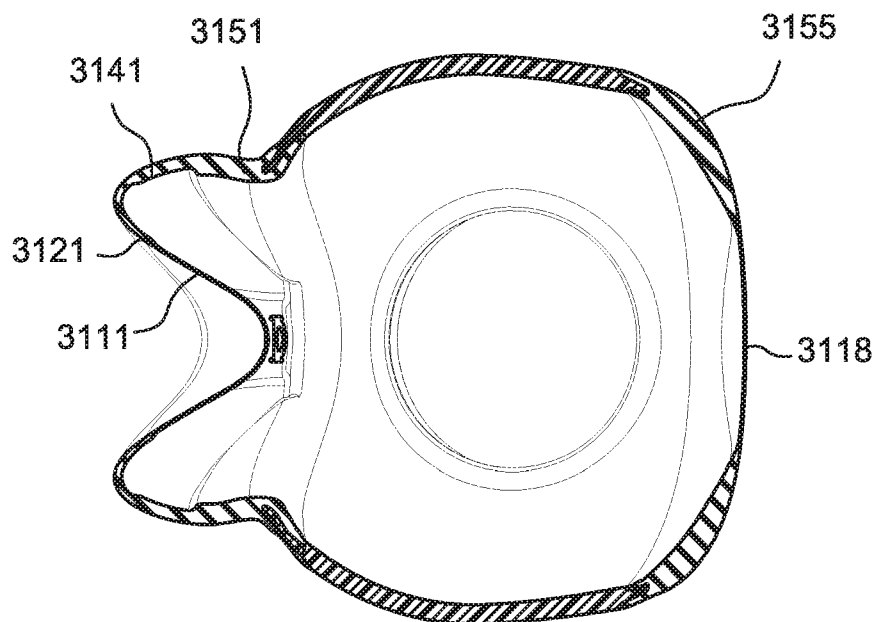
**FIG. 21****FIG. 22**

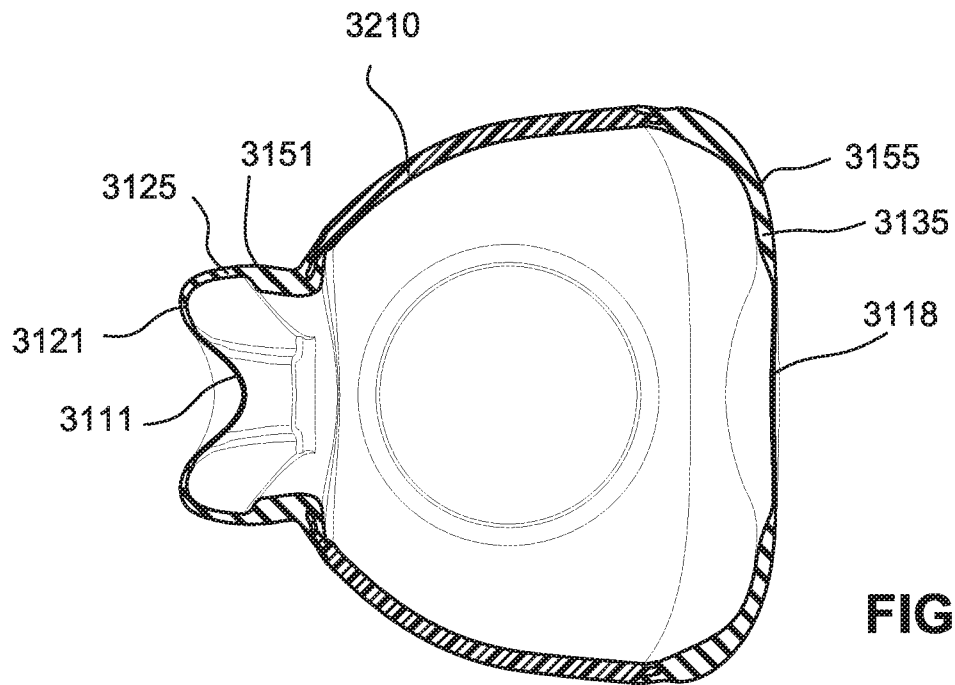
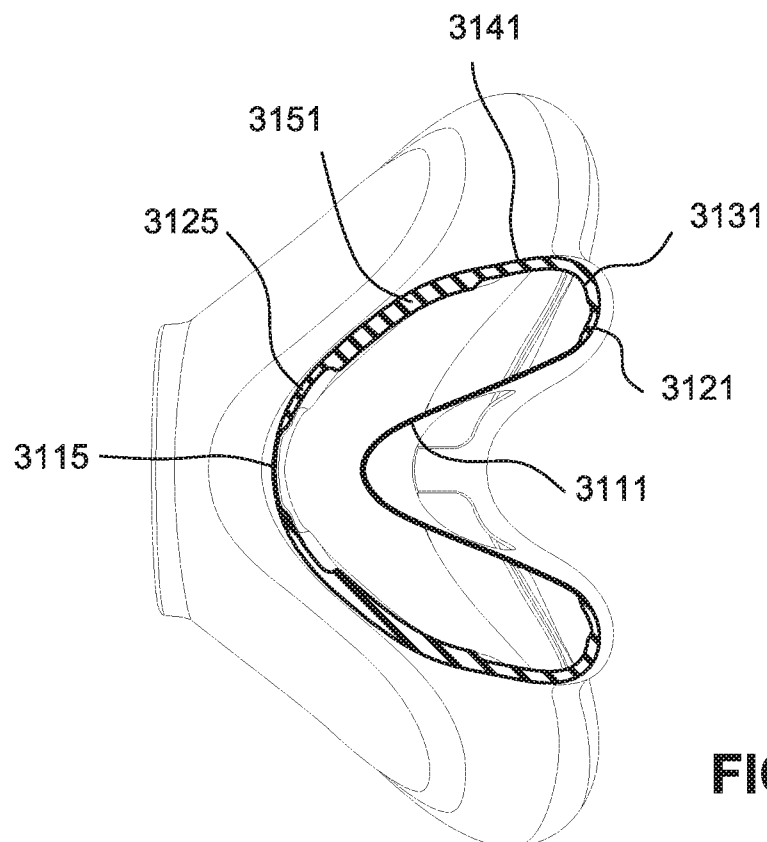
**FIG. 23****FIG. 24**

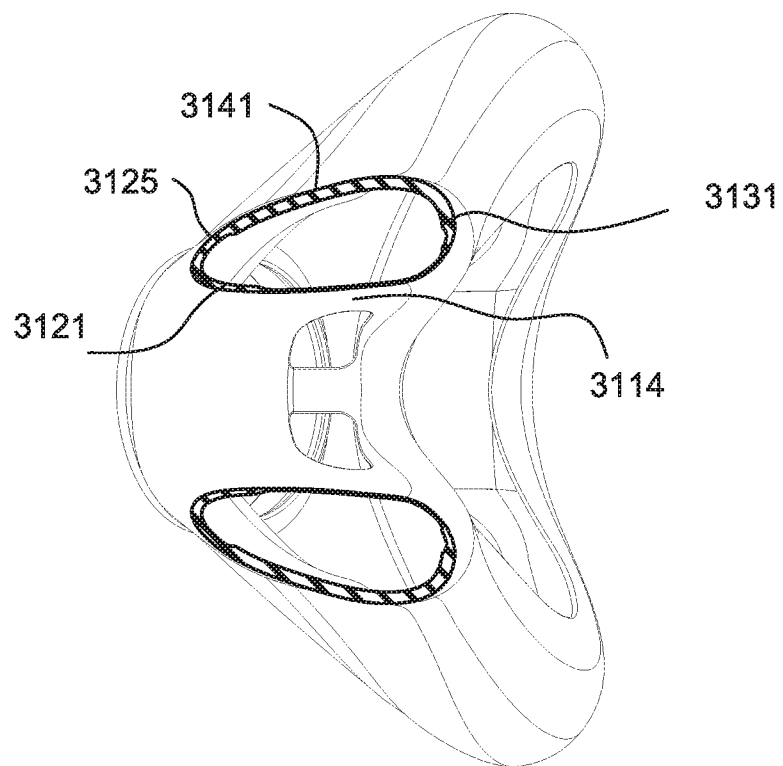
**FIG. 25**

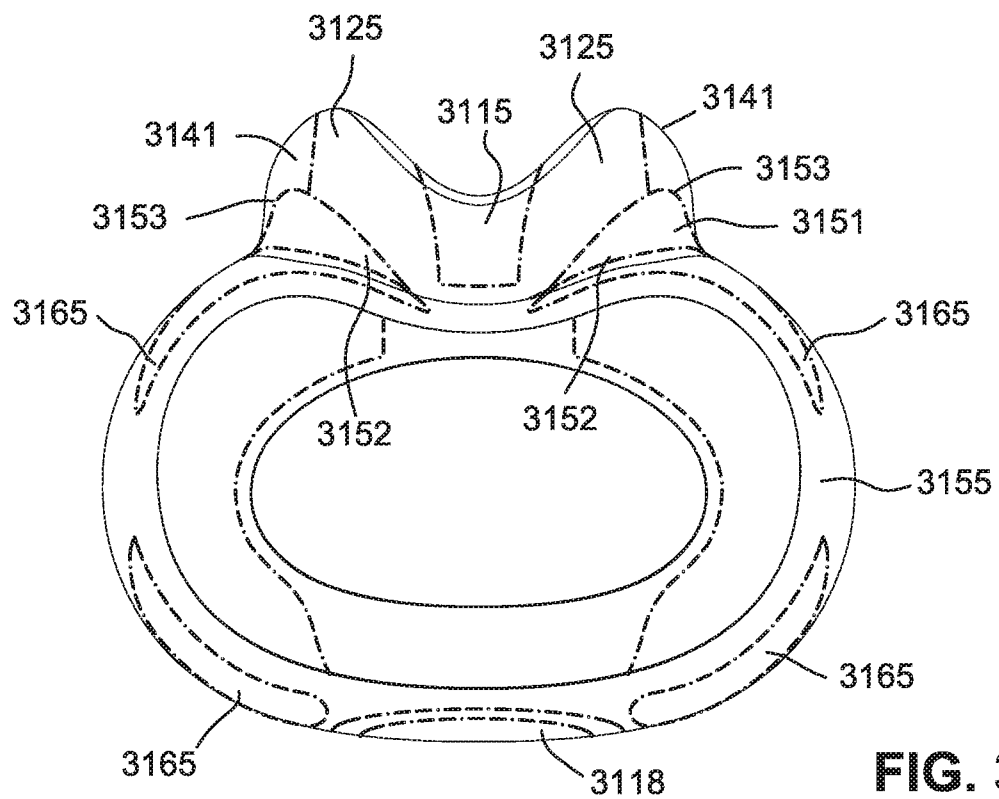
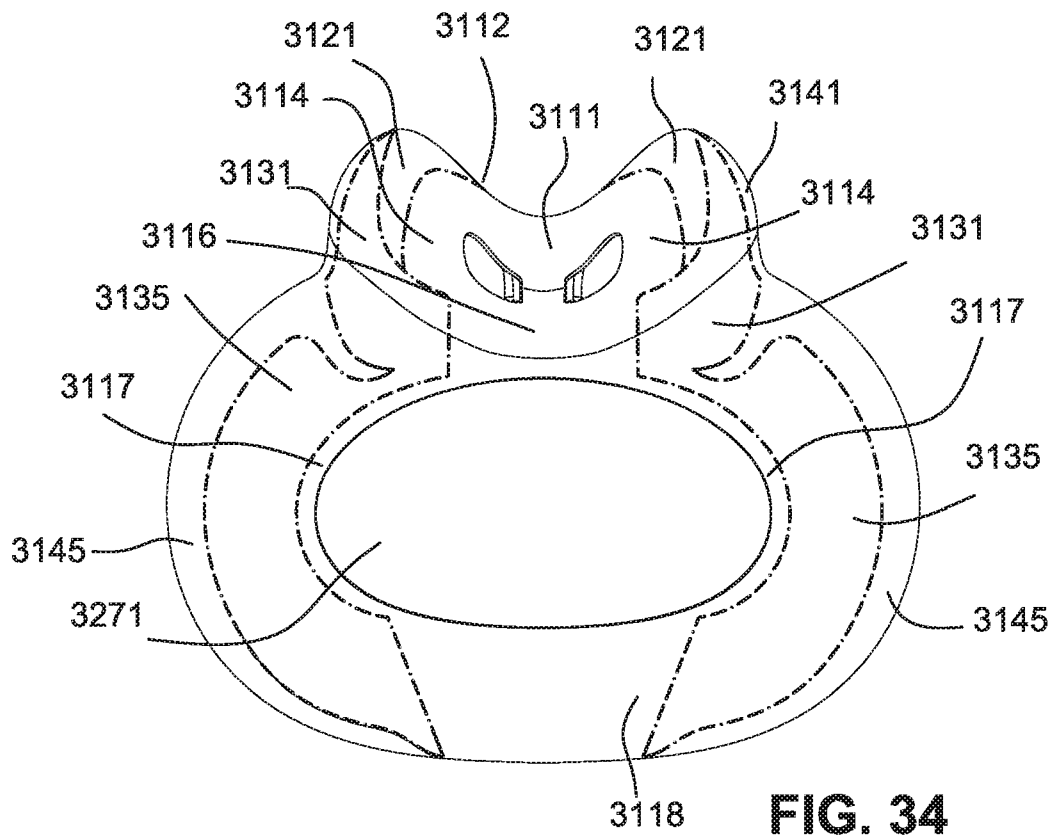
**FIG. 26**

**FIG. 27****FIG. 28**

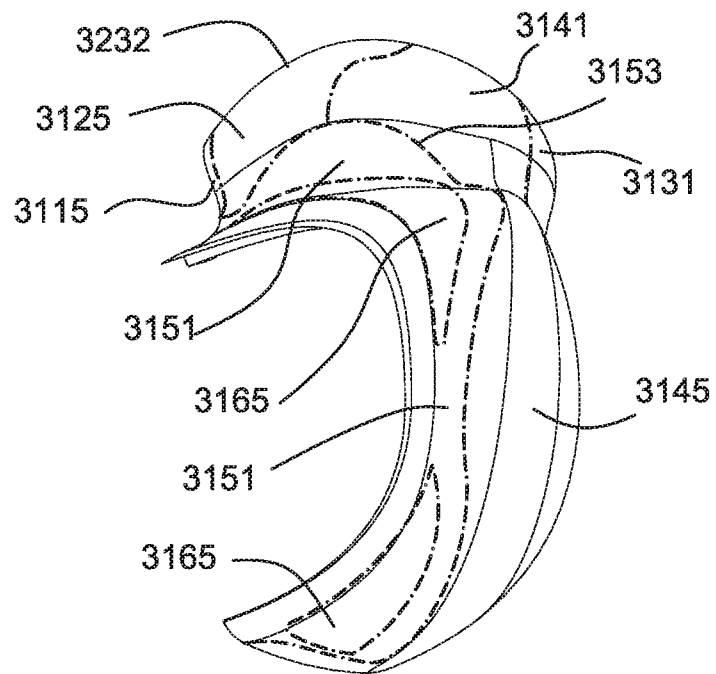
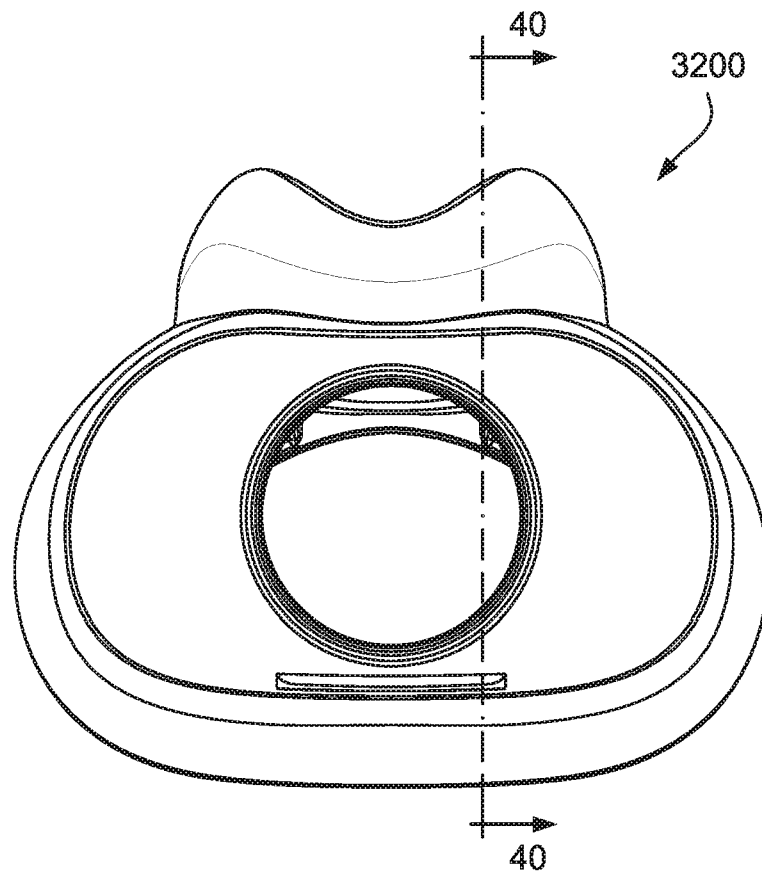
**FIG. 29****FIG. 30**

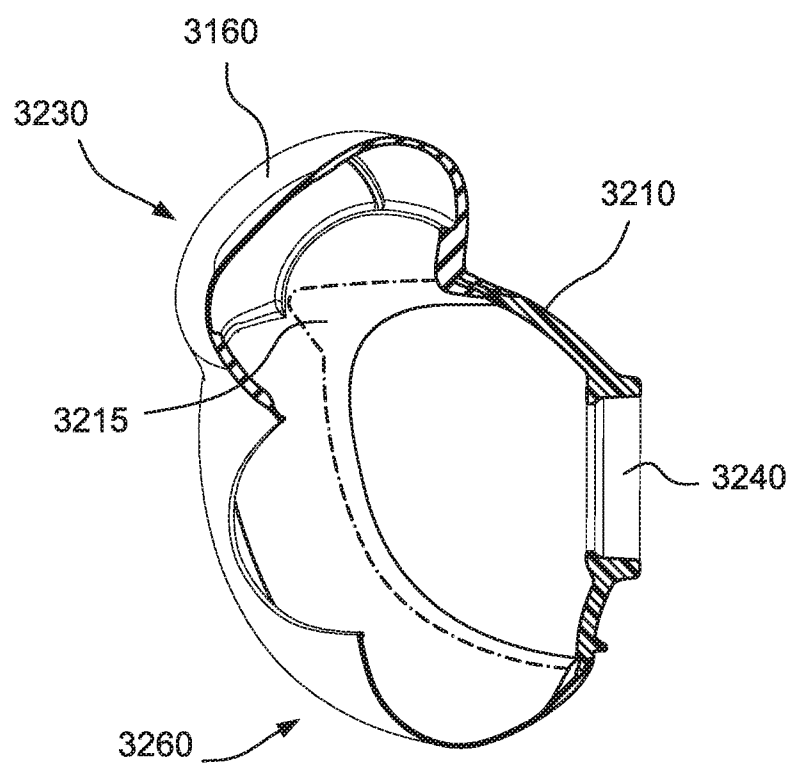
**FIG. 31****FIG. 32**

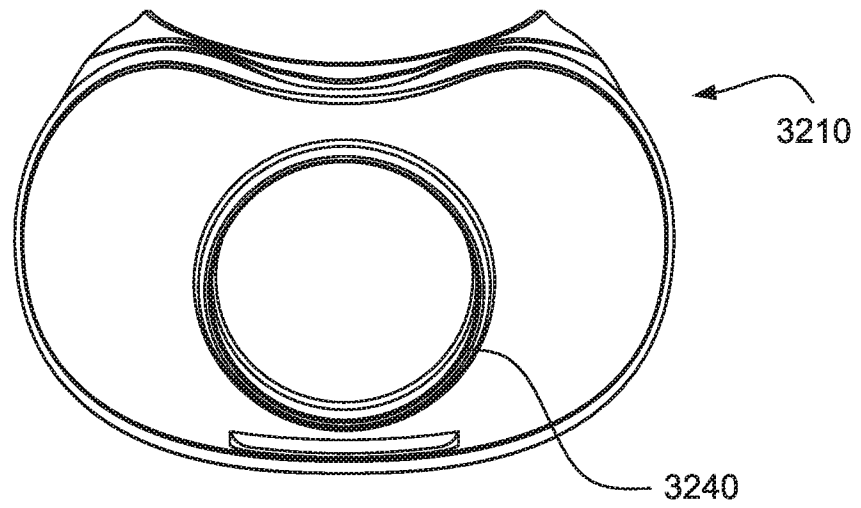
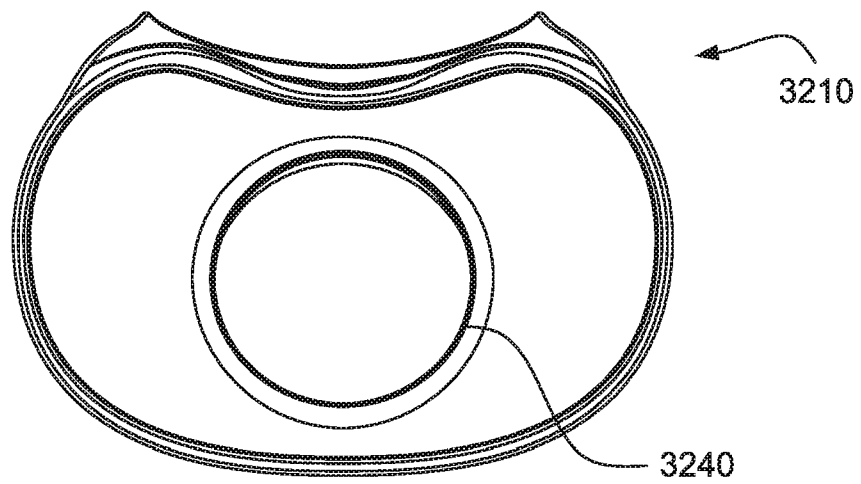
**FIG. 33**

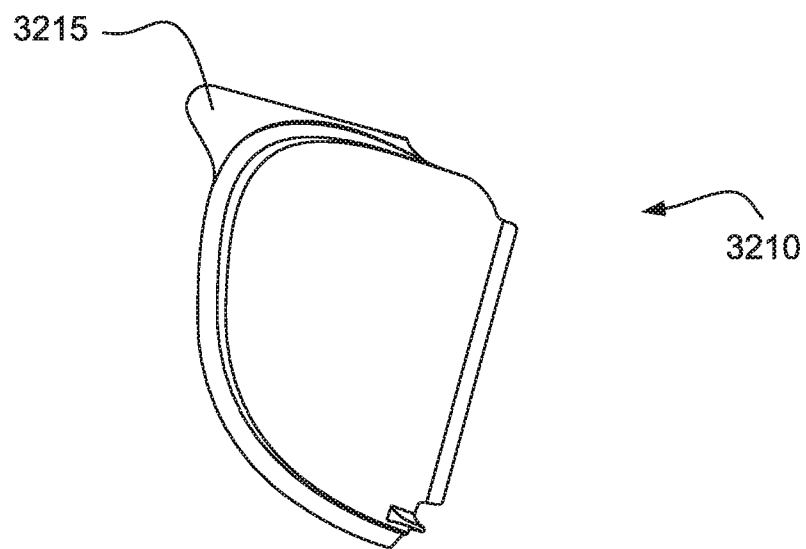
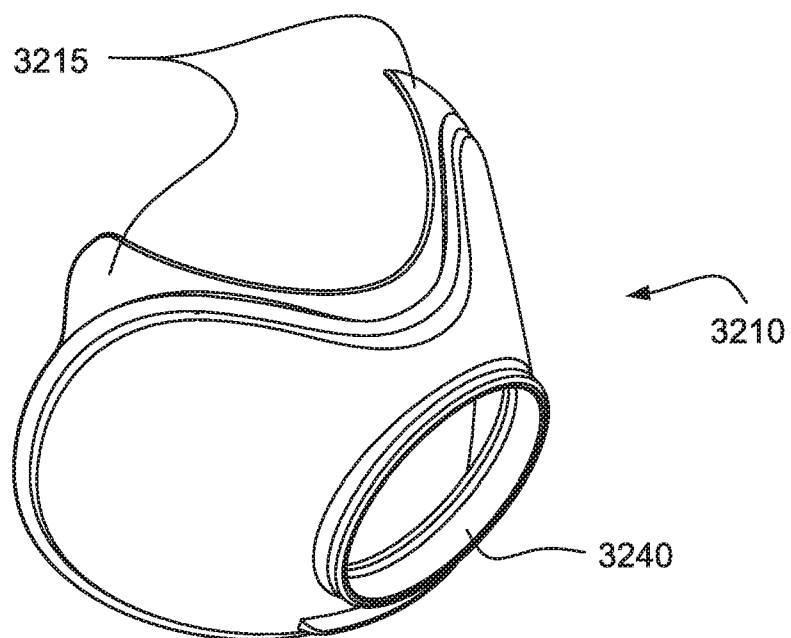


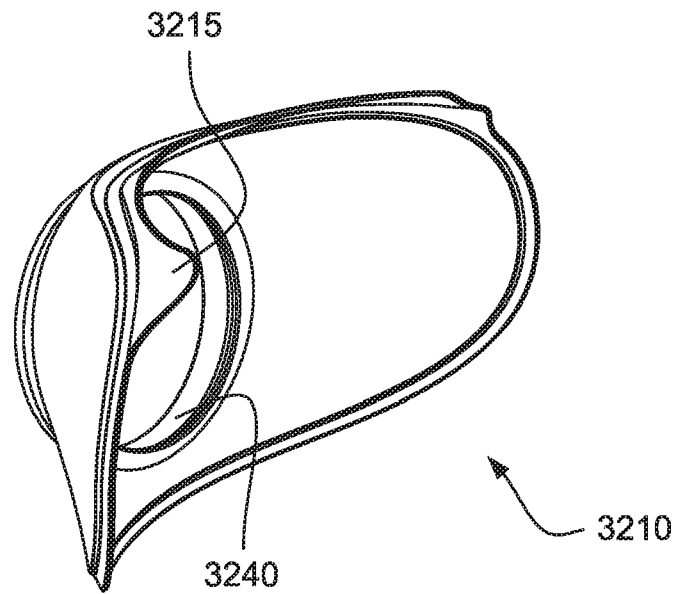
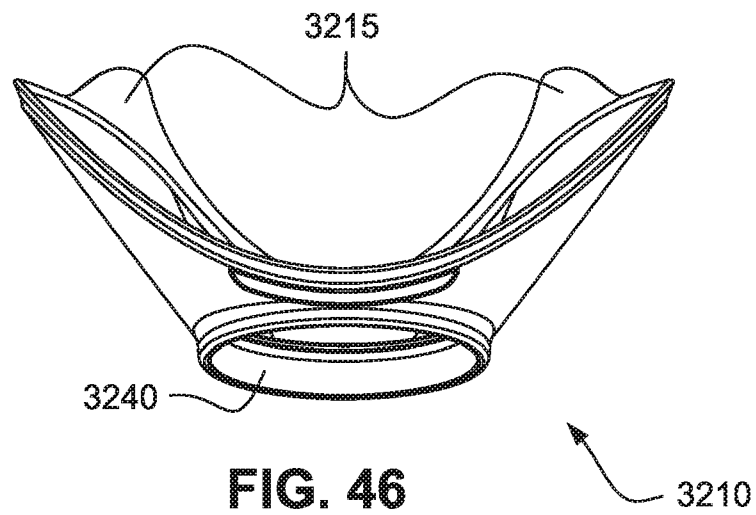


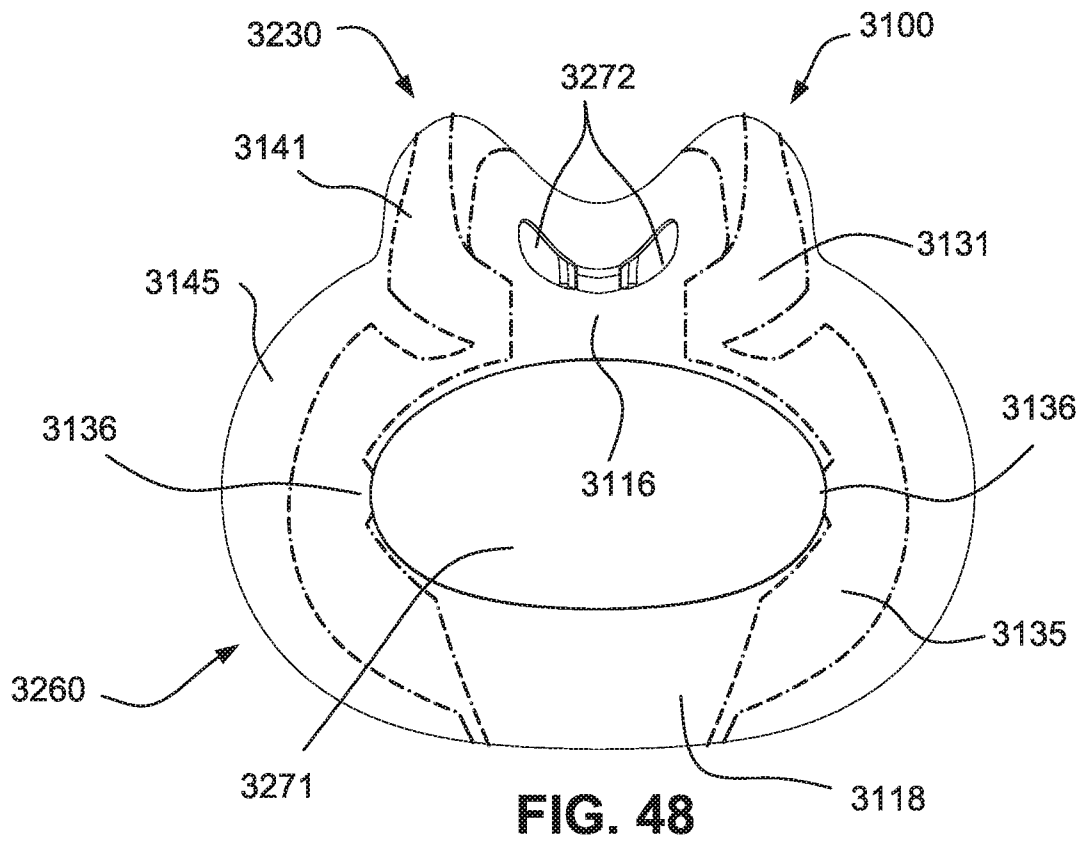
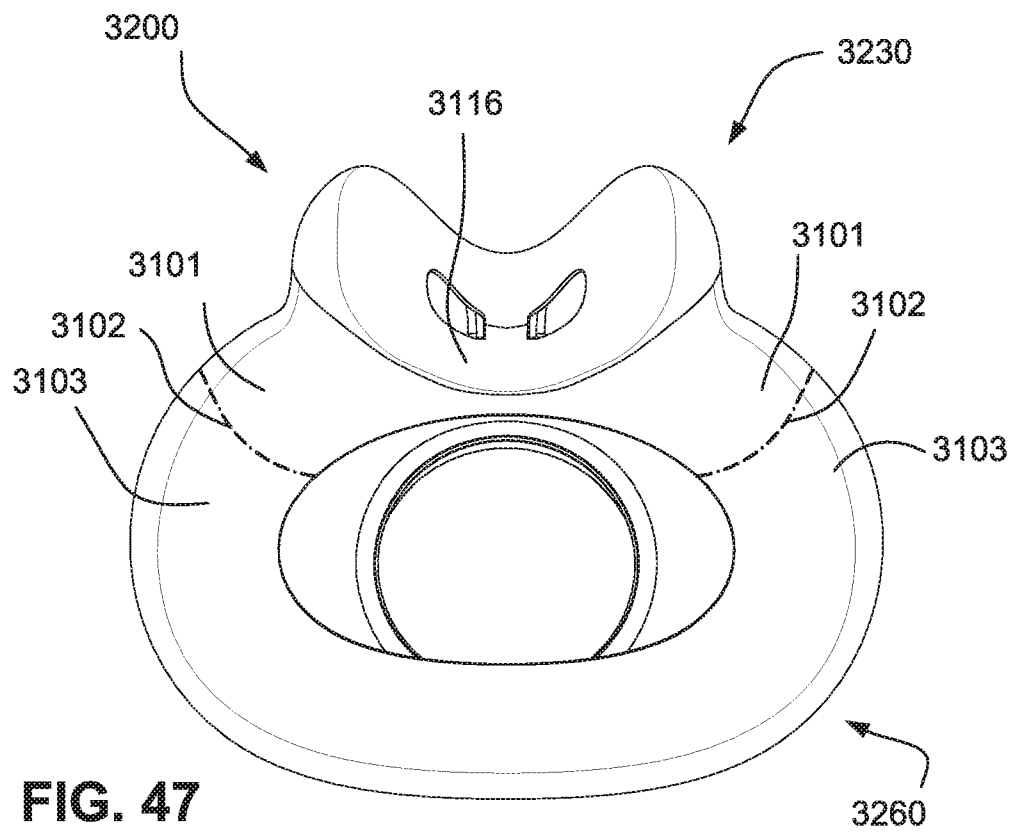
**FIG. 38****FIG. 39**

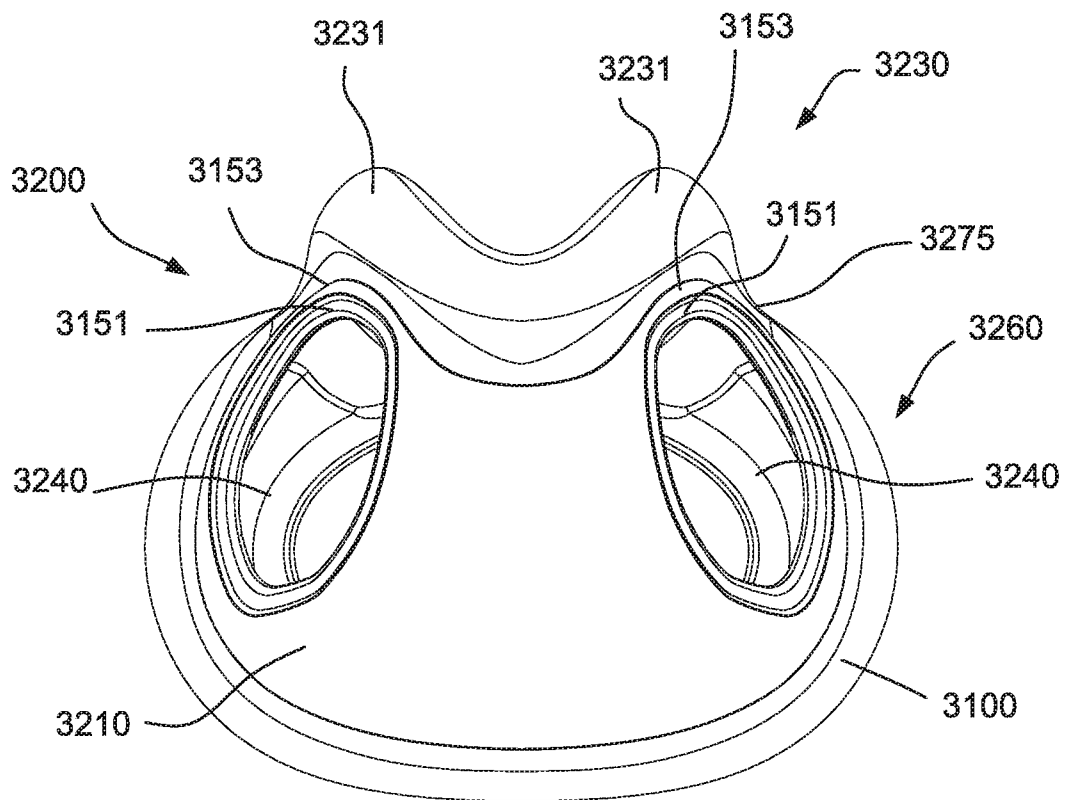
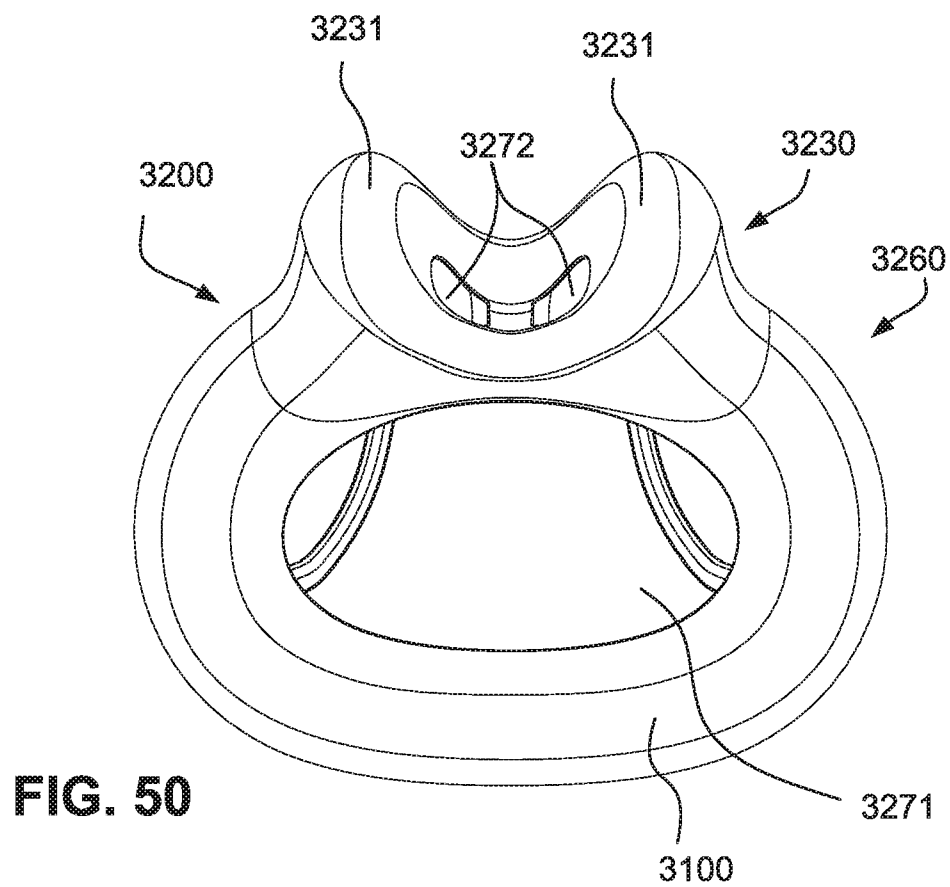
**FIG. 40**

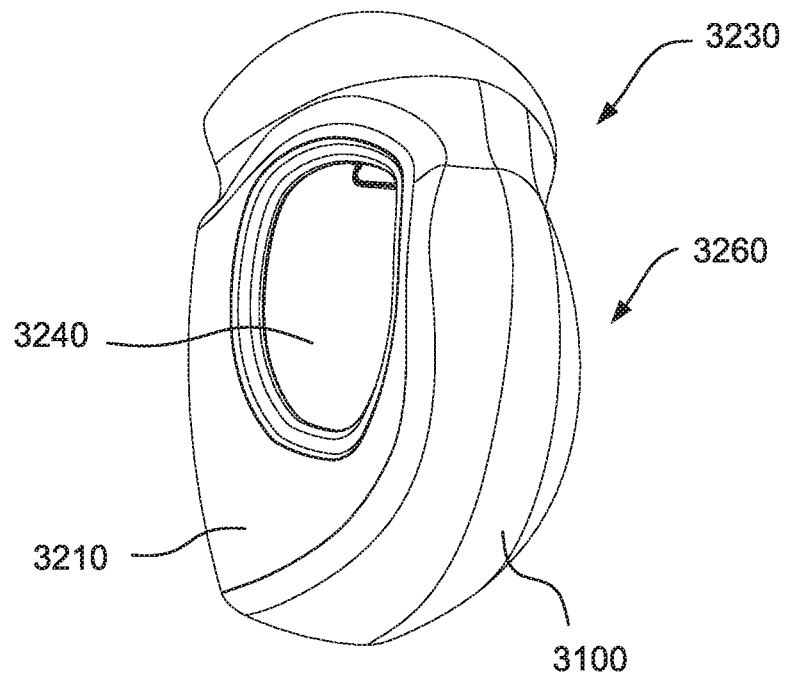
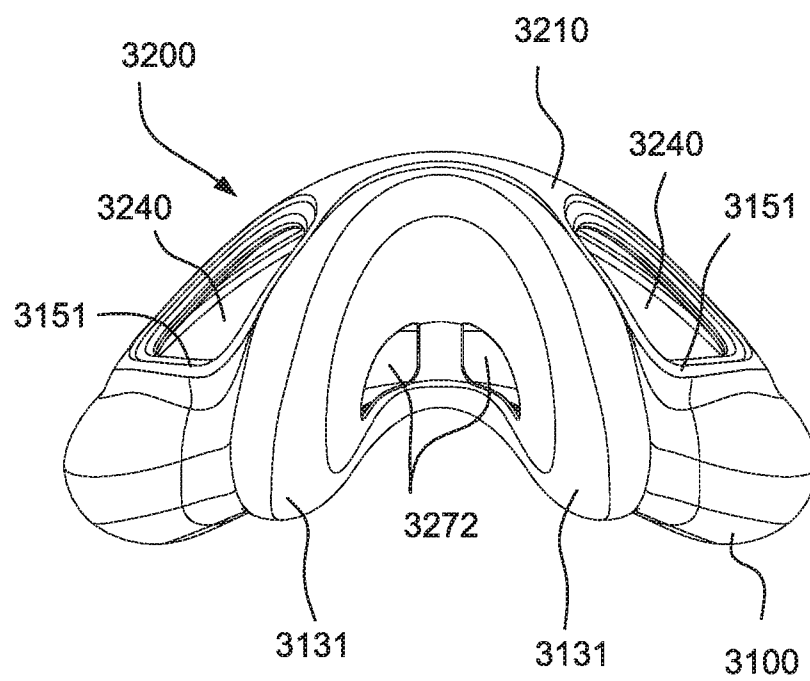
**FIG. 41****FIG. 42**

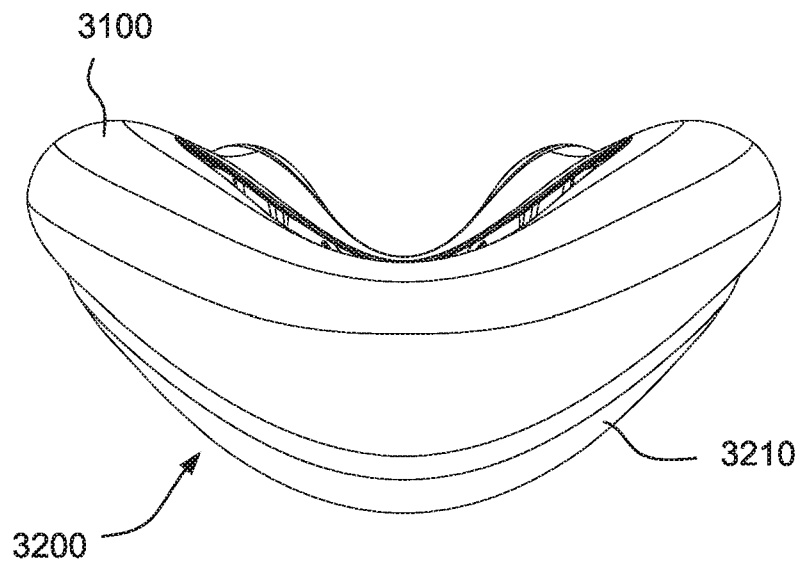
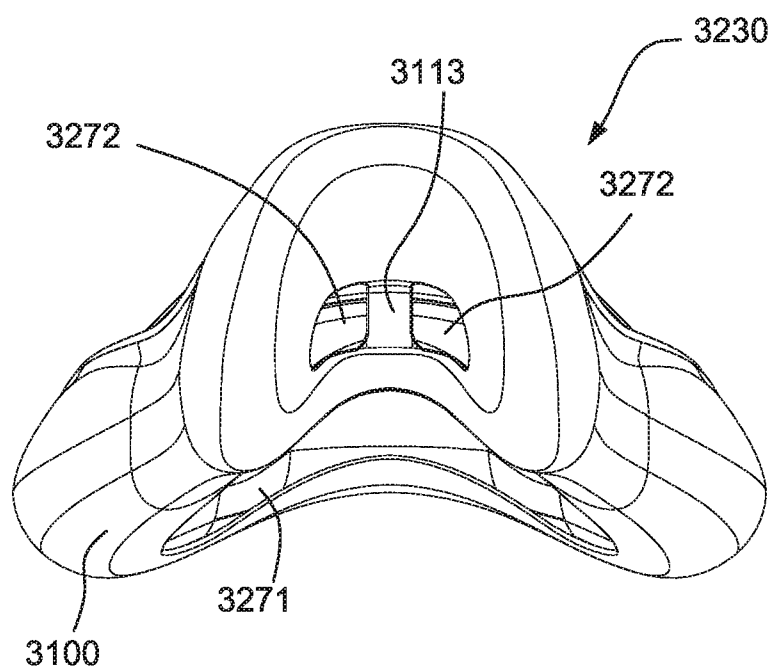
**FIG. 43****FIG. 44**

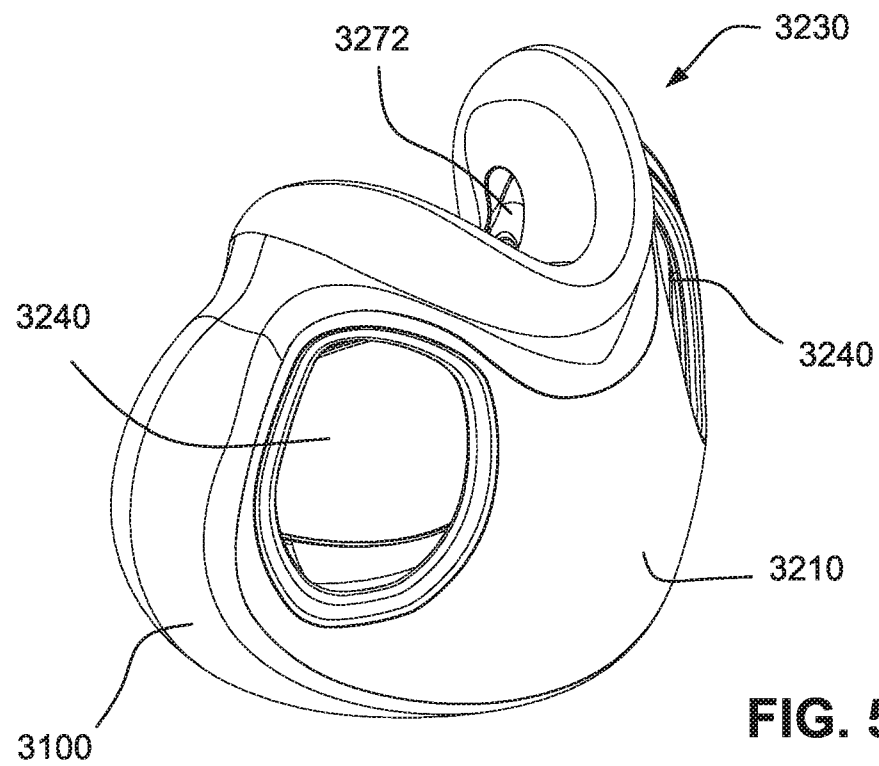
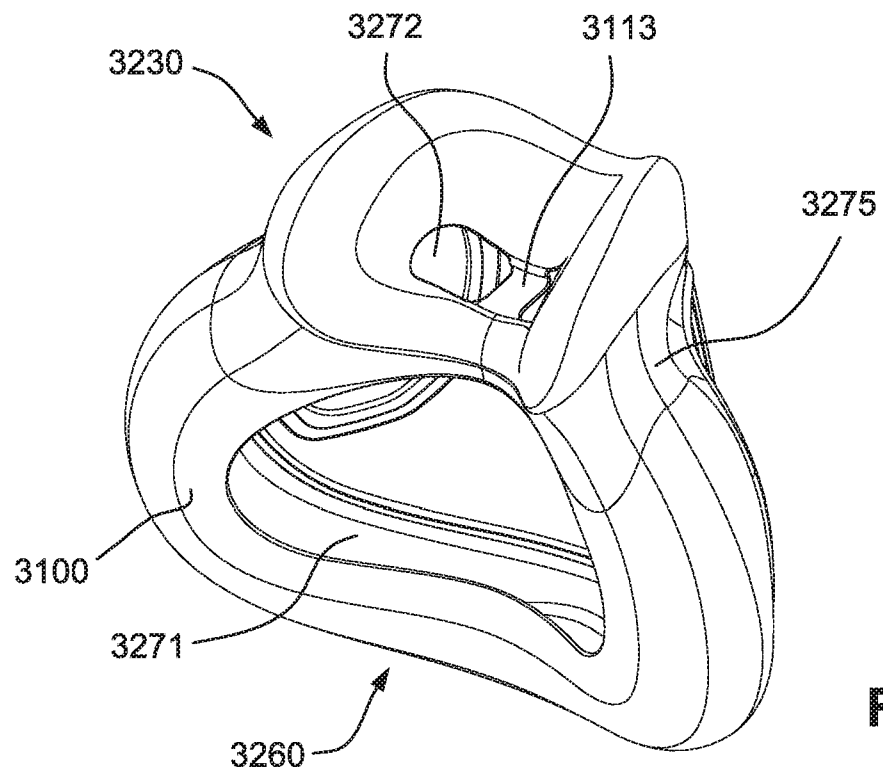
**FIG. 45****FIG. 46**

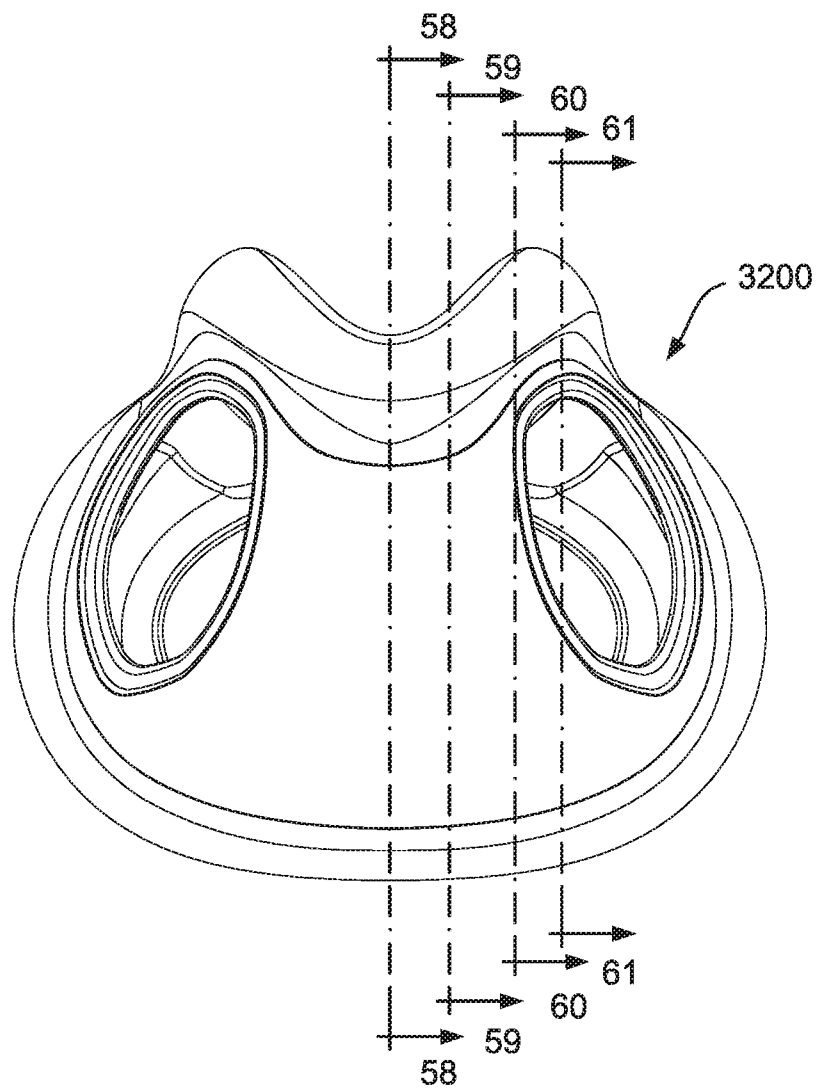


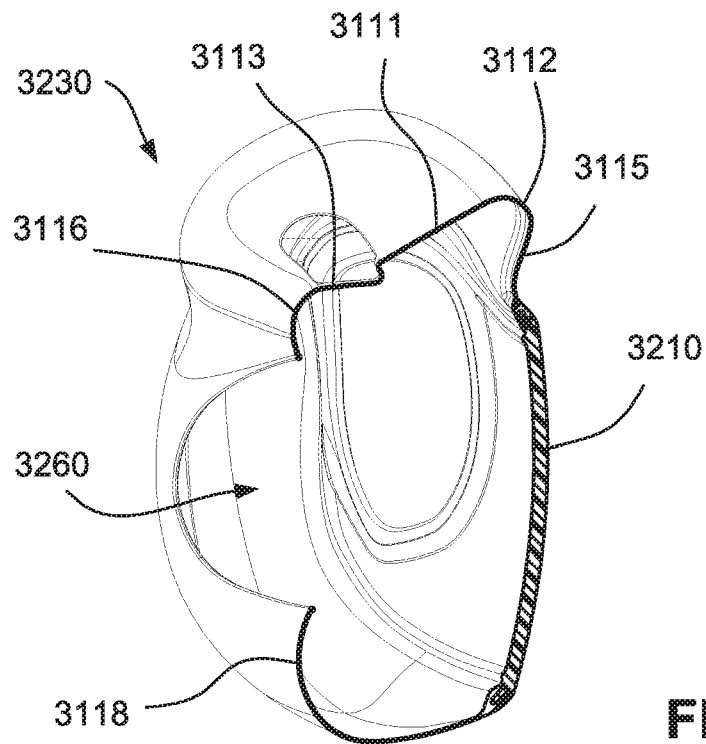
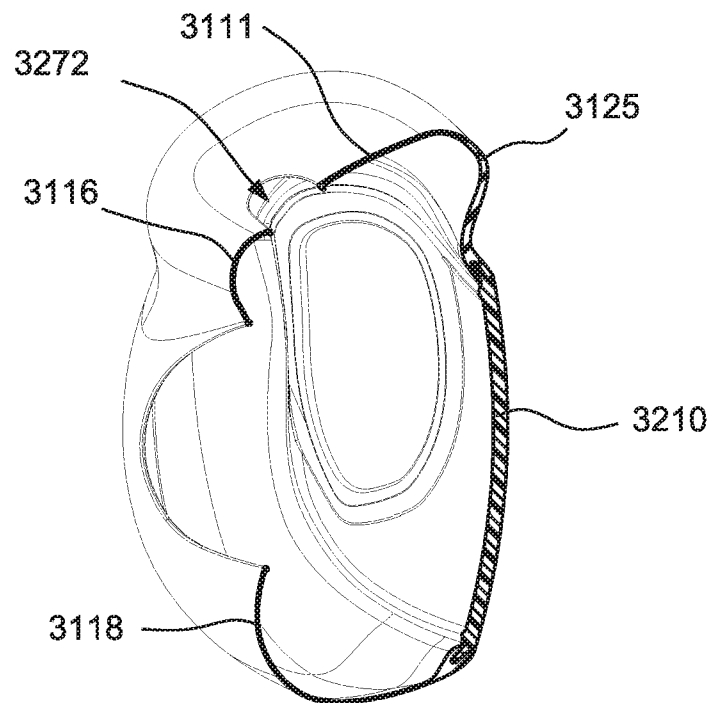
**FIG. 49****FIG. 50**

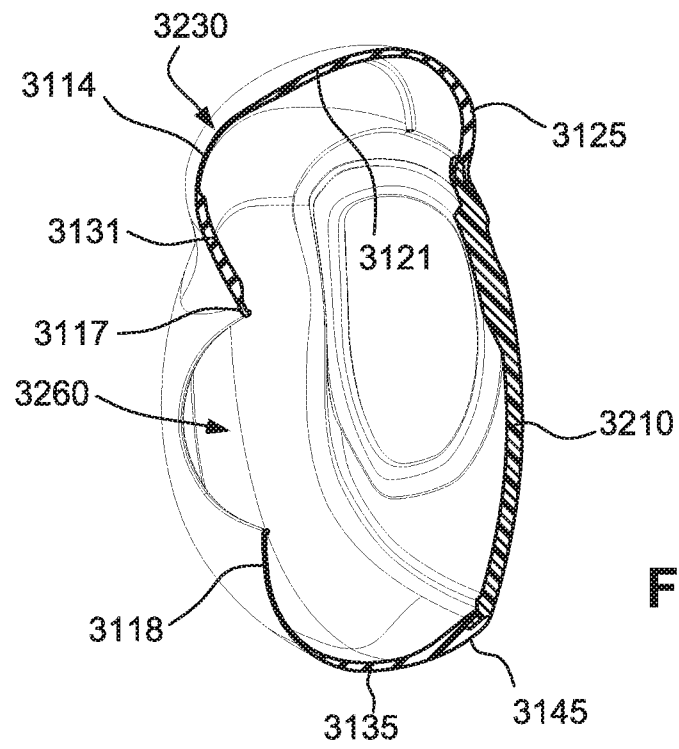
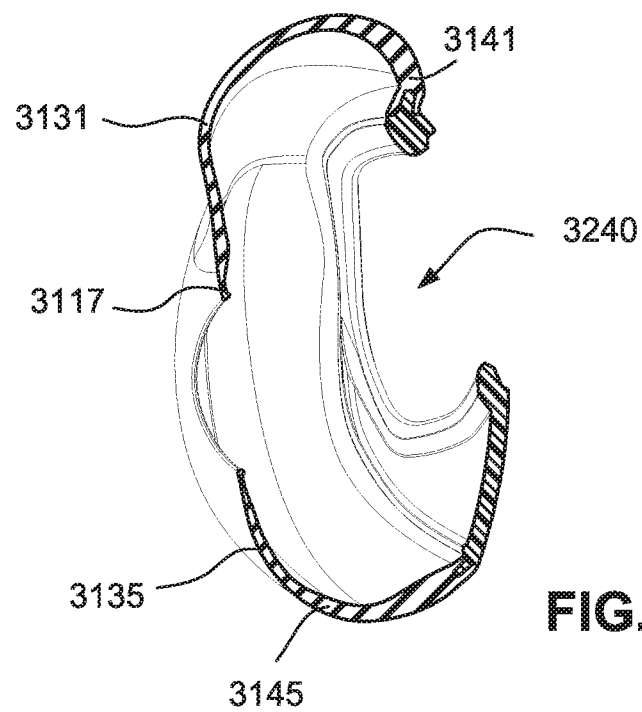
**FIG. 51****FIG. 52**

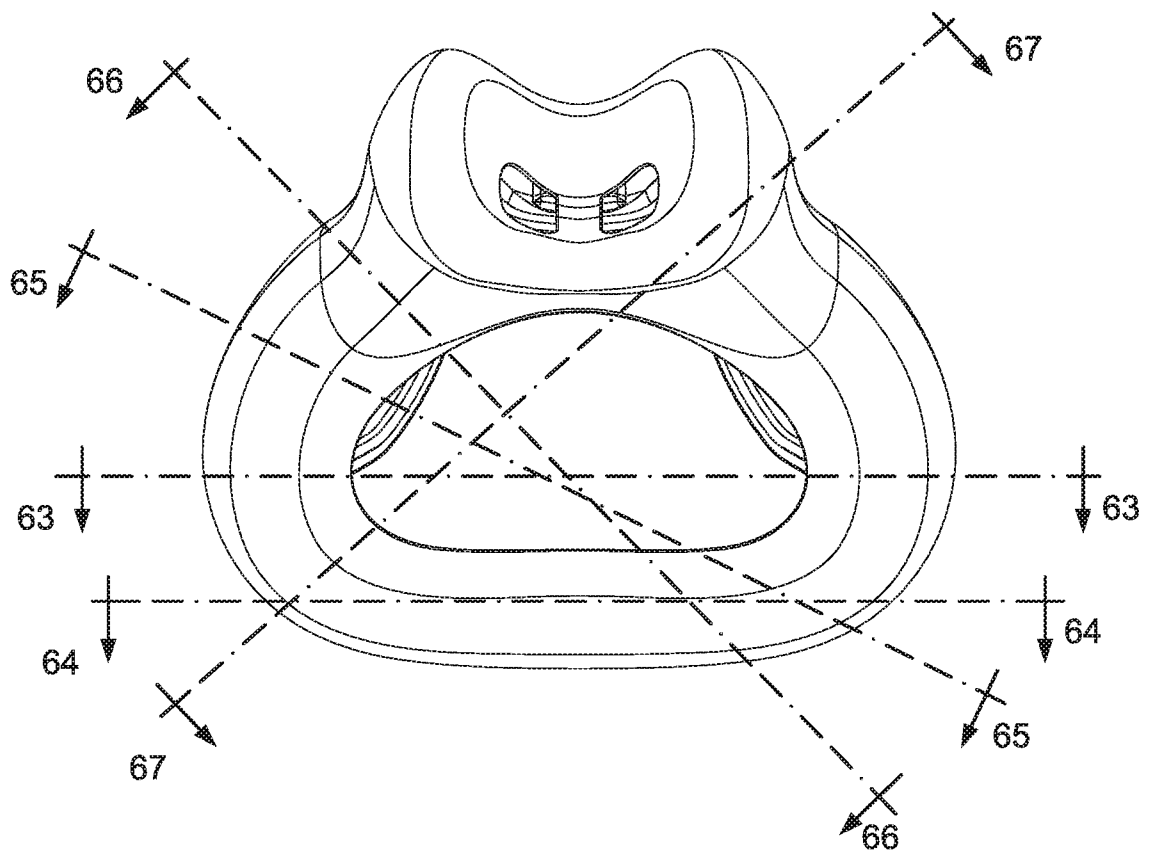
**FIG. 53****FIG. 54**

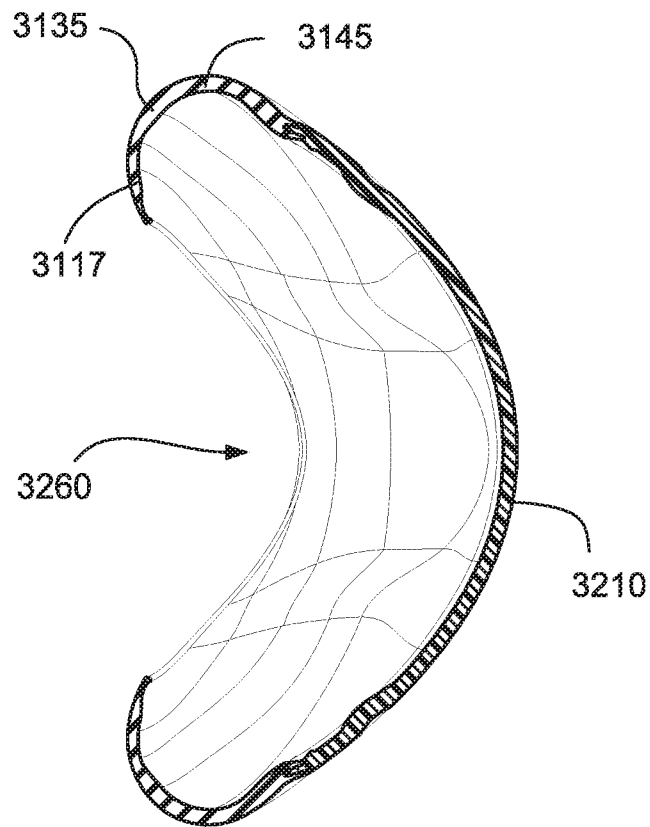
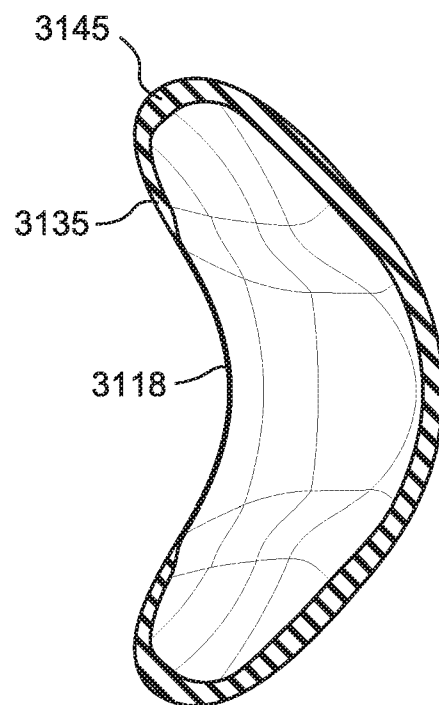


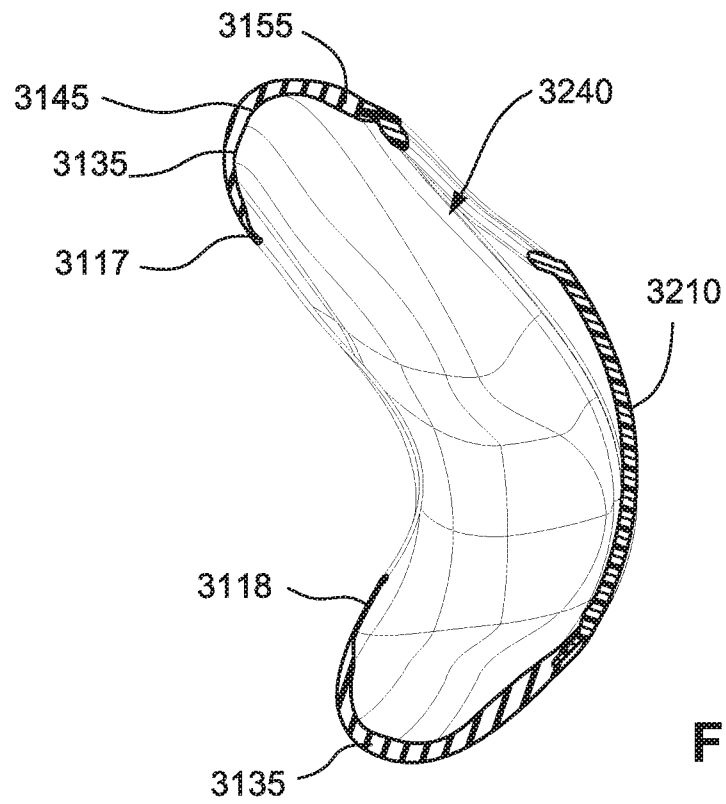
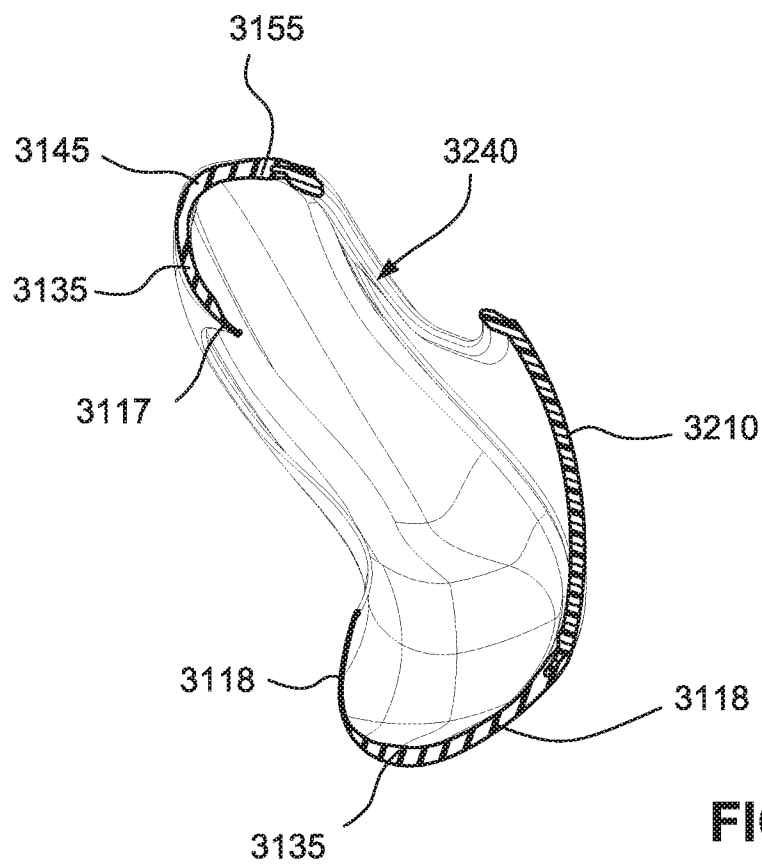
**FIG. 57**

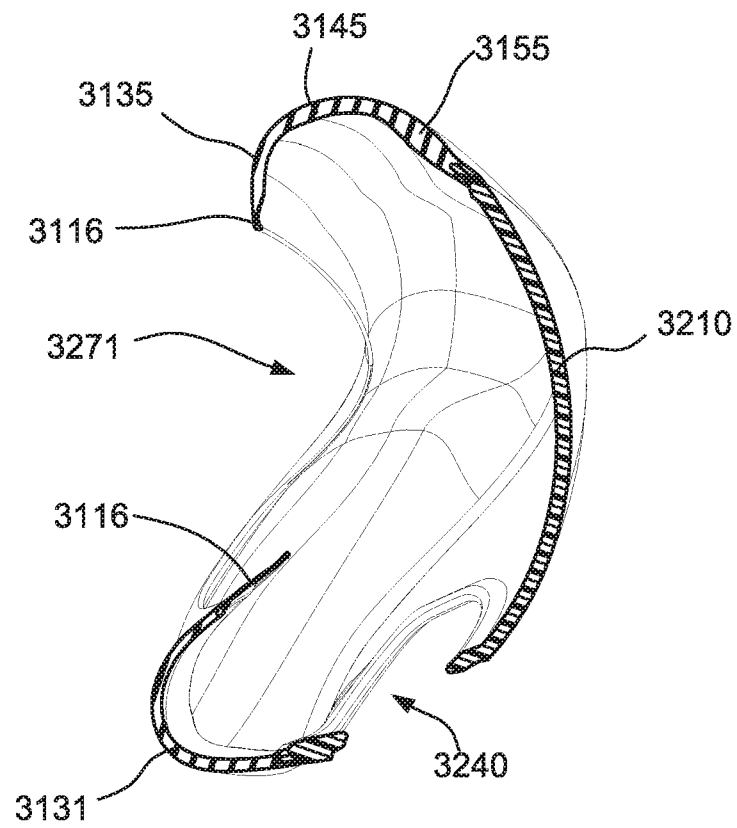
**FIG. 58****FIG. 59**

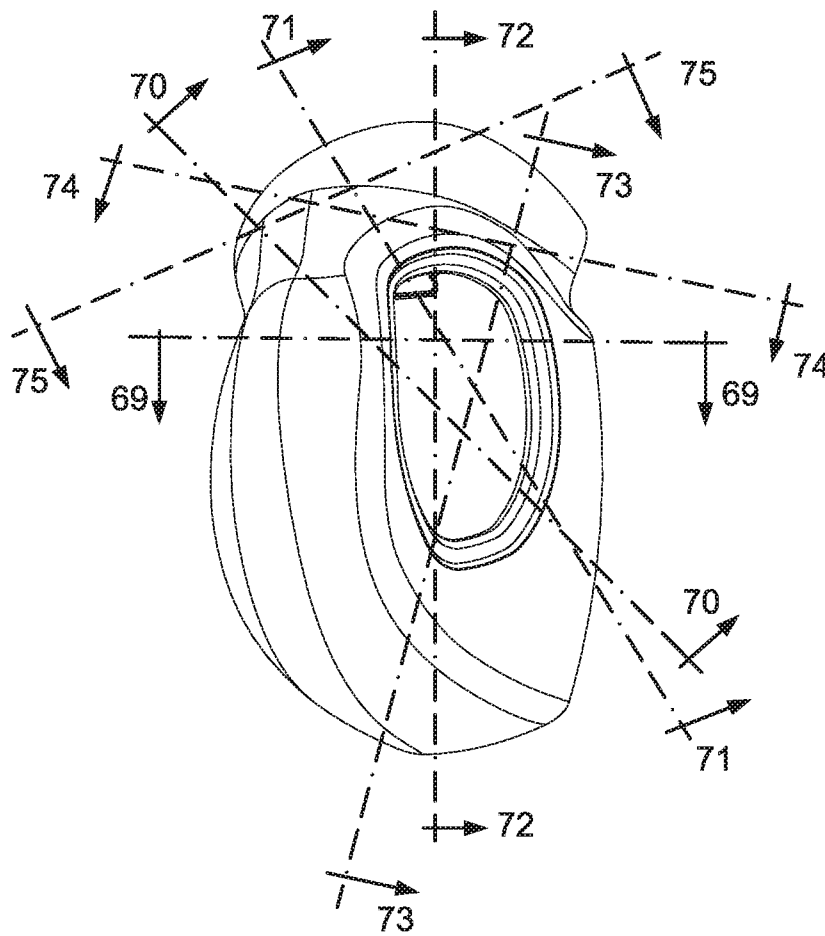
**FIG. 60****FIG. 61**

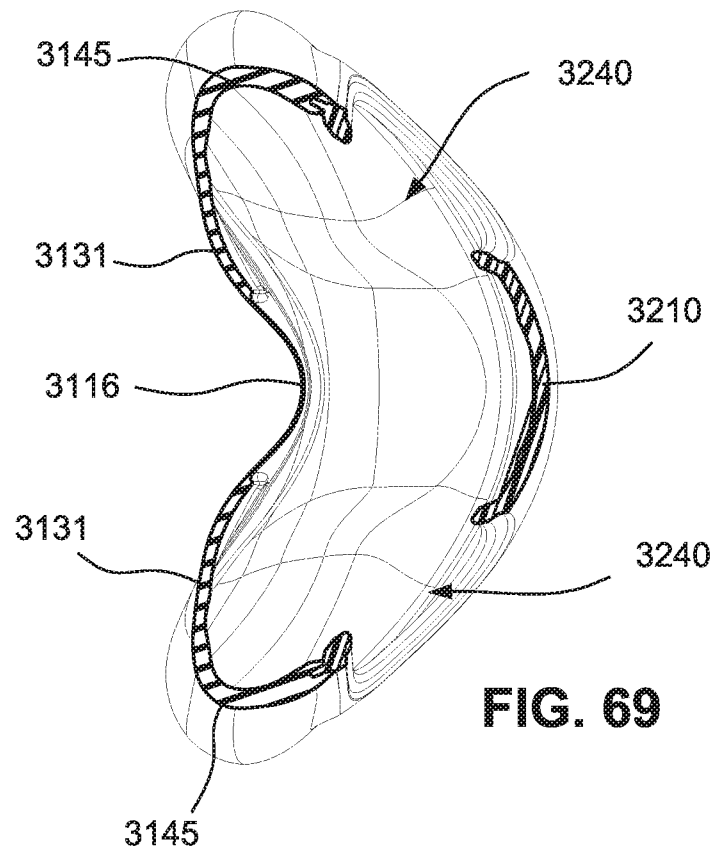
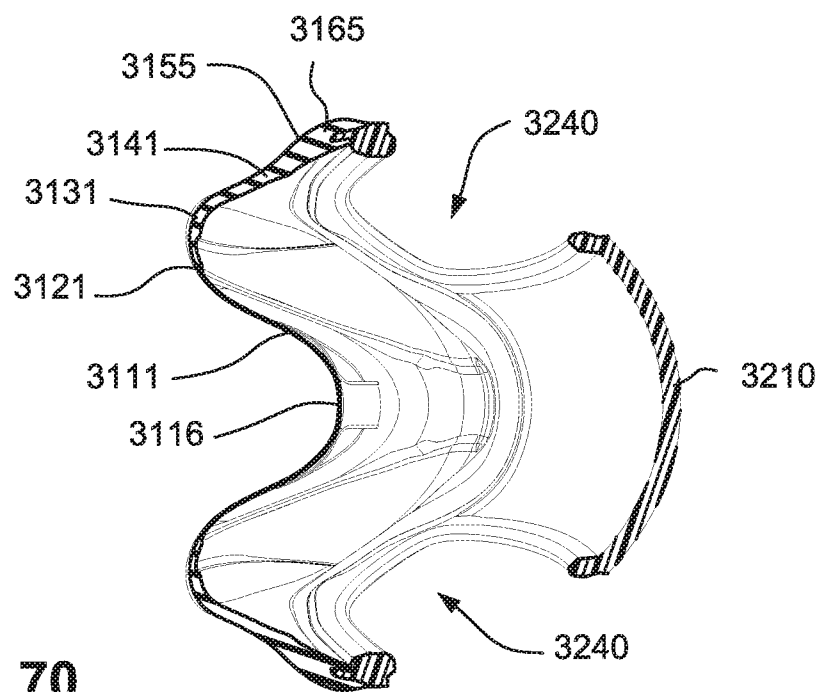
**FIG. 62**

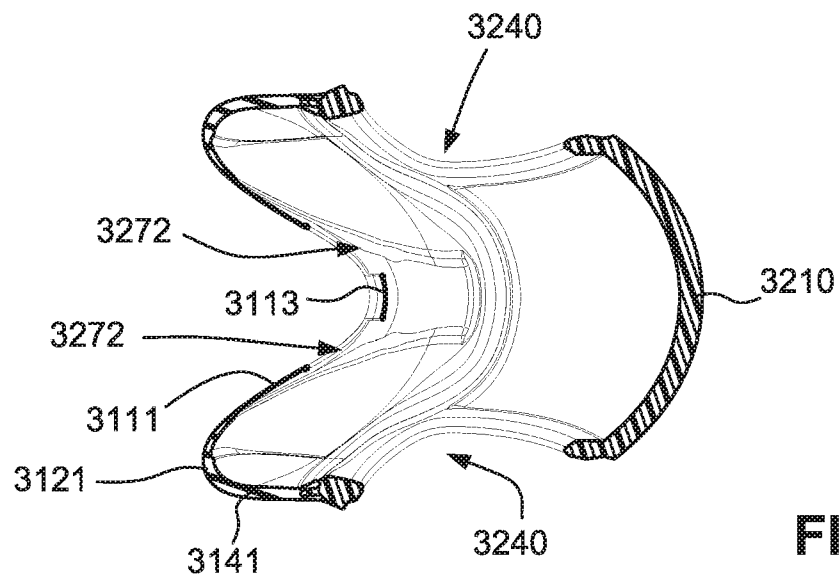
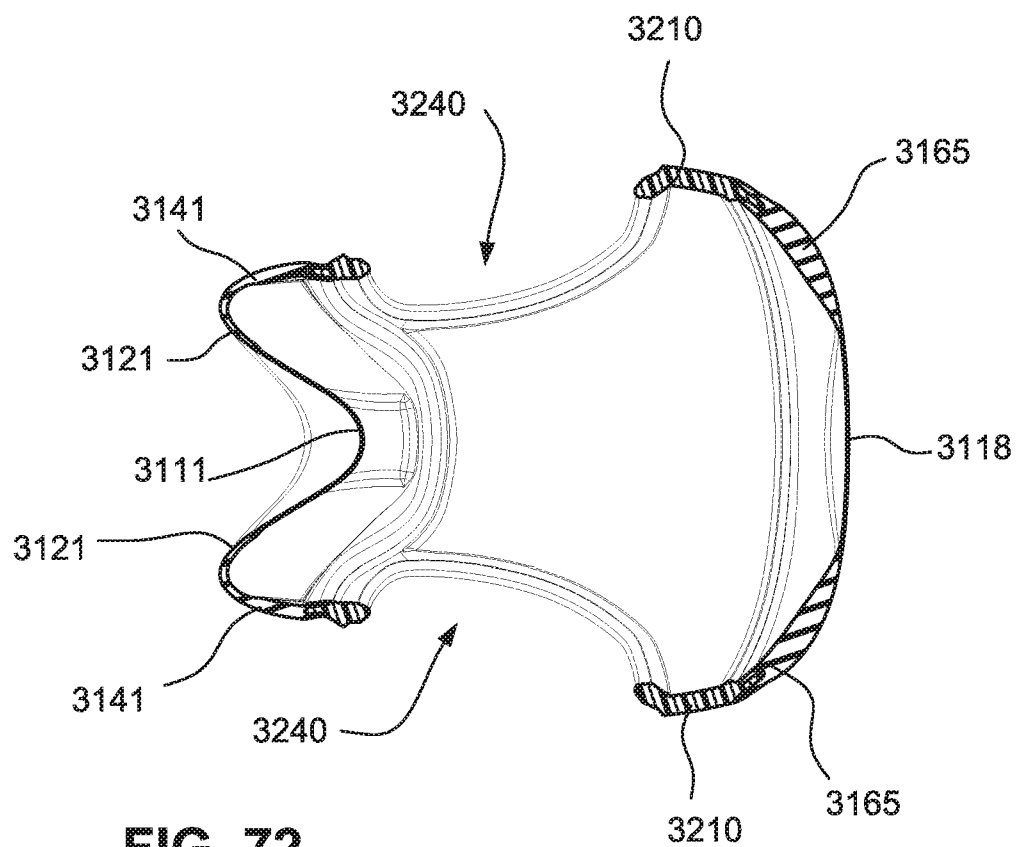
**FIG. 63****FIG. 64**

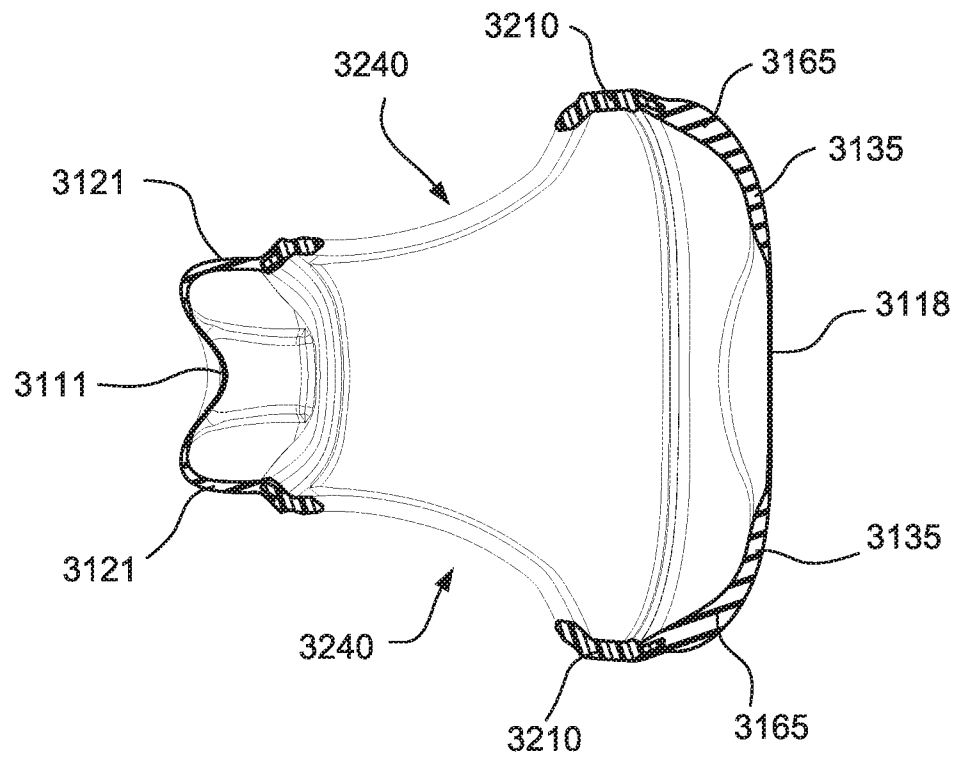
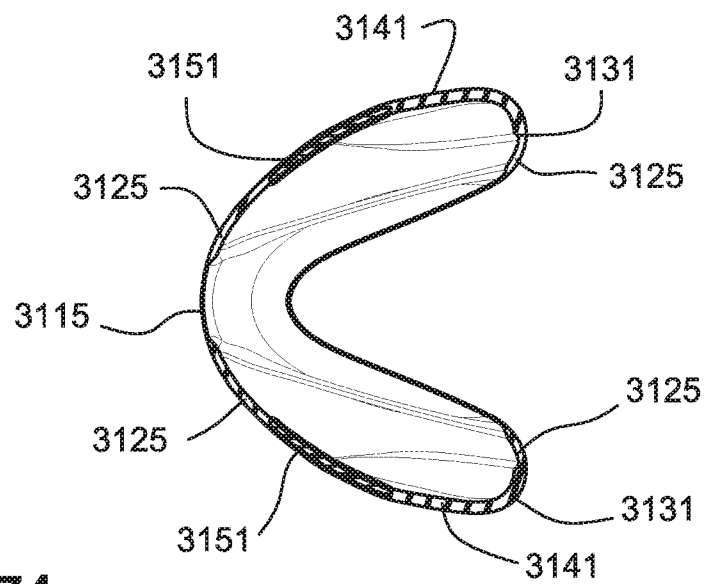
**FIG. 65****FIG. 66**

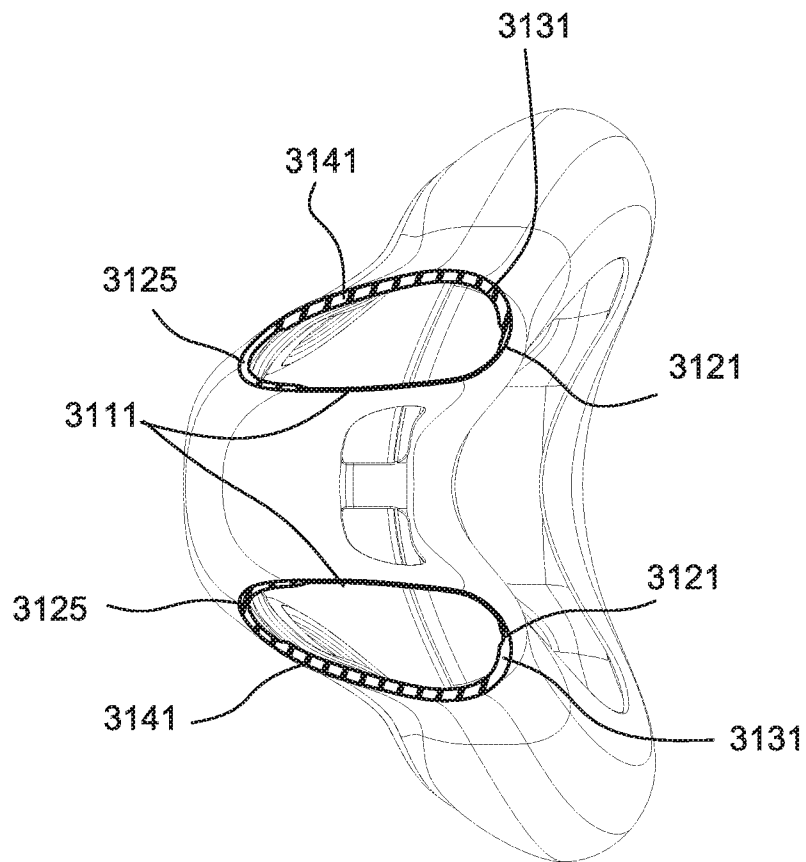
**FIG. 67**

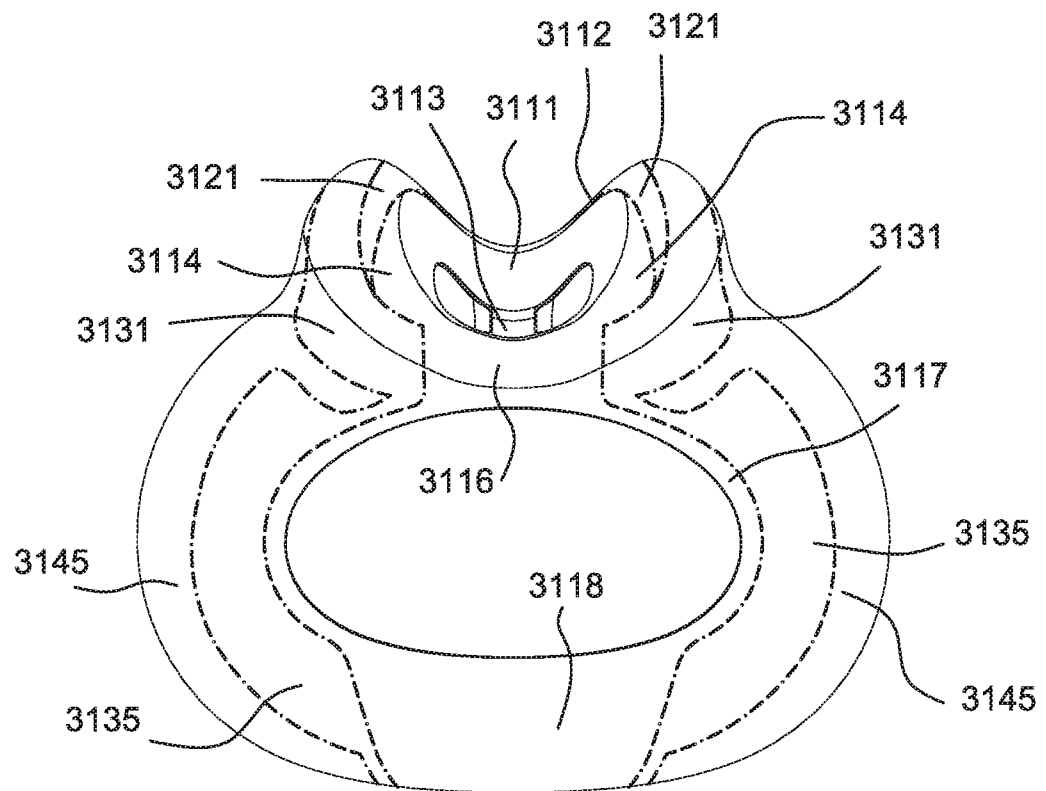
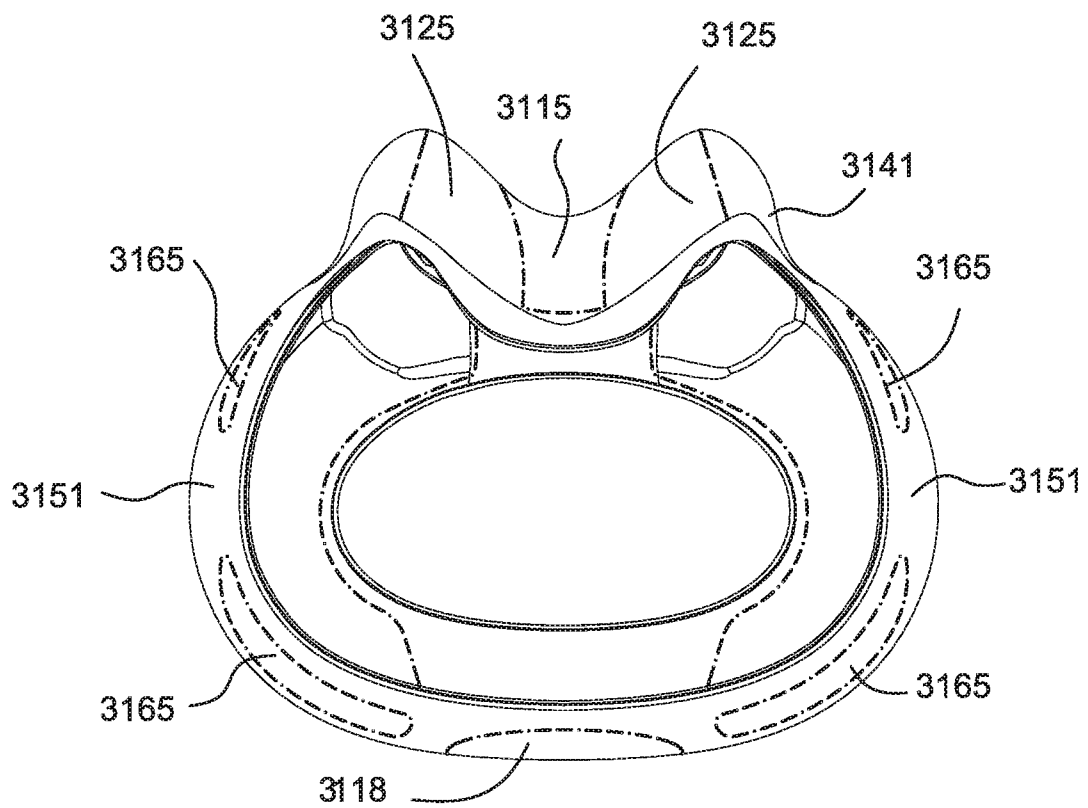
**FIG. 68**

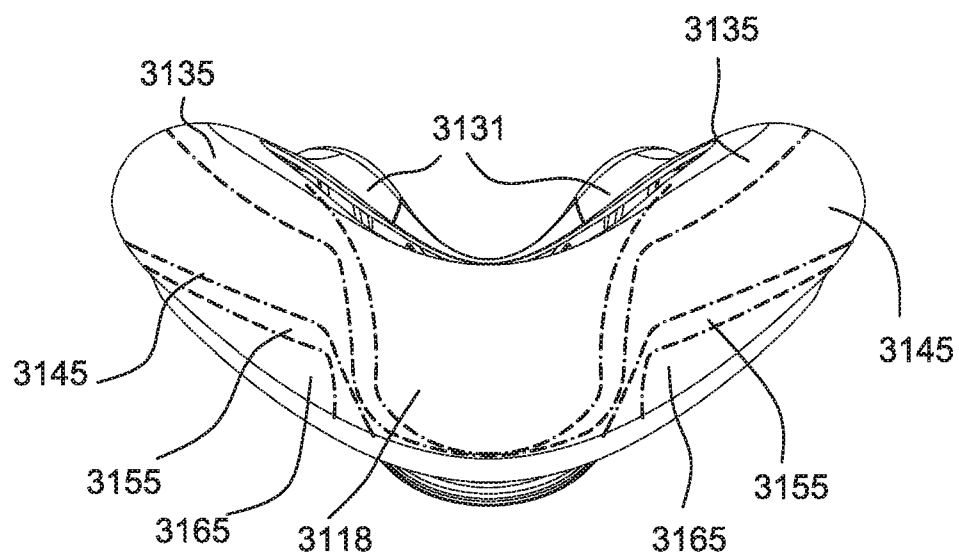
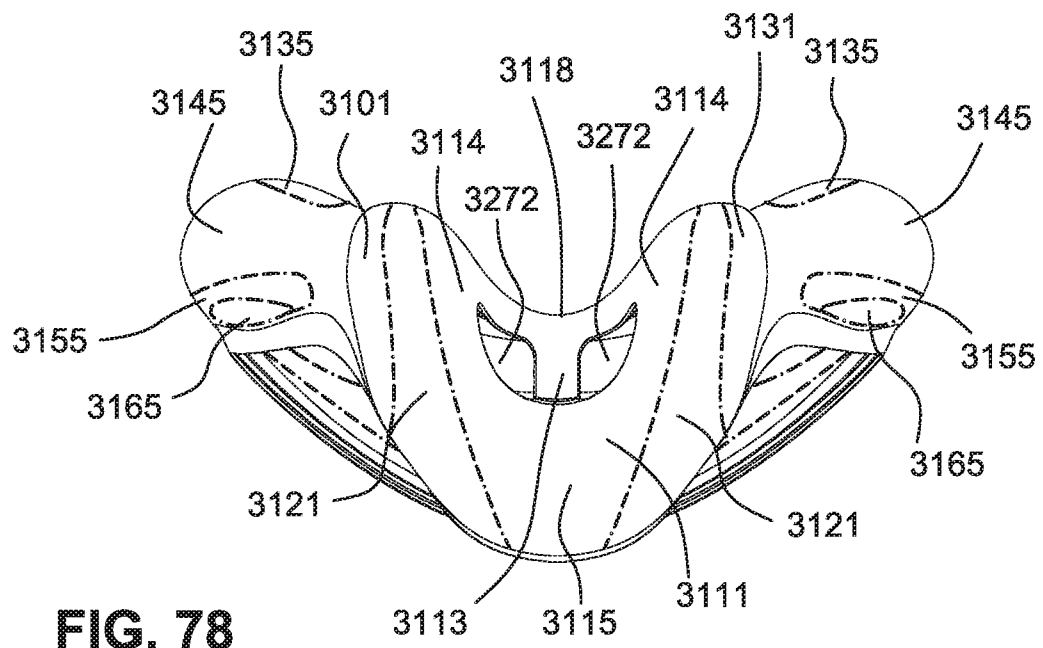
**FIG. 69****FIG. 70**

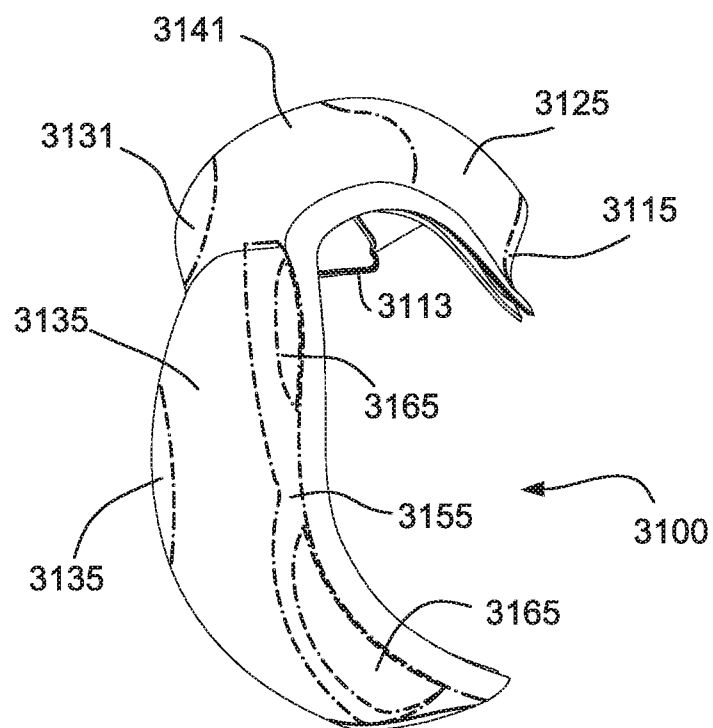
**FIG. 71****FIG. 72**

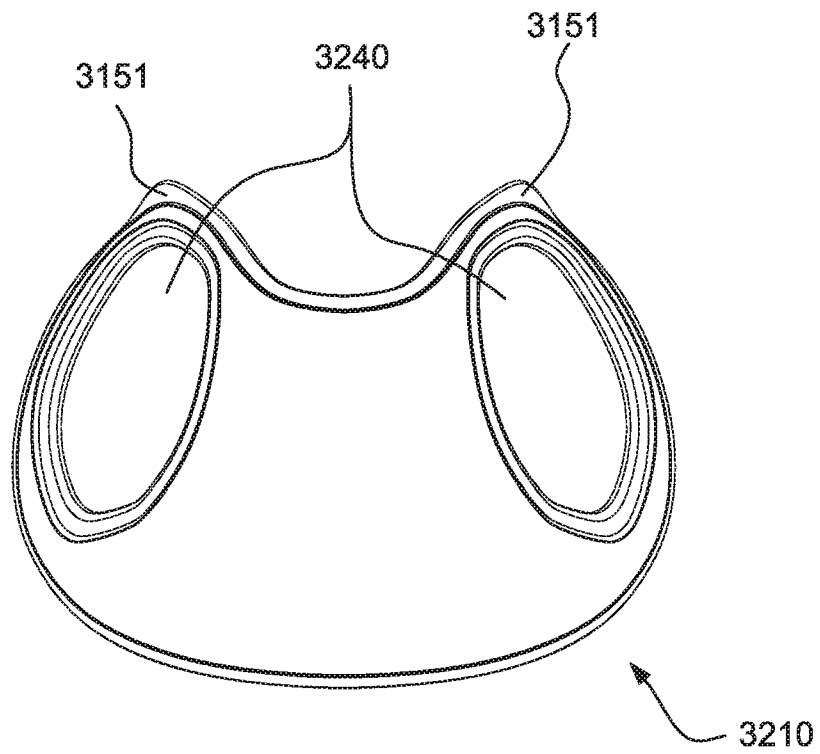
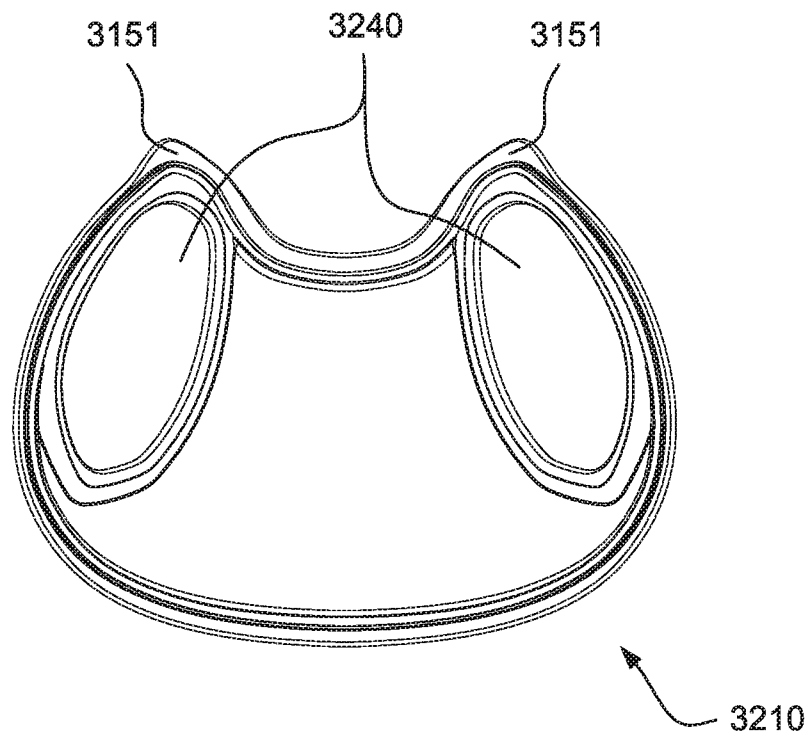
**FIG. 73****FIG. 74**

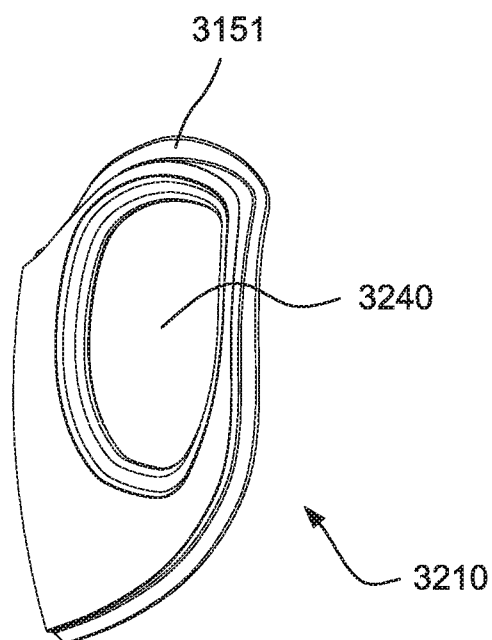
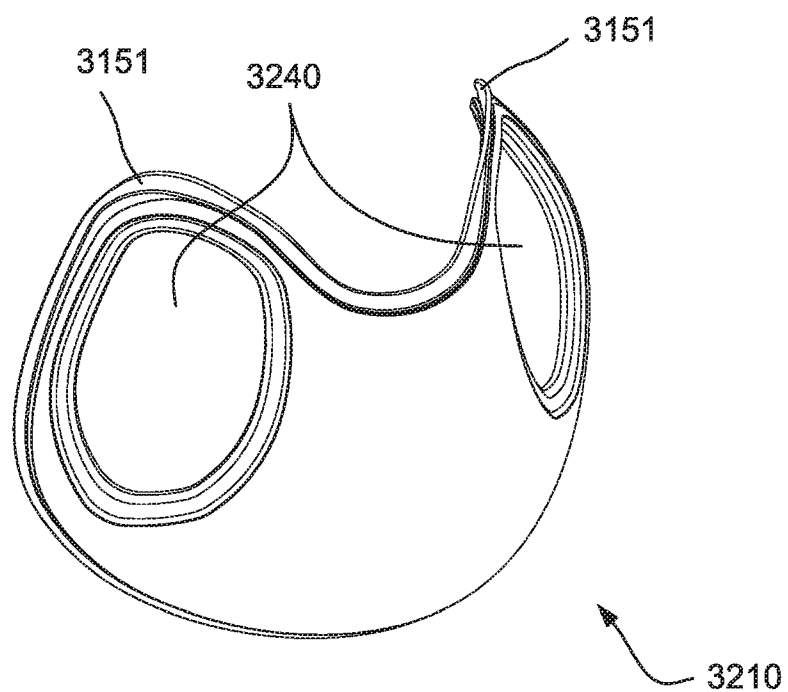
**FIG. 75**

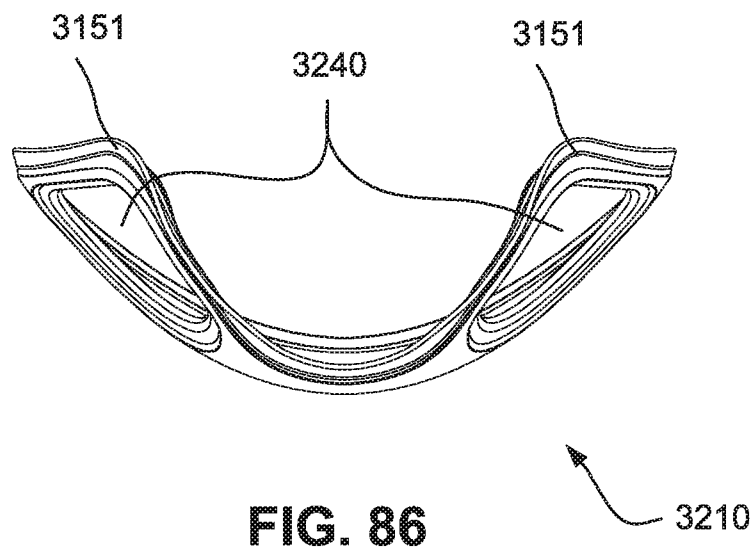
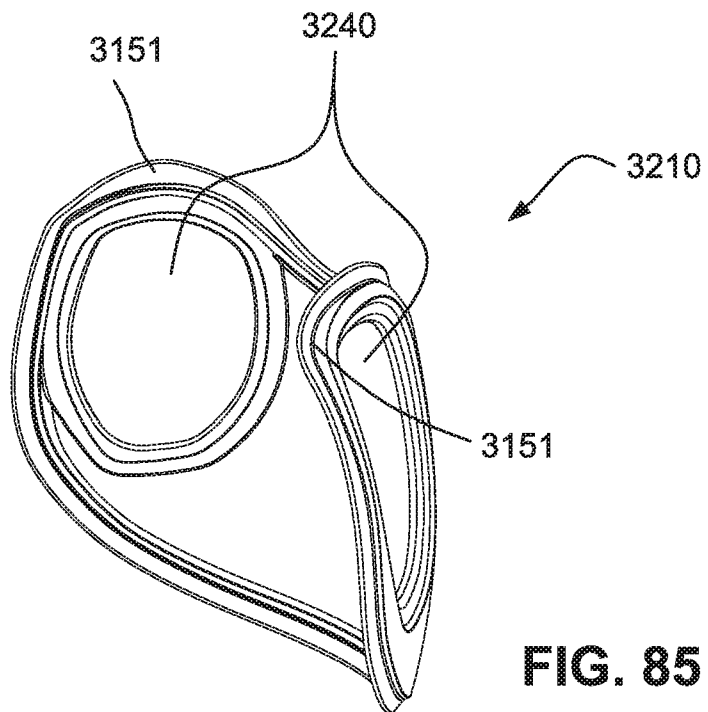
**FIG. 76****FIG. 77**

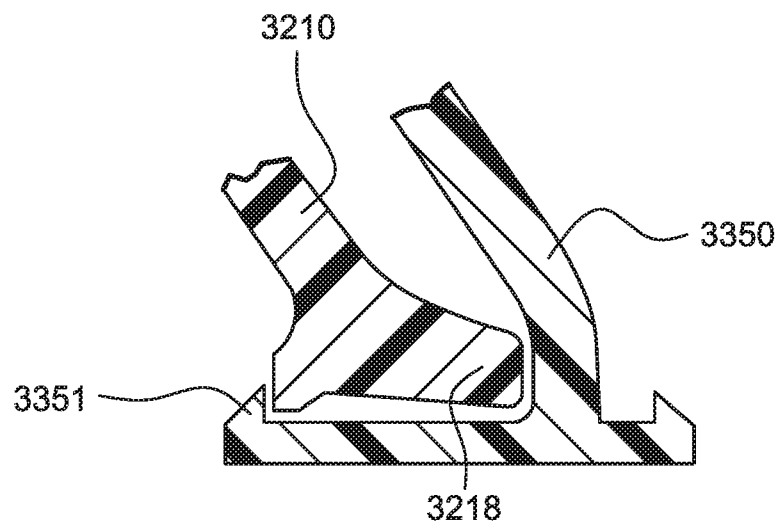
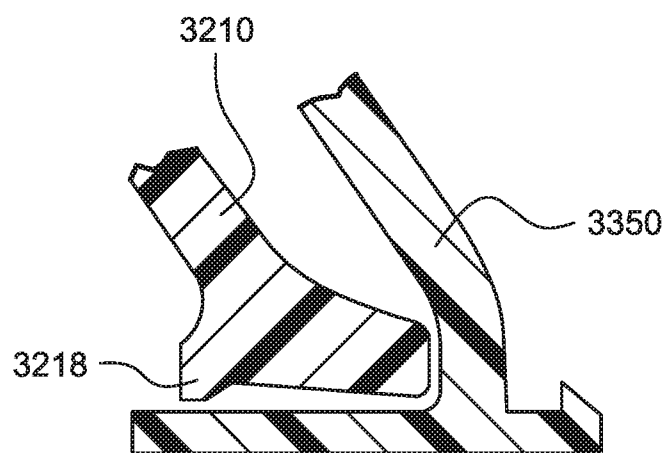


**FIG. 80**

**FIG. 81****FIG. 82**

**FIG. 83****FIG. 84**



**FIG. 87****FIG. 88**

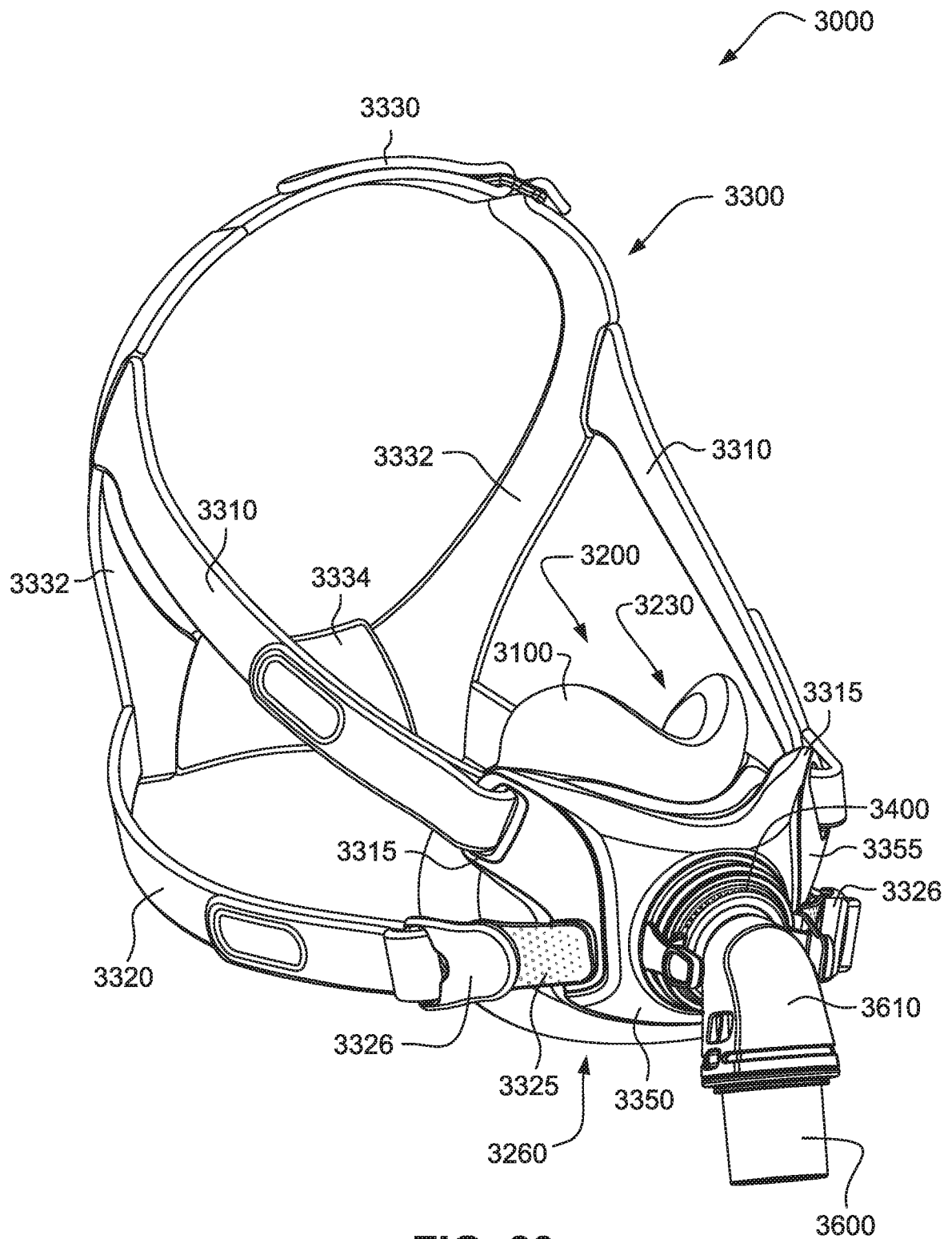
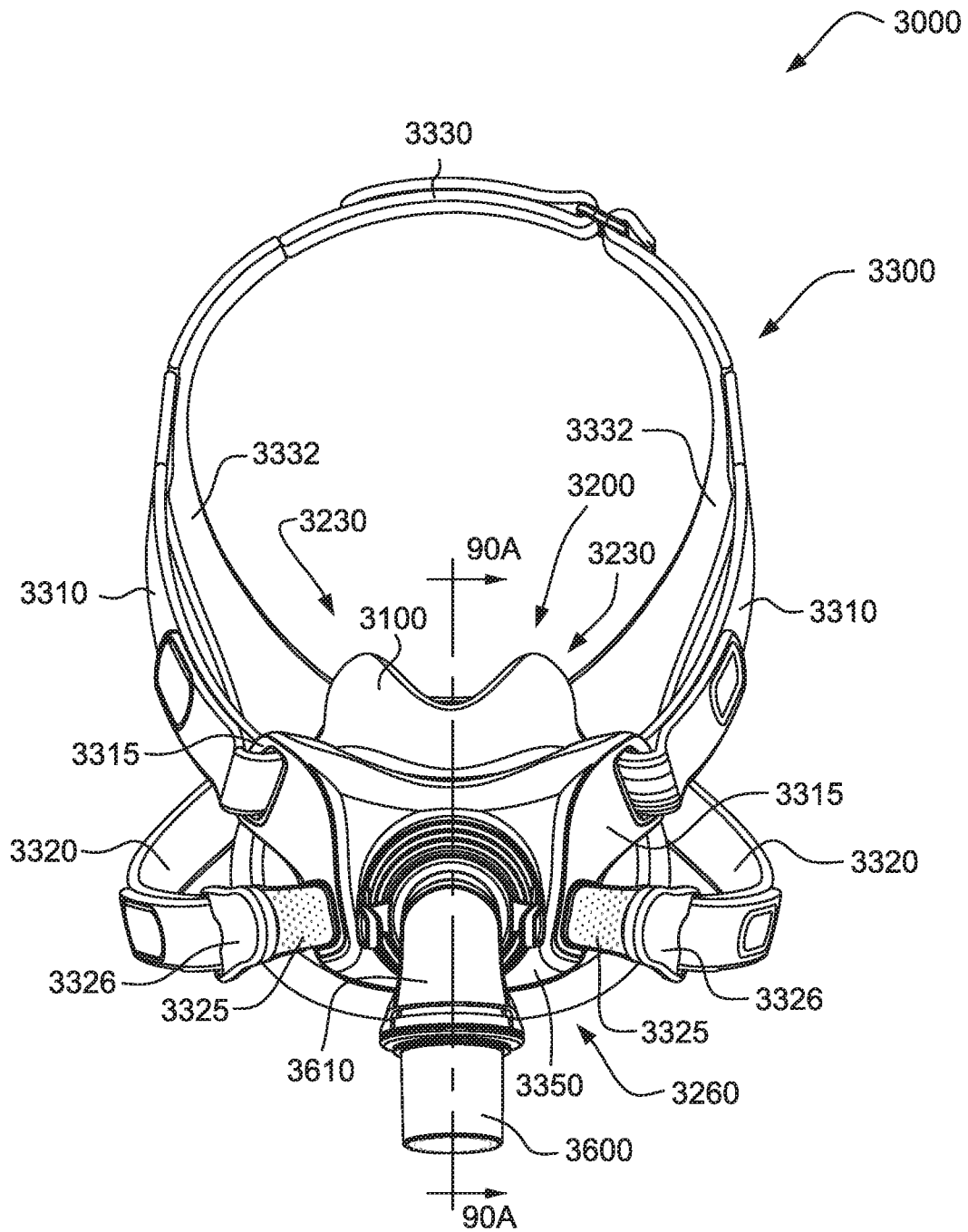
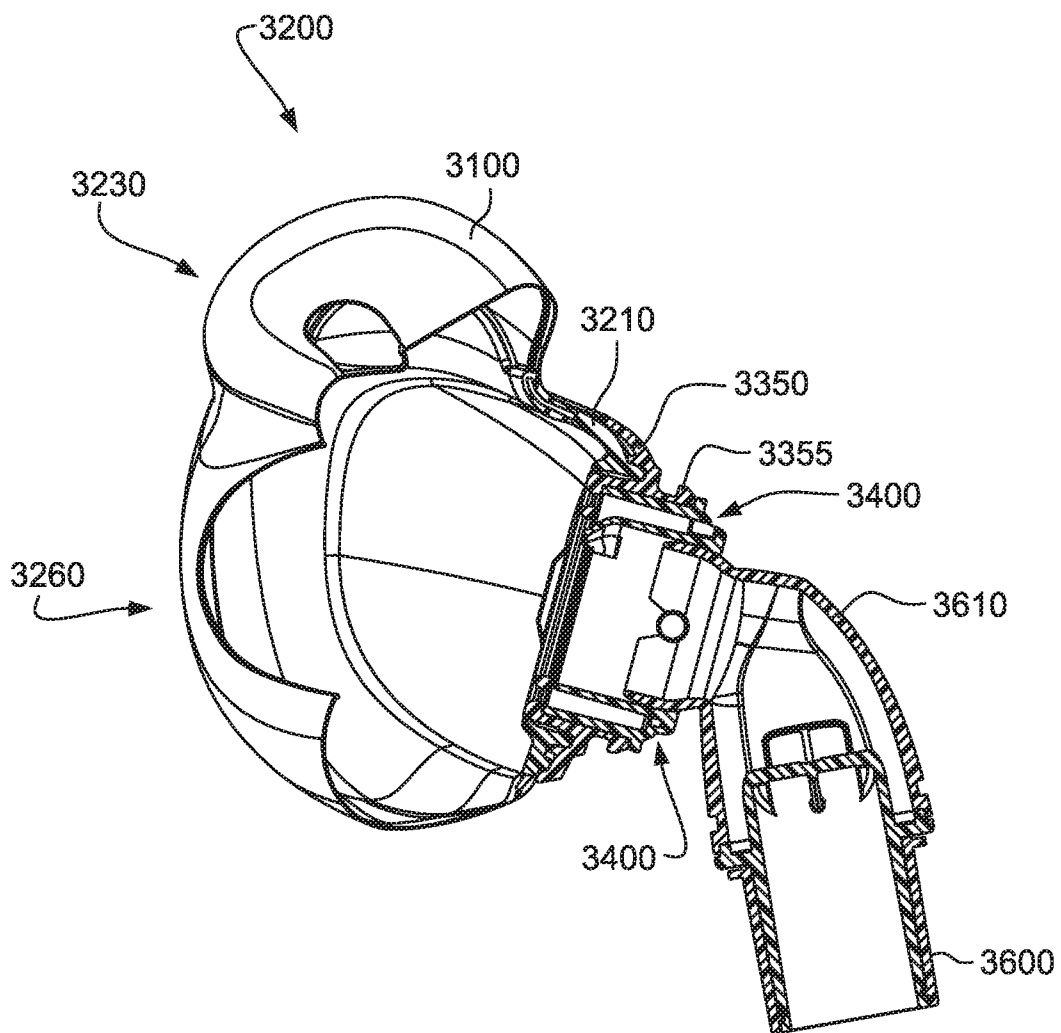
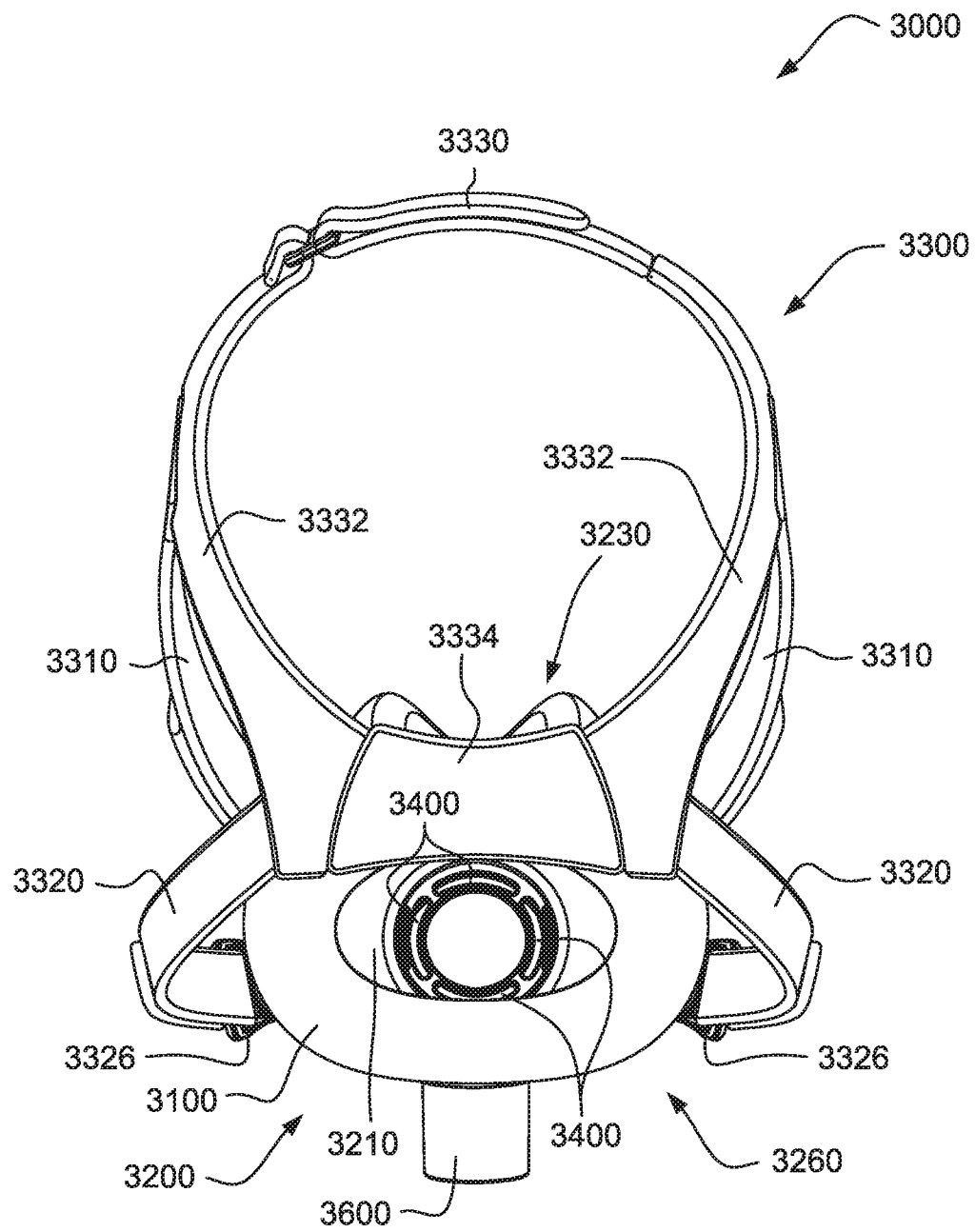
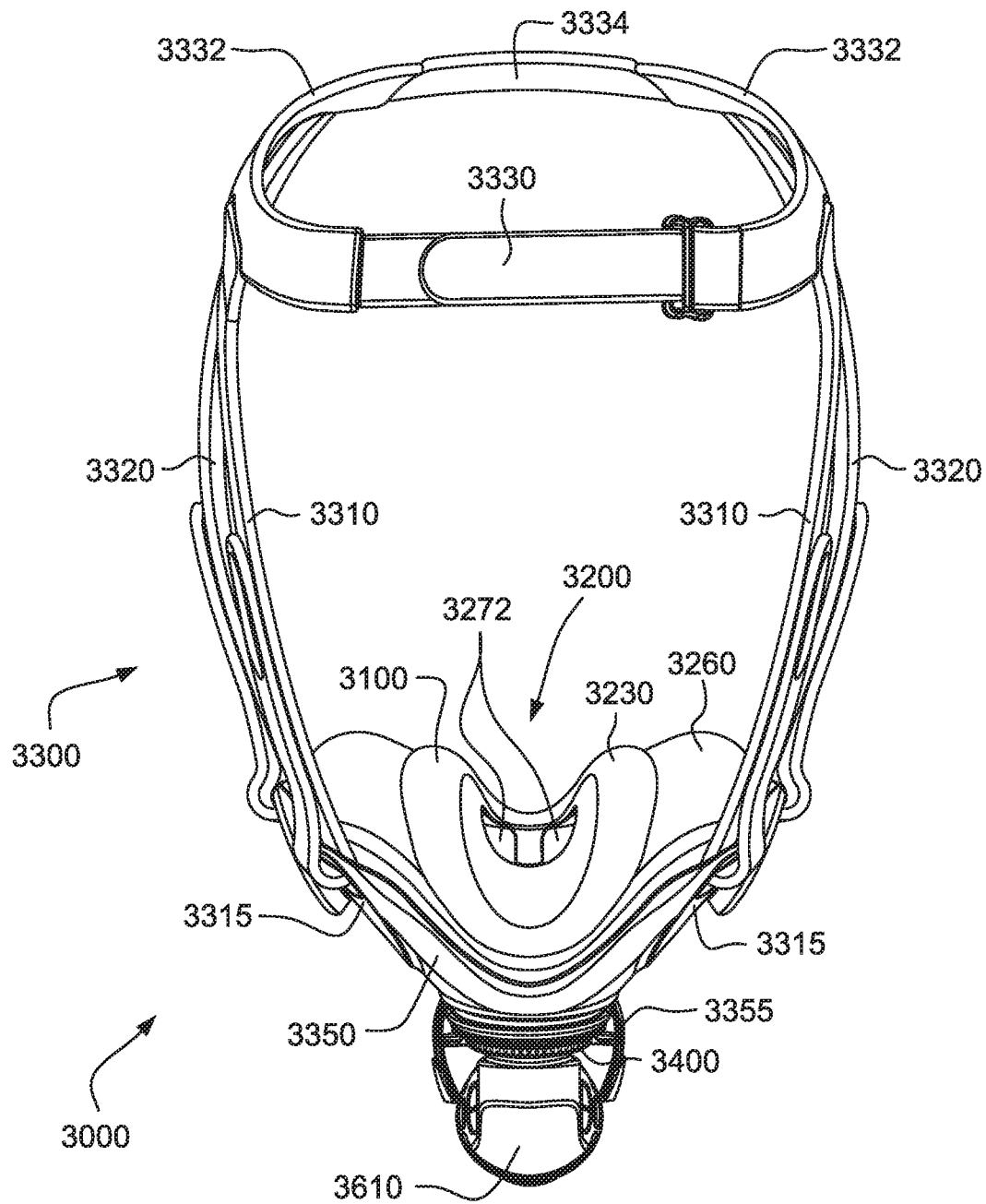


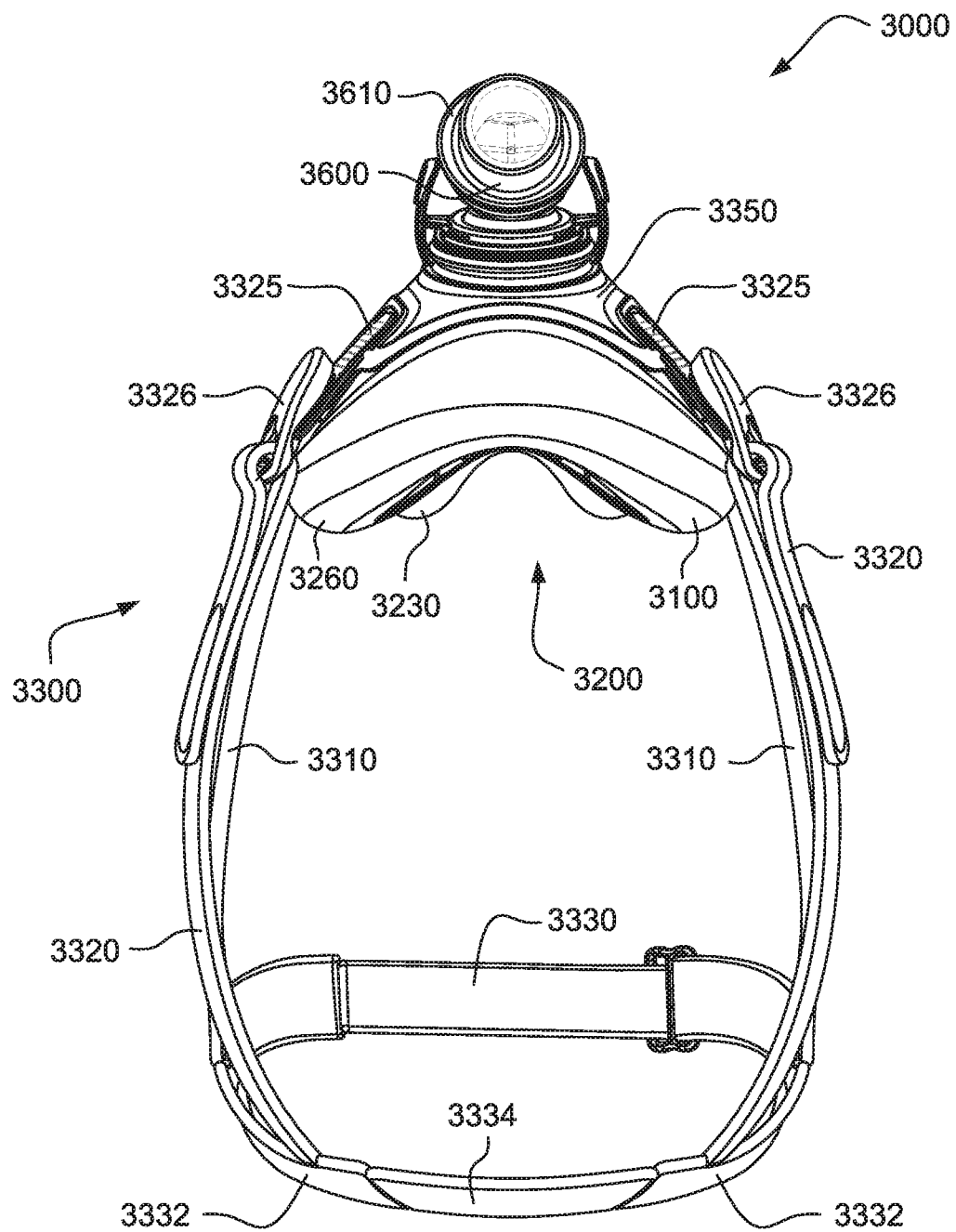
FIG. 89

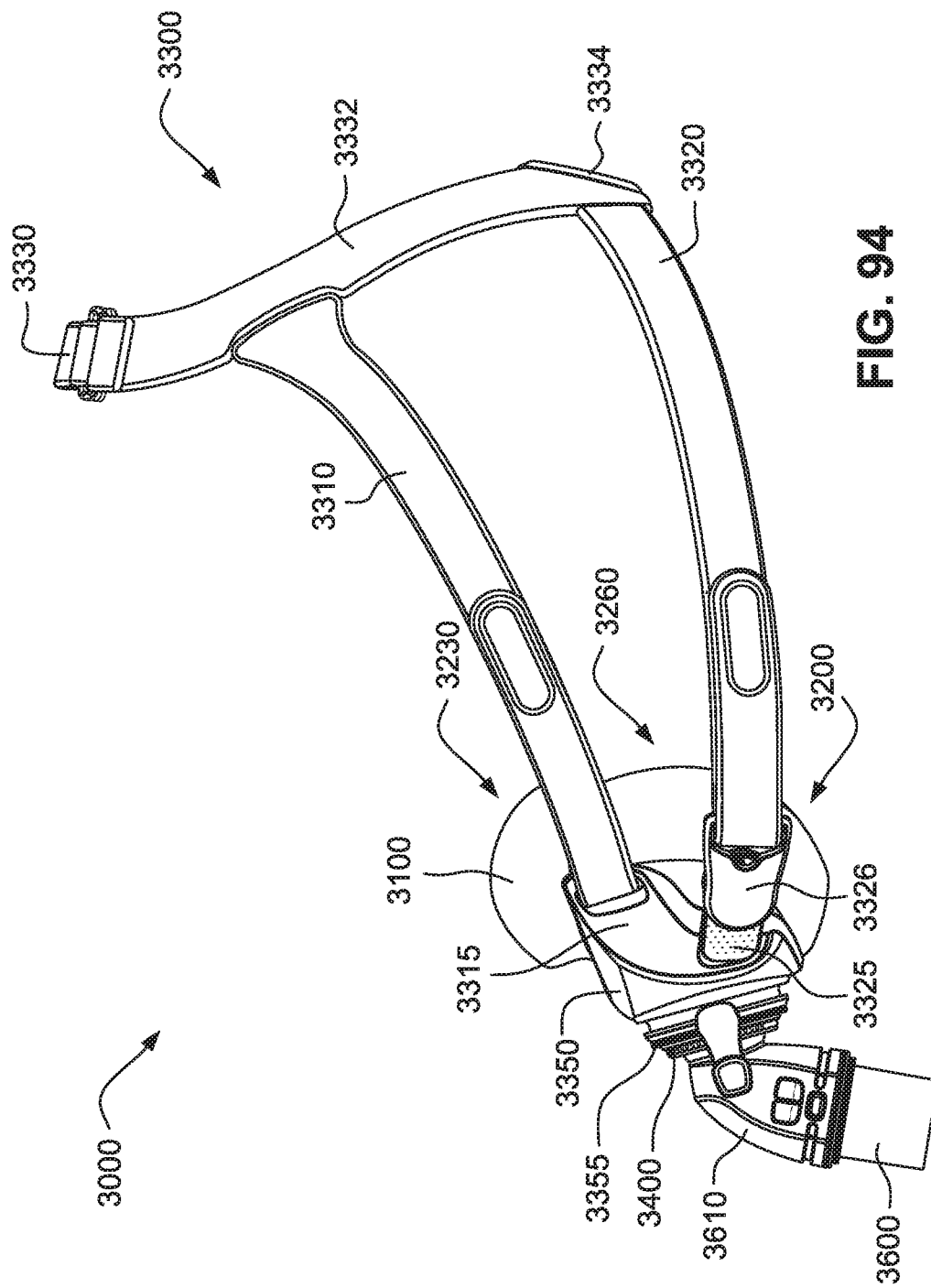
**FIG. 90**

**FIG. 90A**

**FIG. 91**

**FIG. 92**

**FIG. 93**



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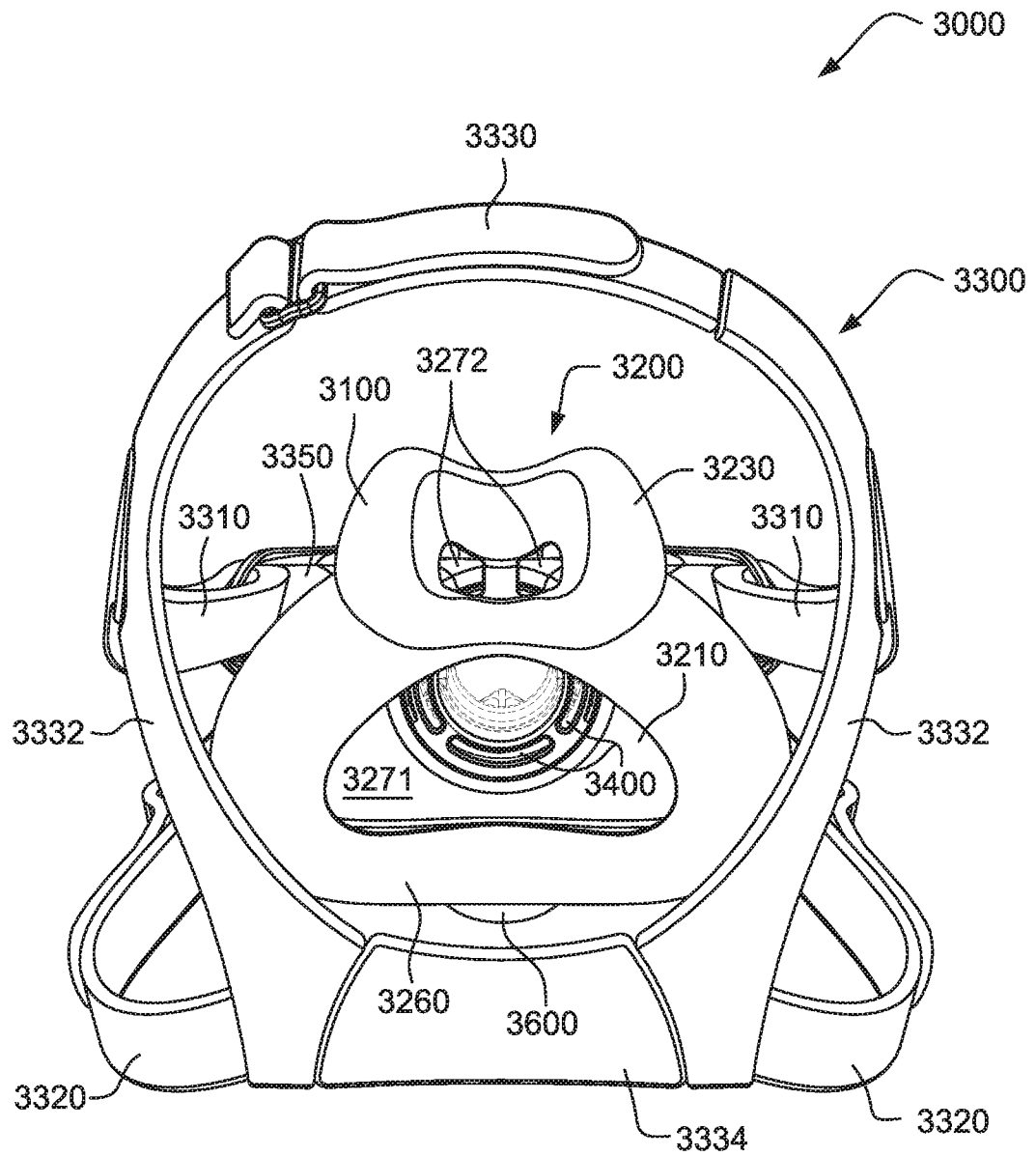
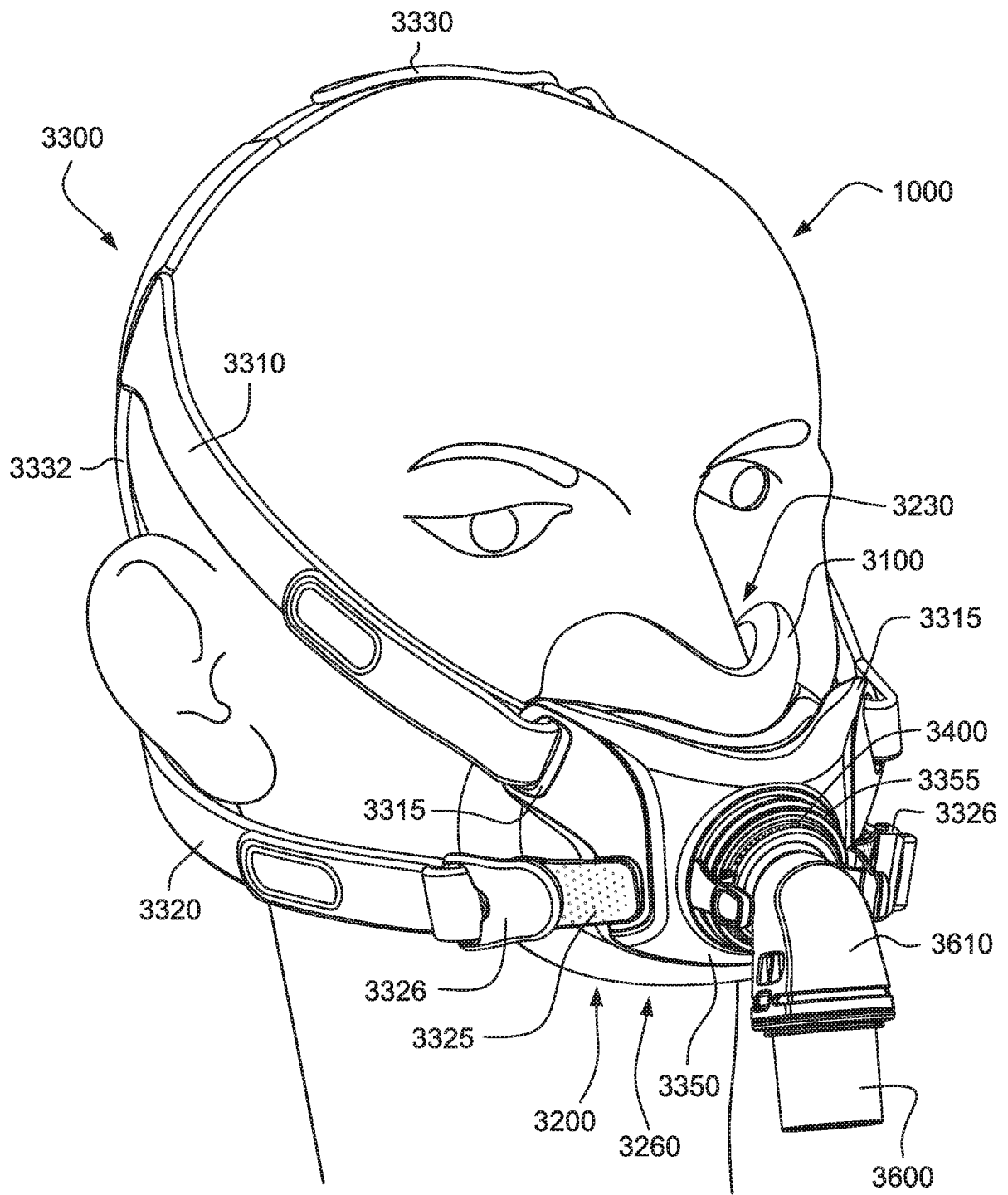
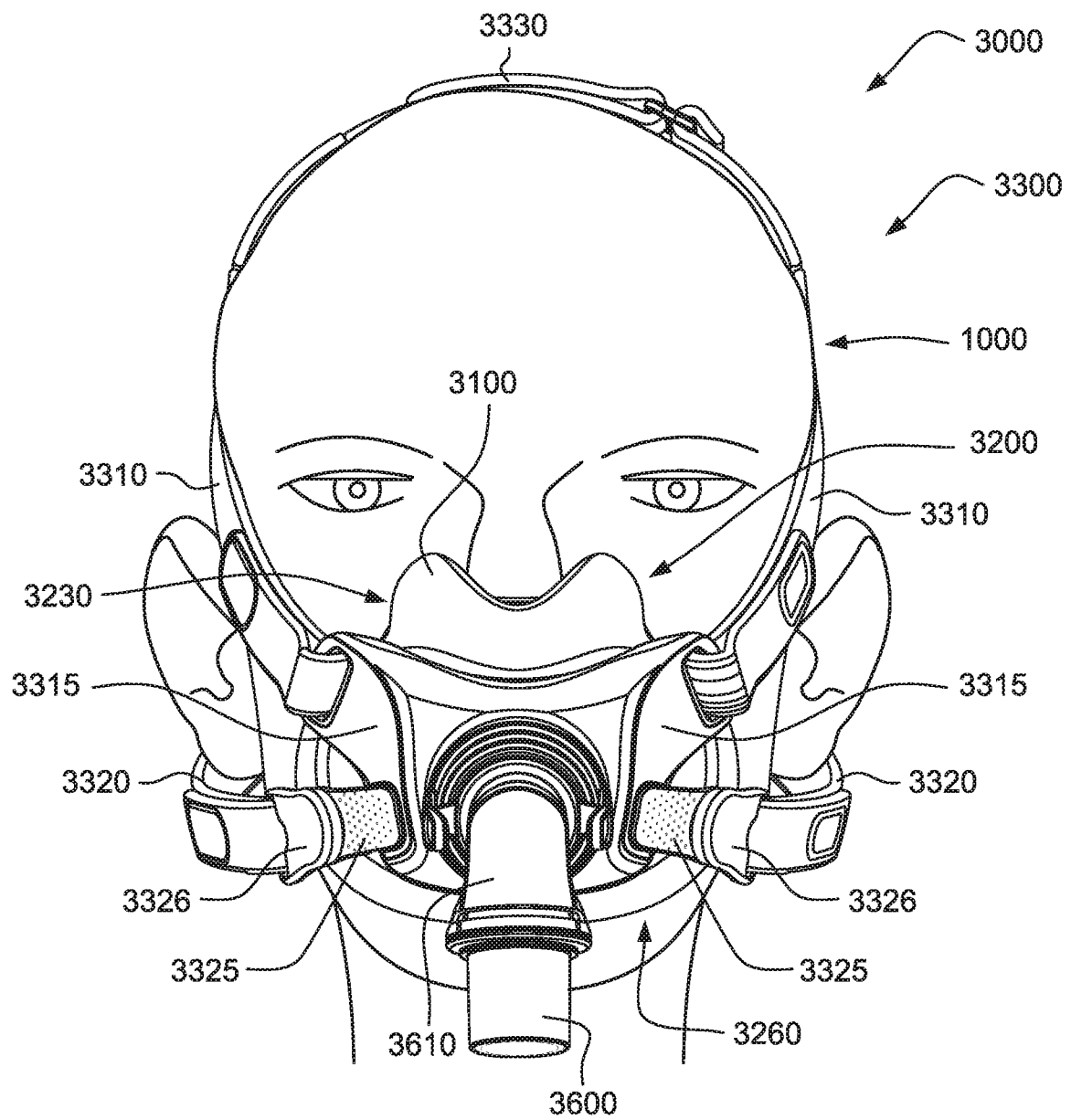
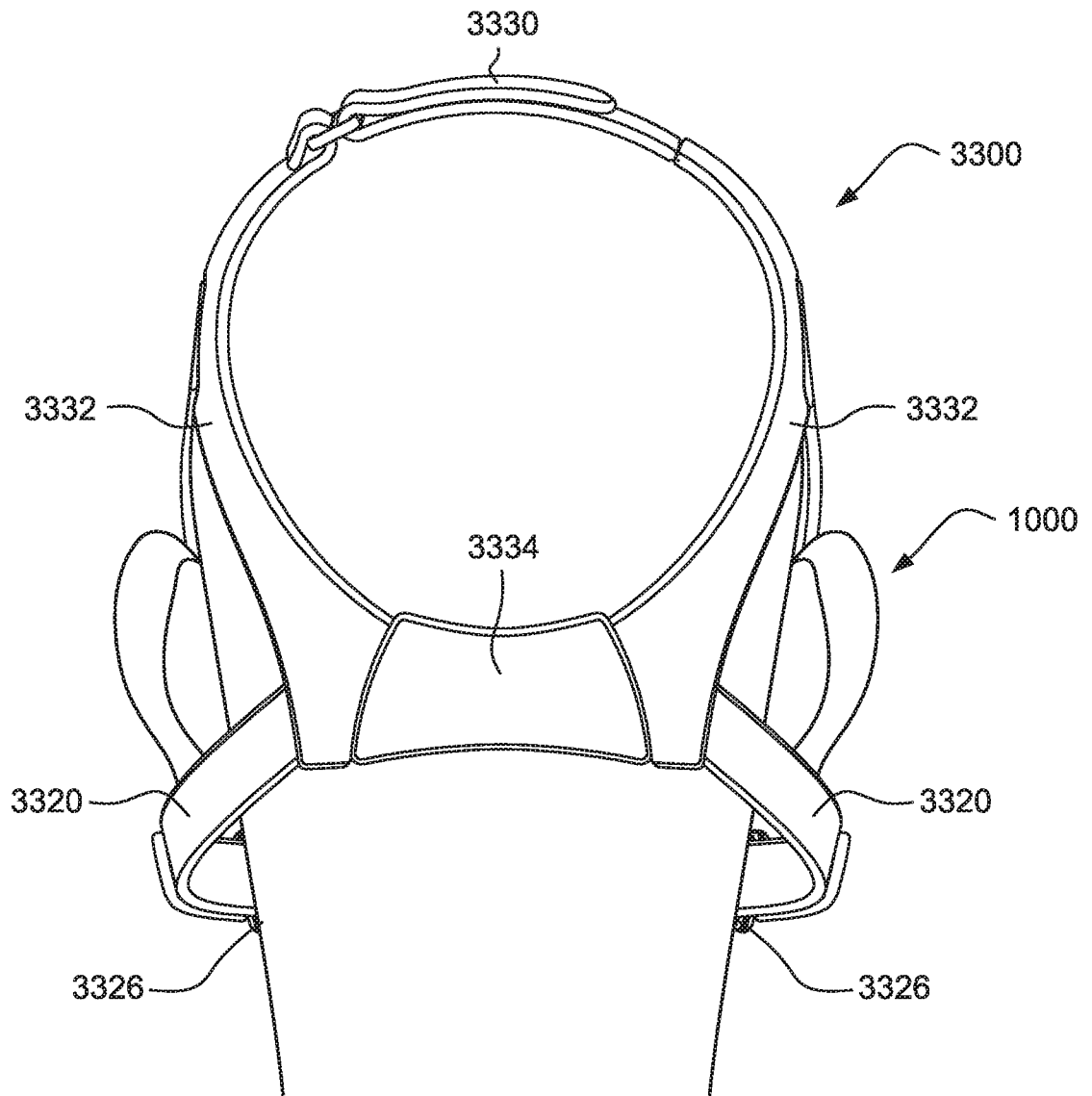
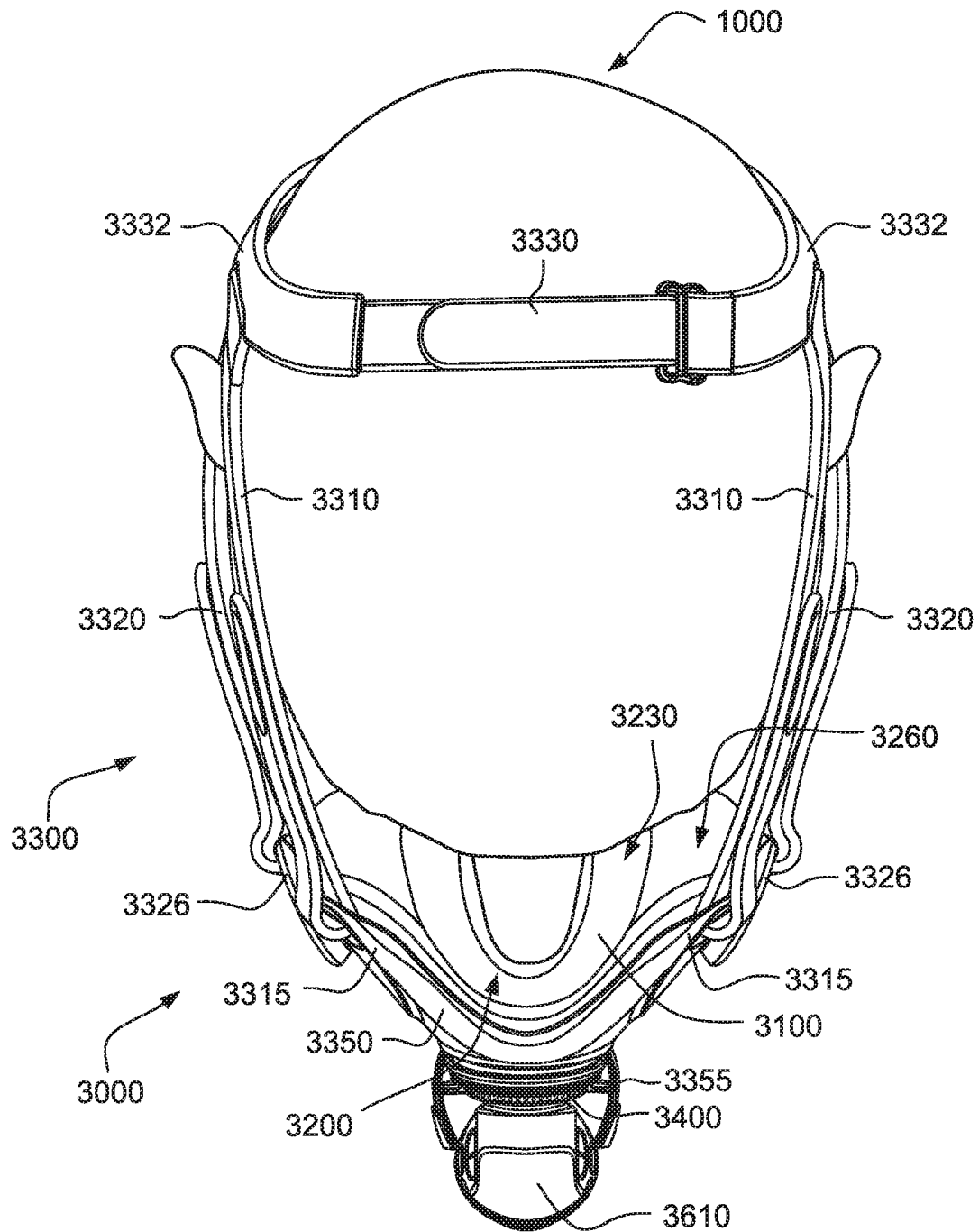


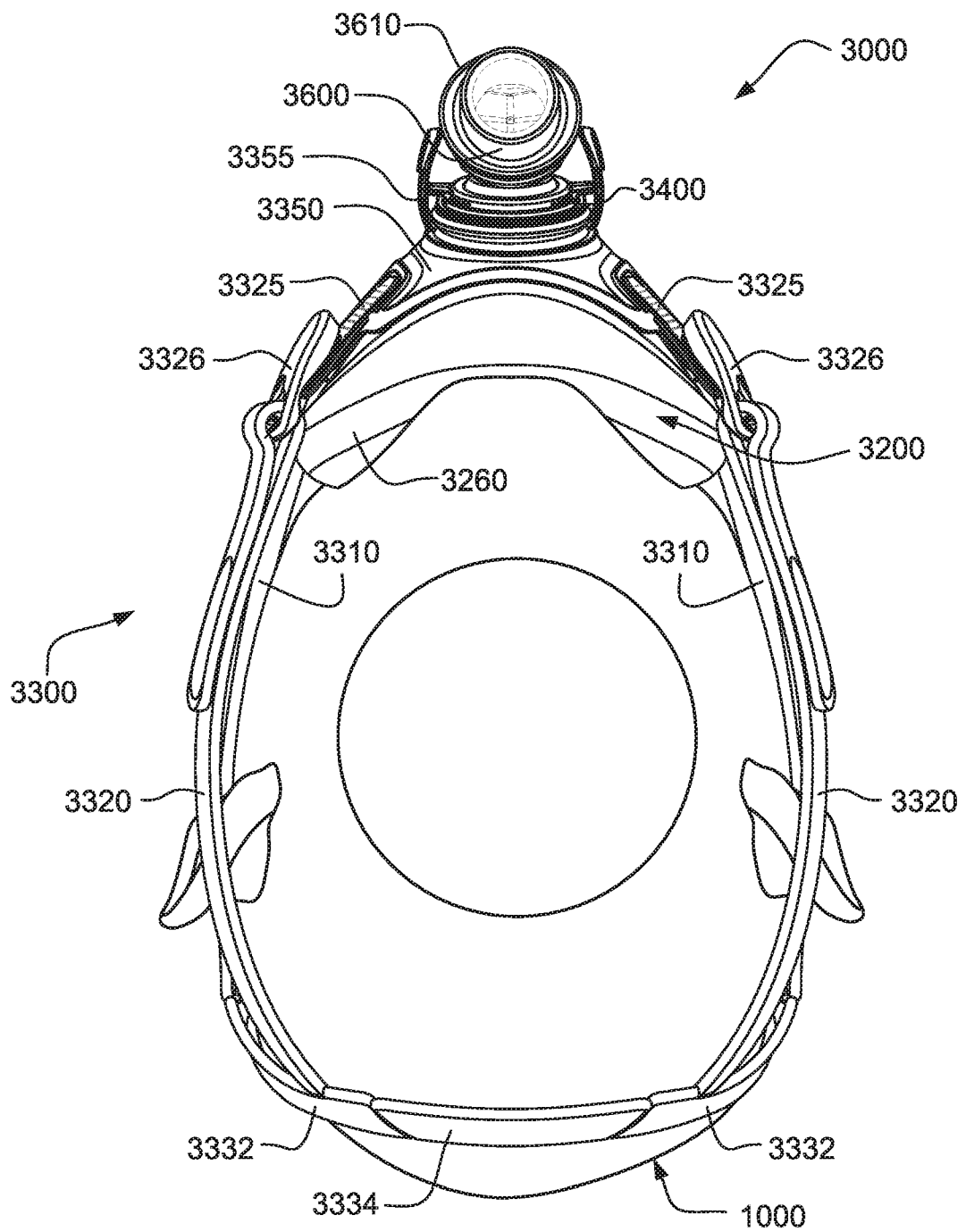
FIG. 95

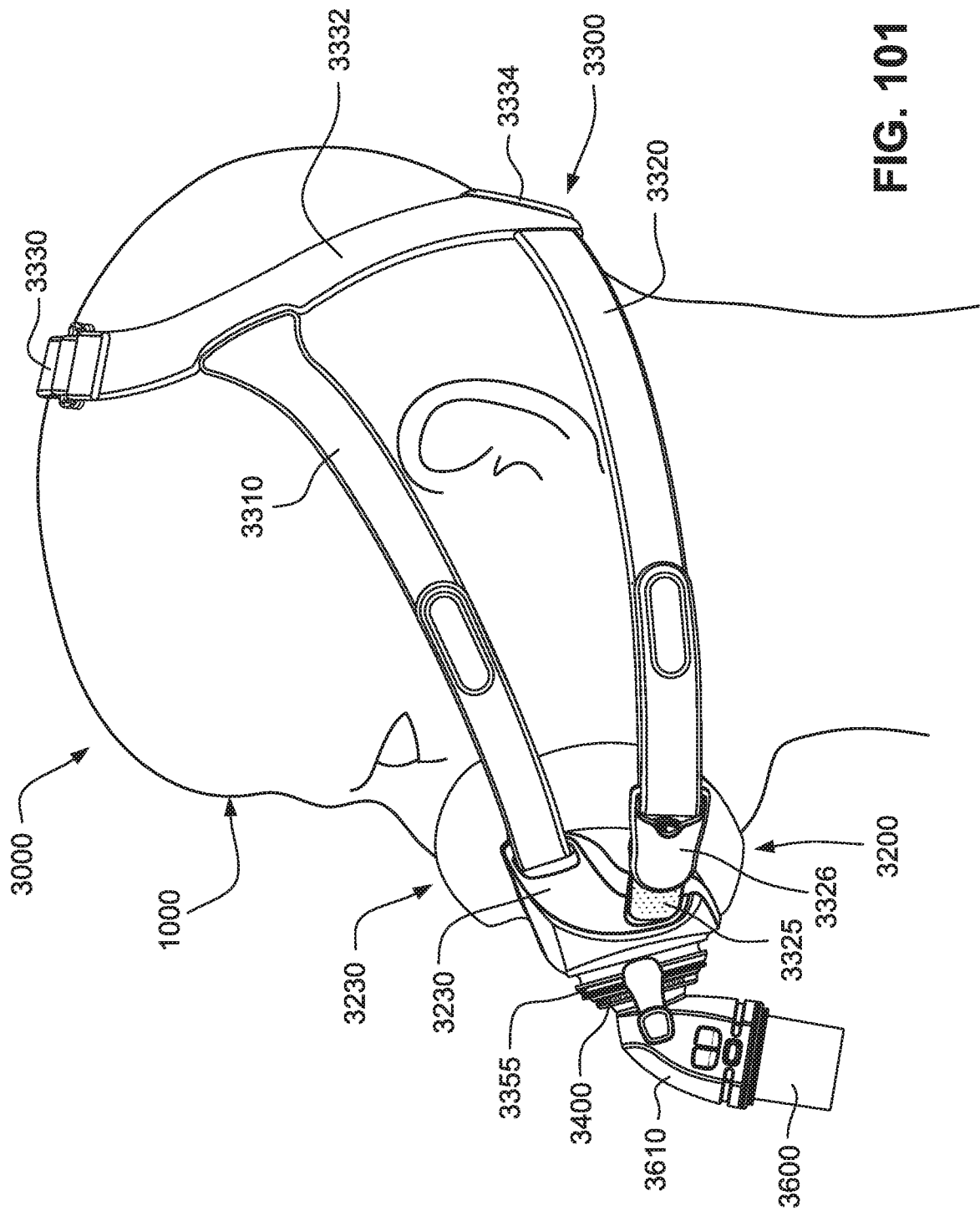
**FIG. 96**

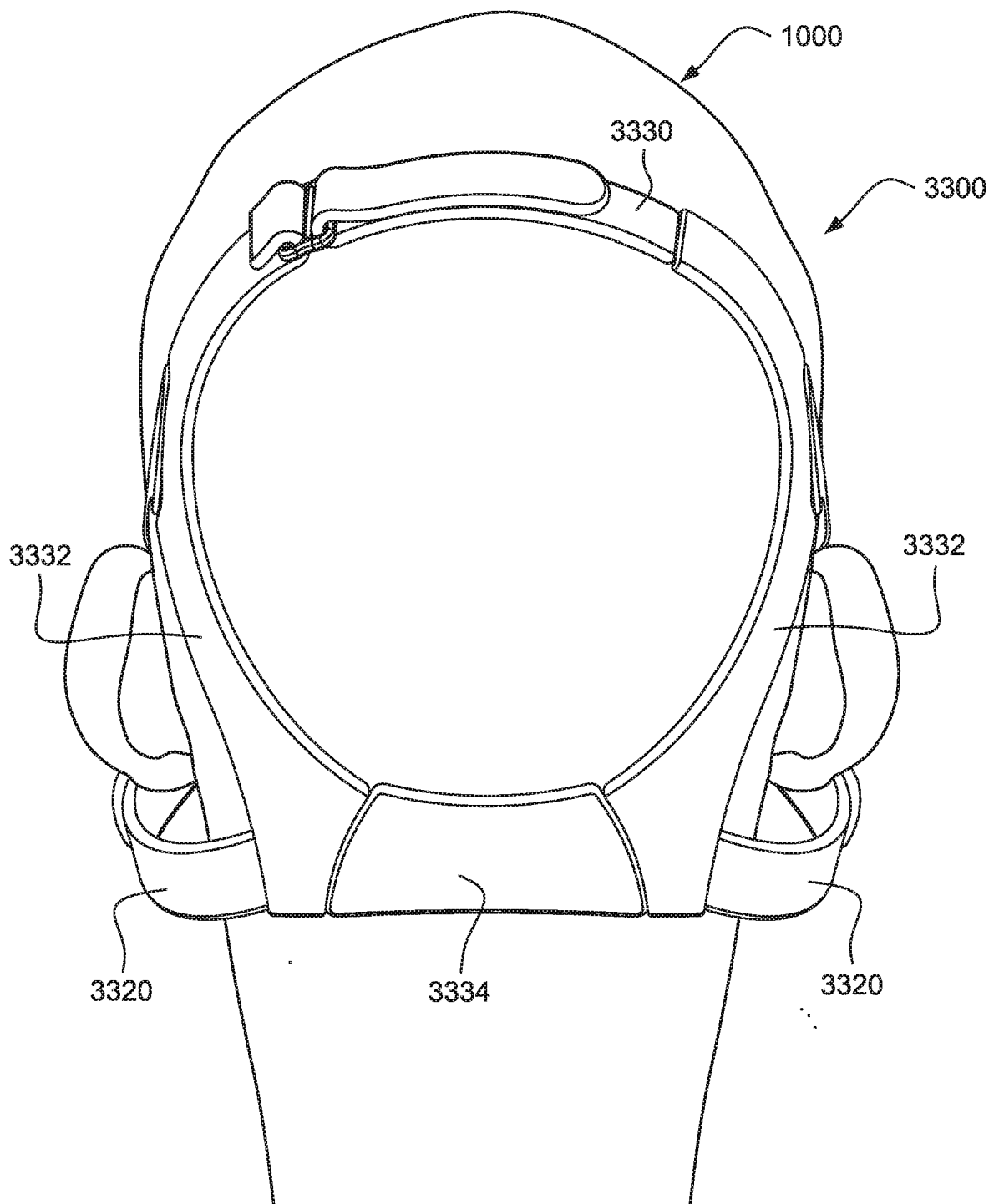
**FIG. 97**

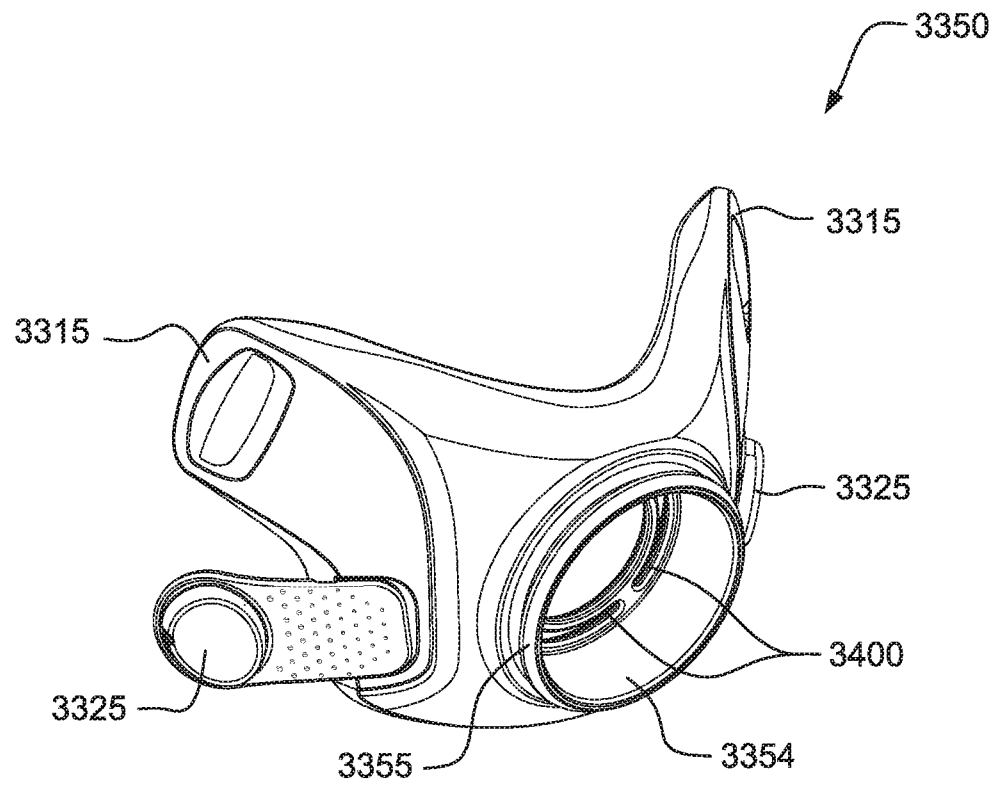
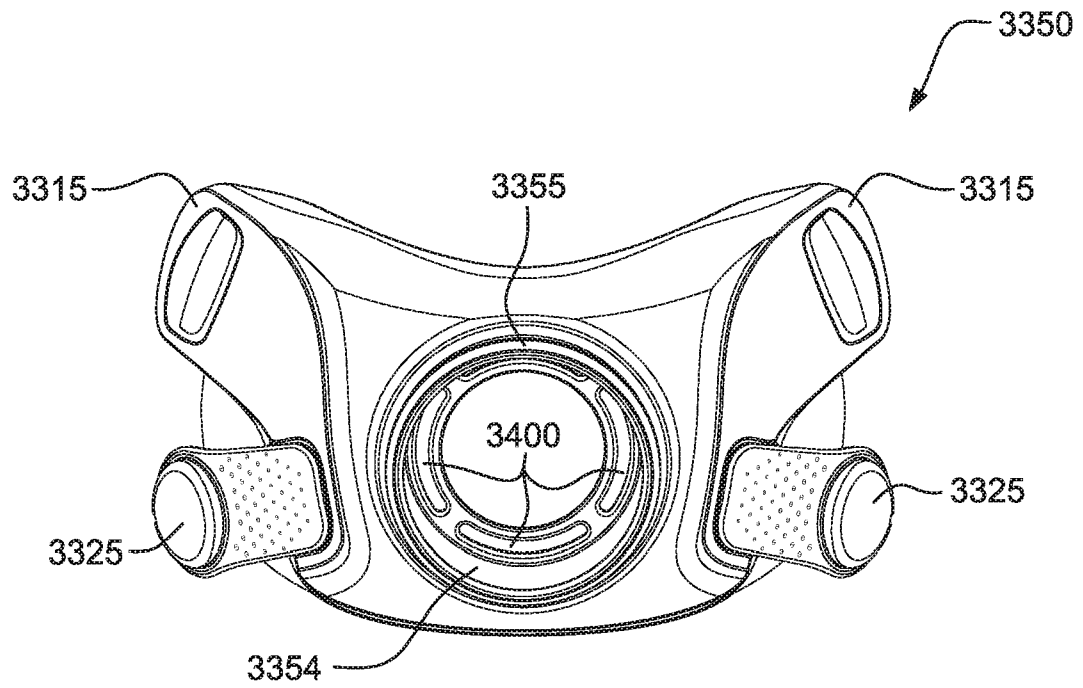
**FIG. 98**

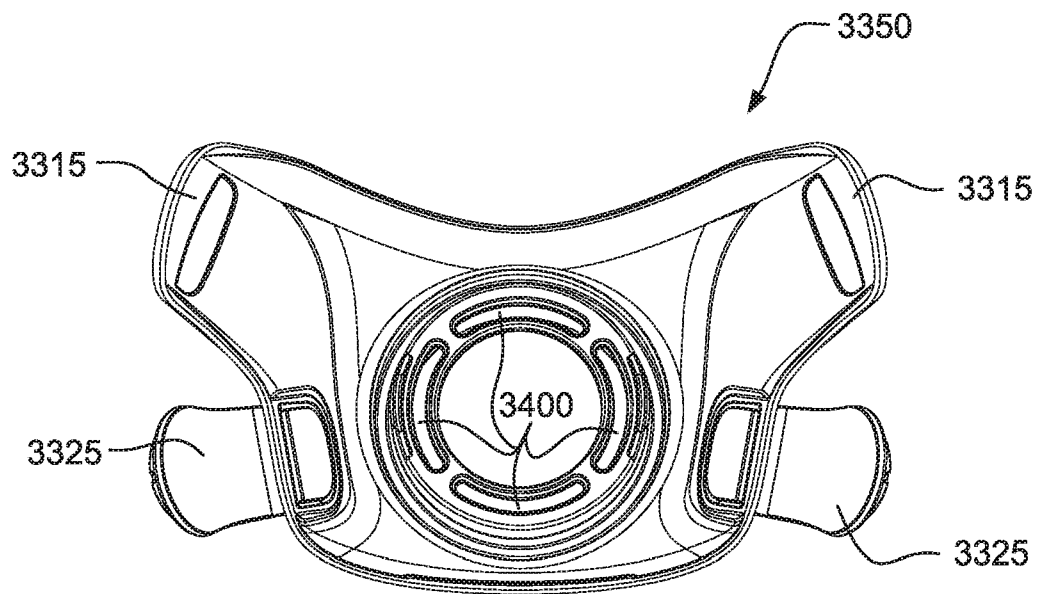
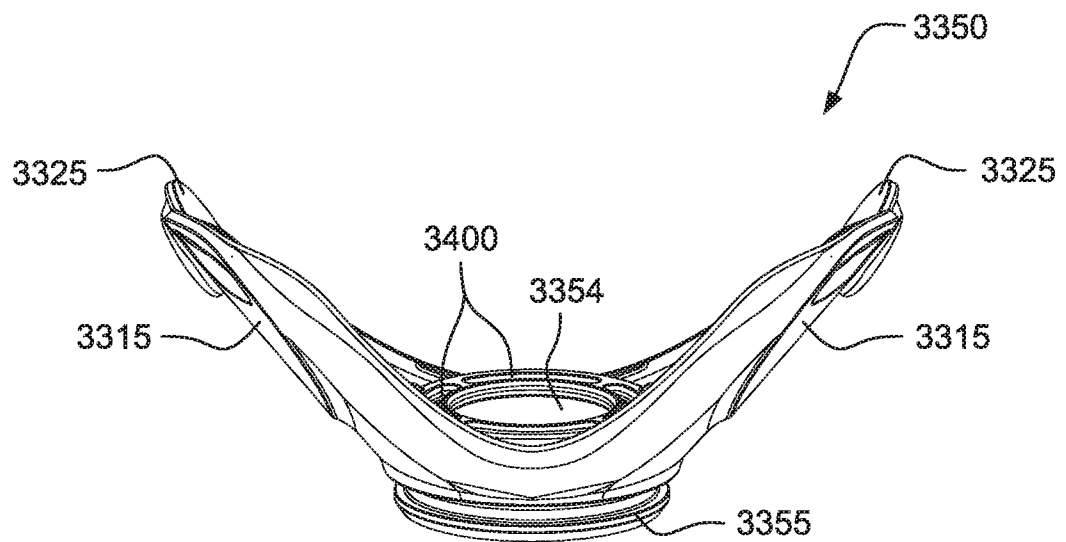
**FIG. 99**

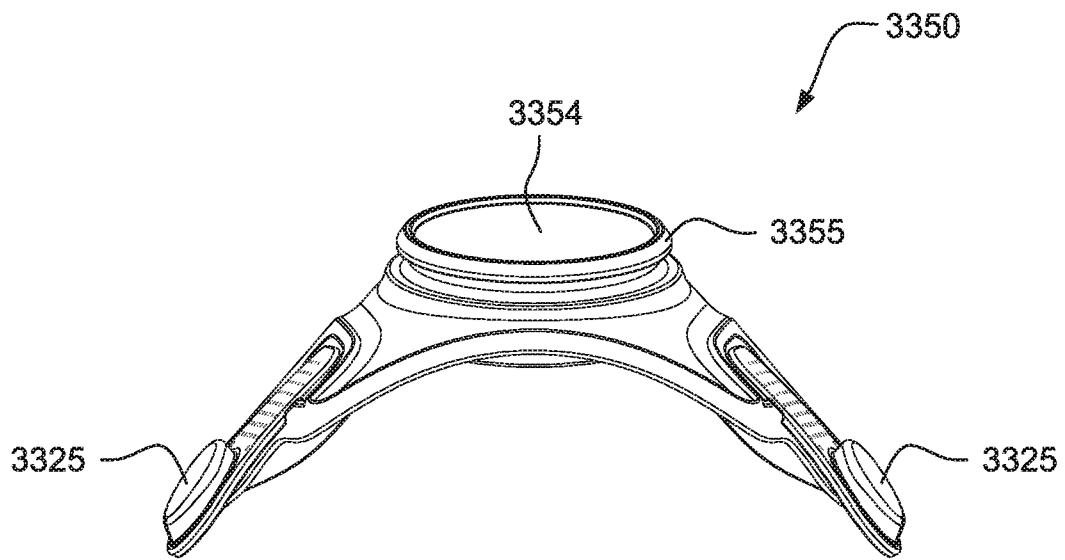
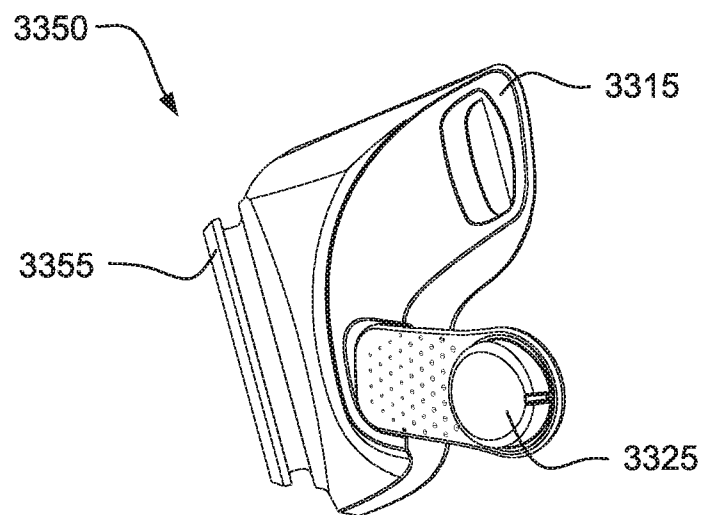
**FIG. 100**

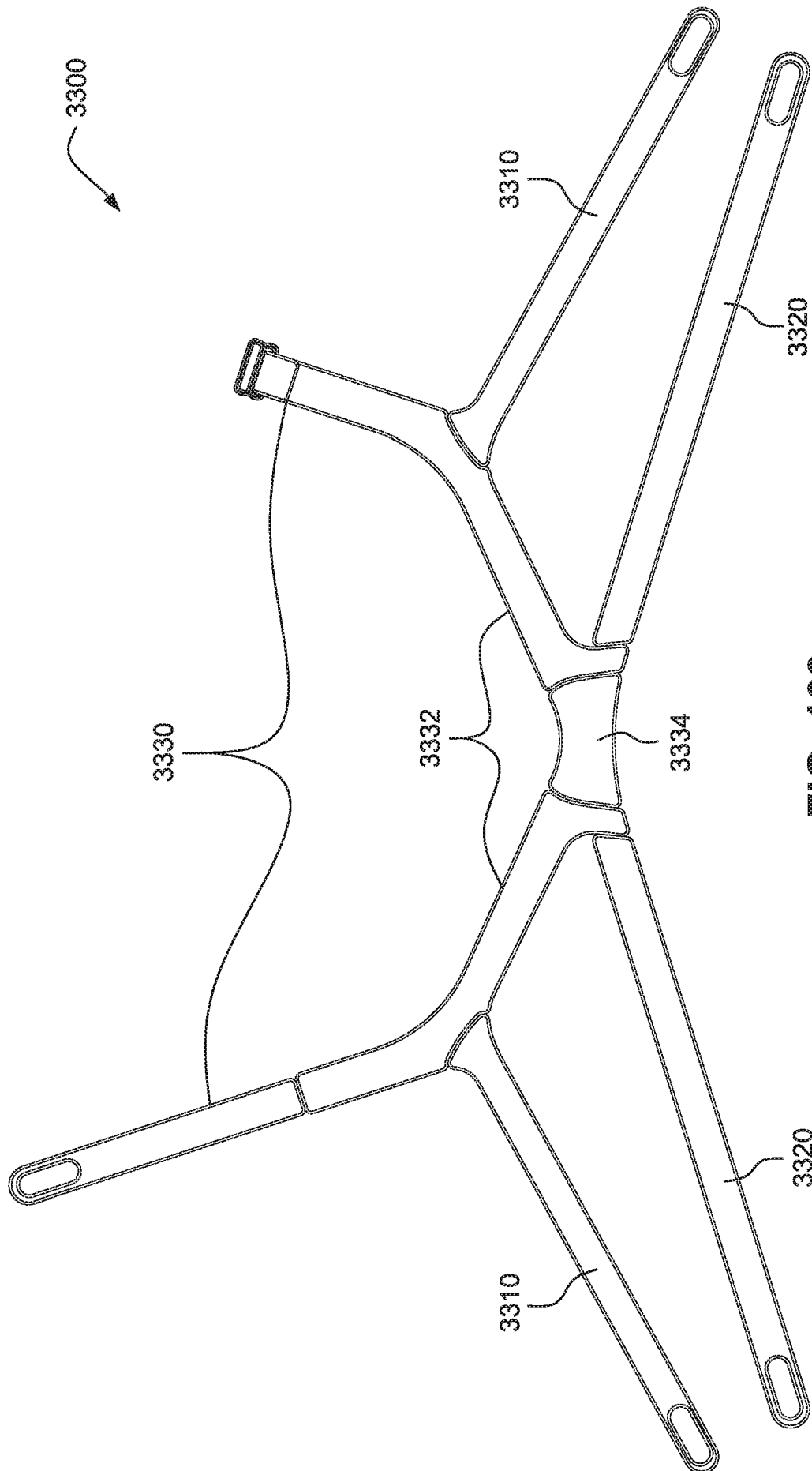


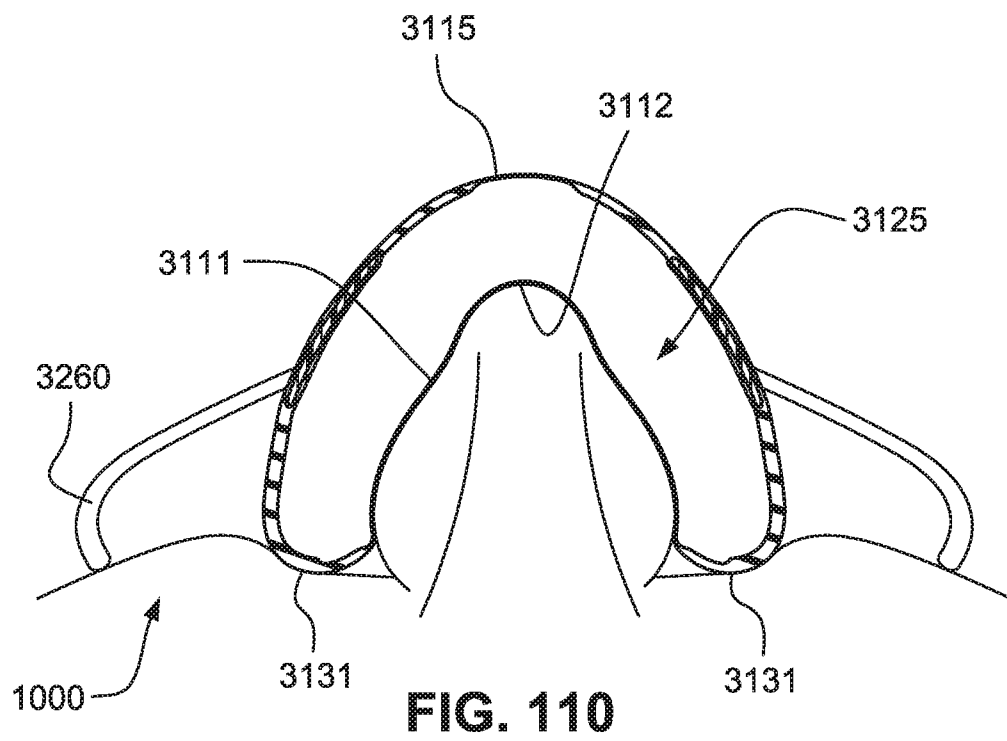
**FIG. 102**

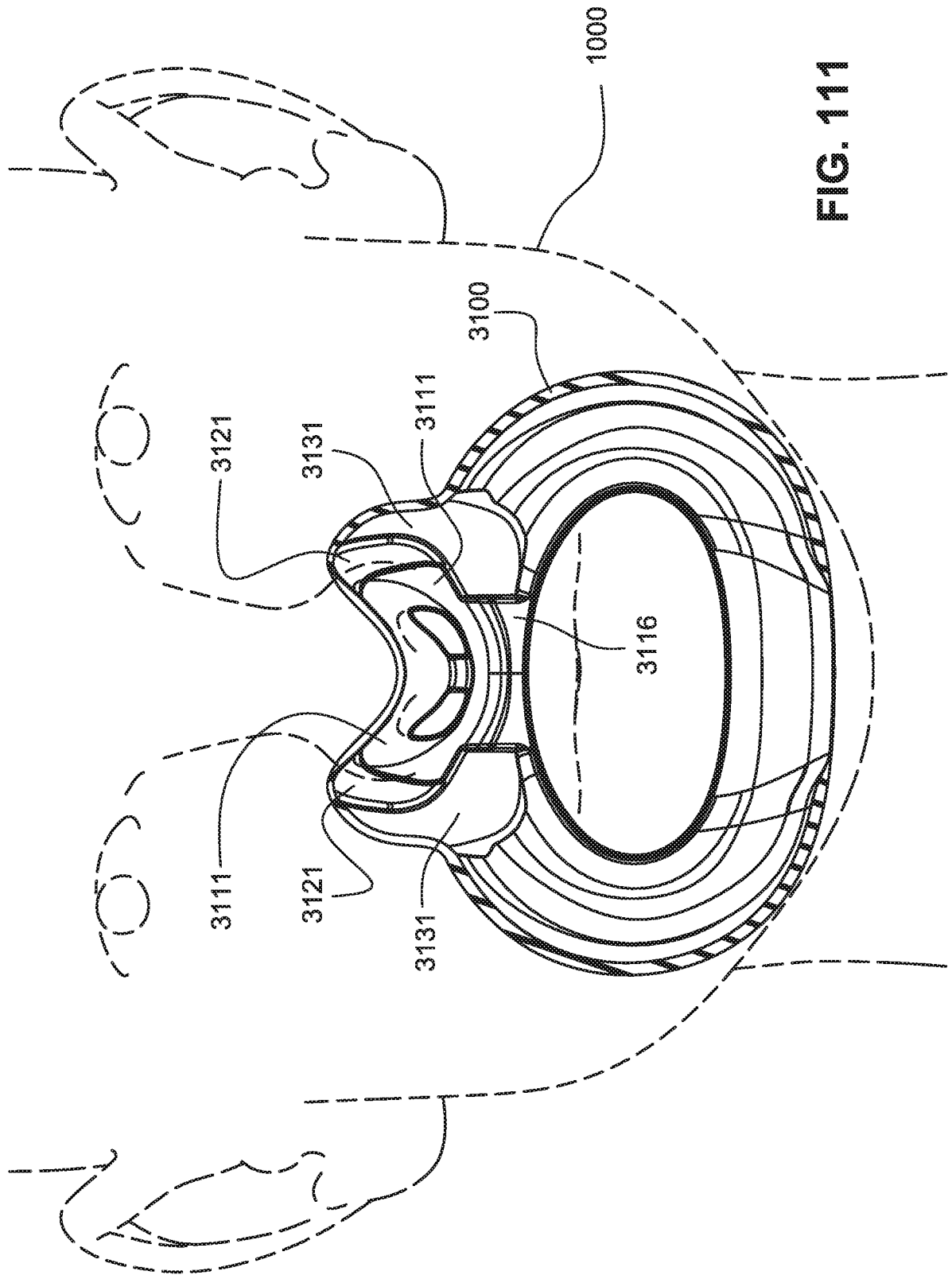
**FIG. 103****FIG. 104**

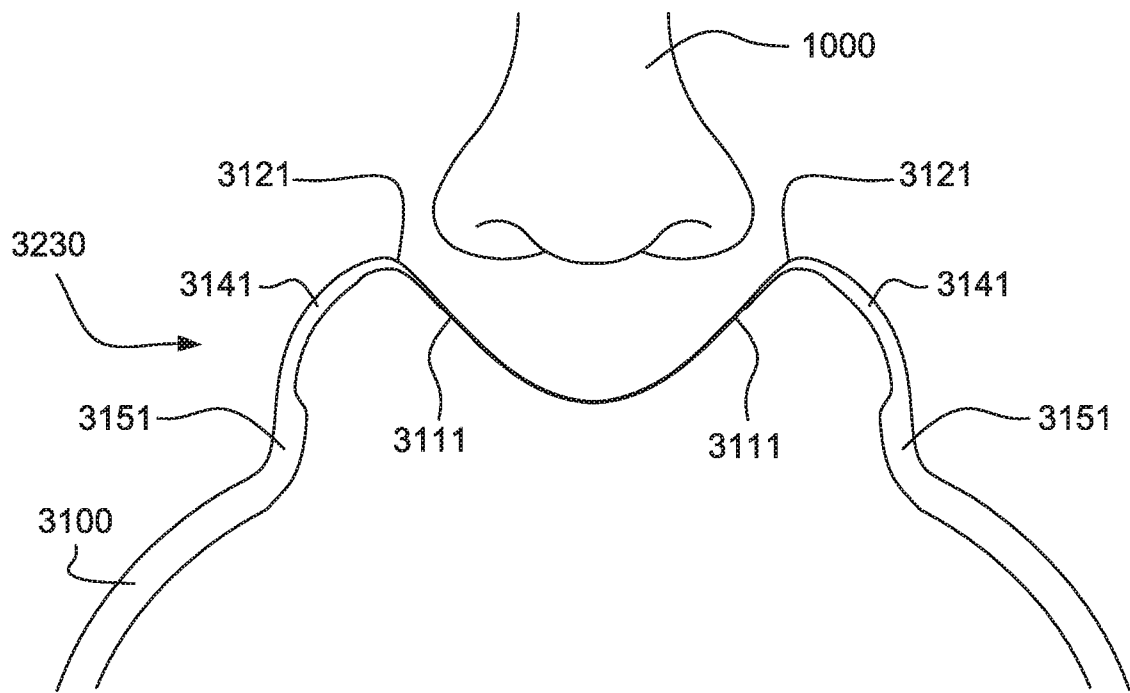
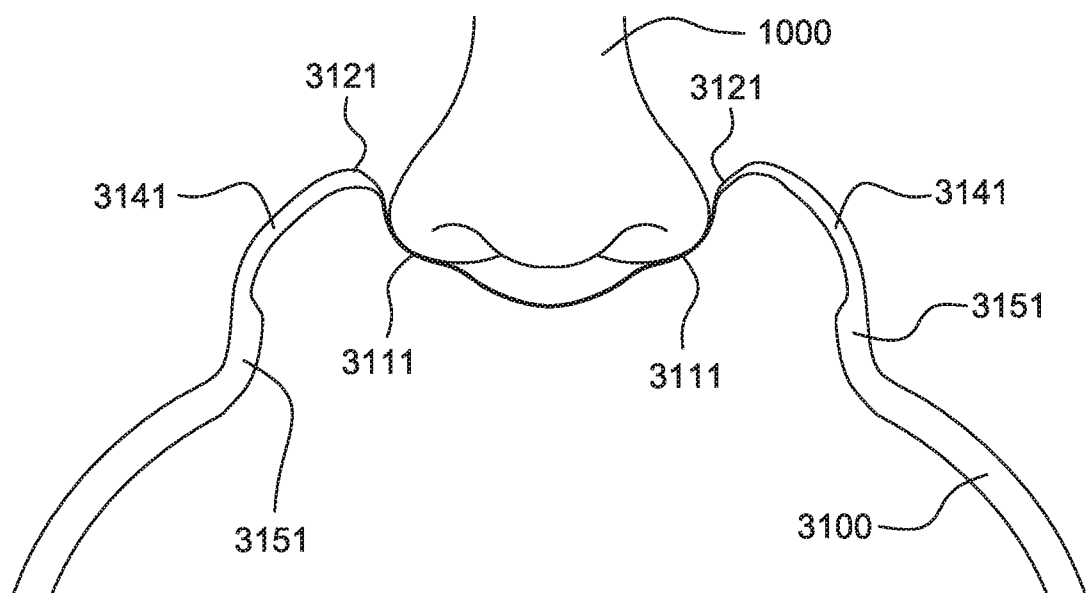
**FIG. 105****FIG. 106**

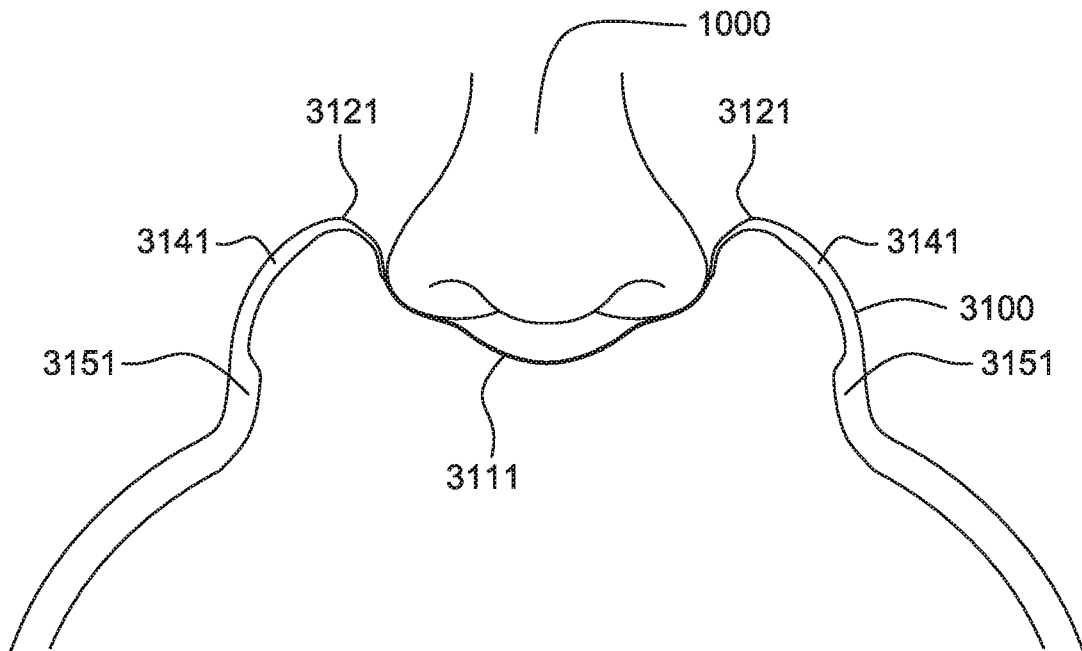
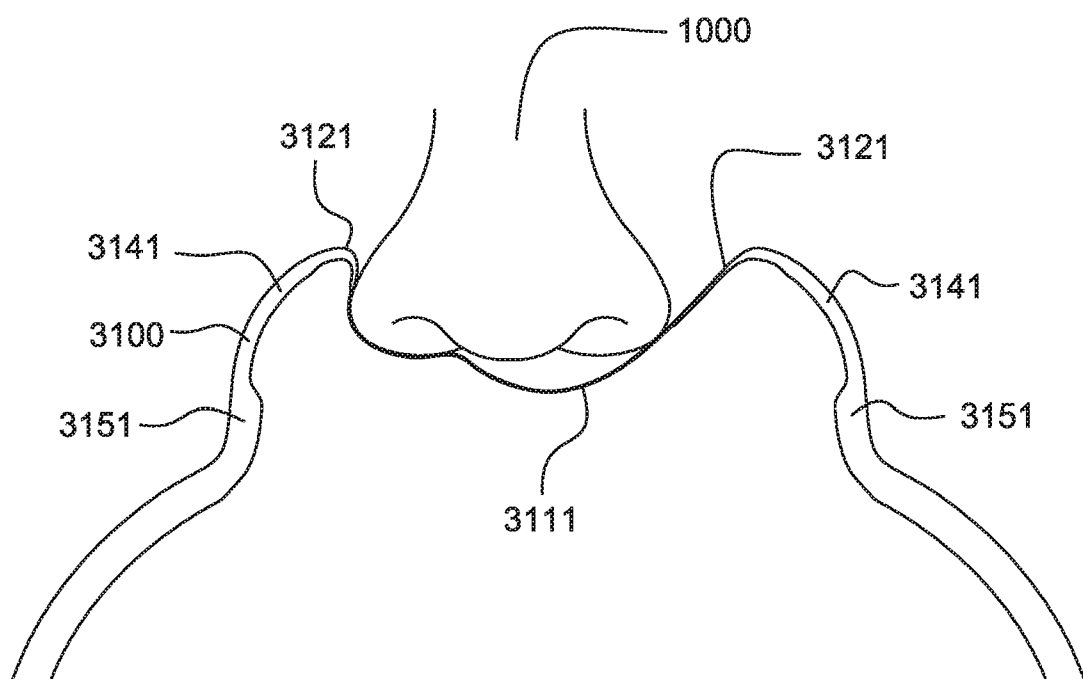
**FIG. 107****FIG. 108**

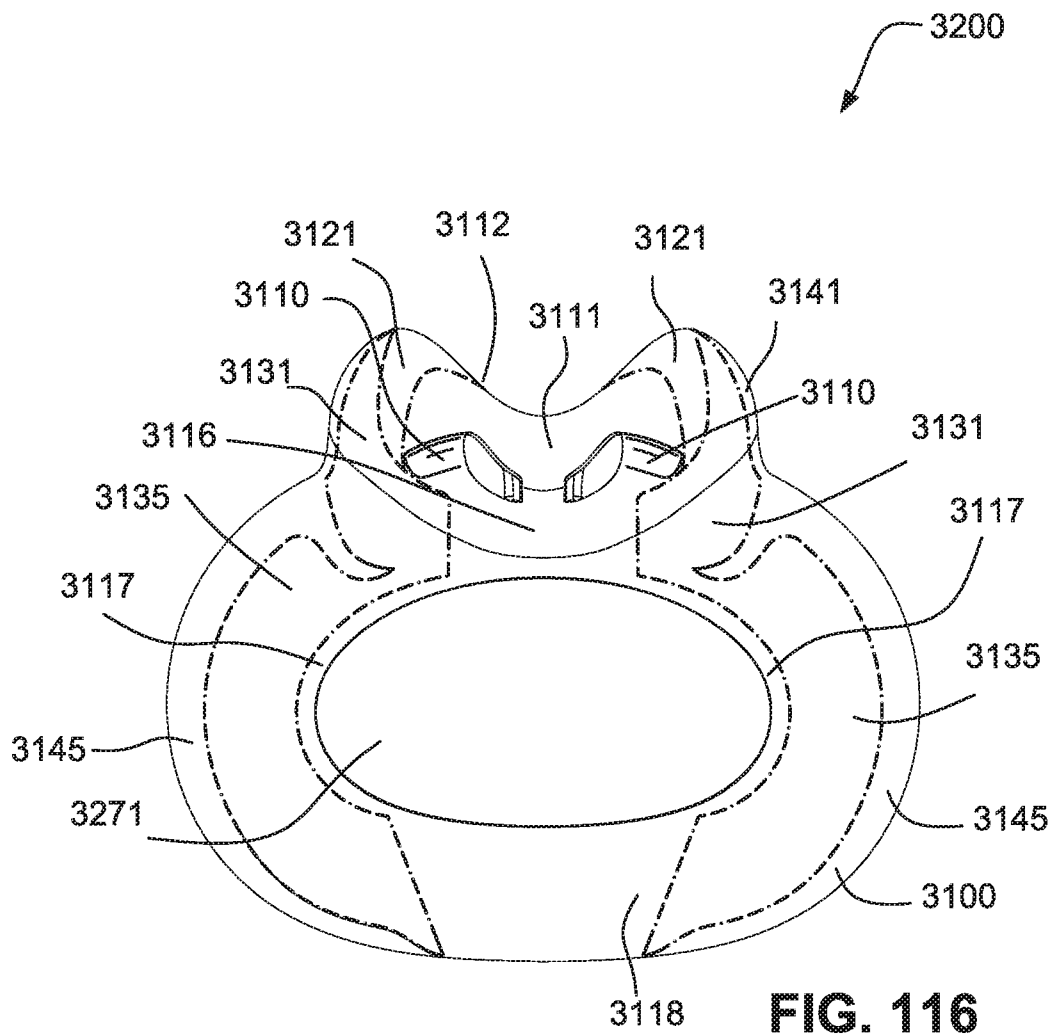


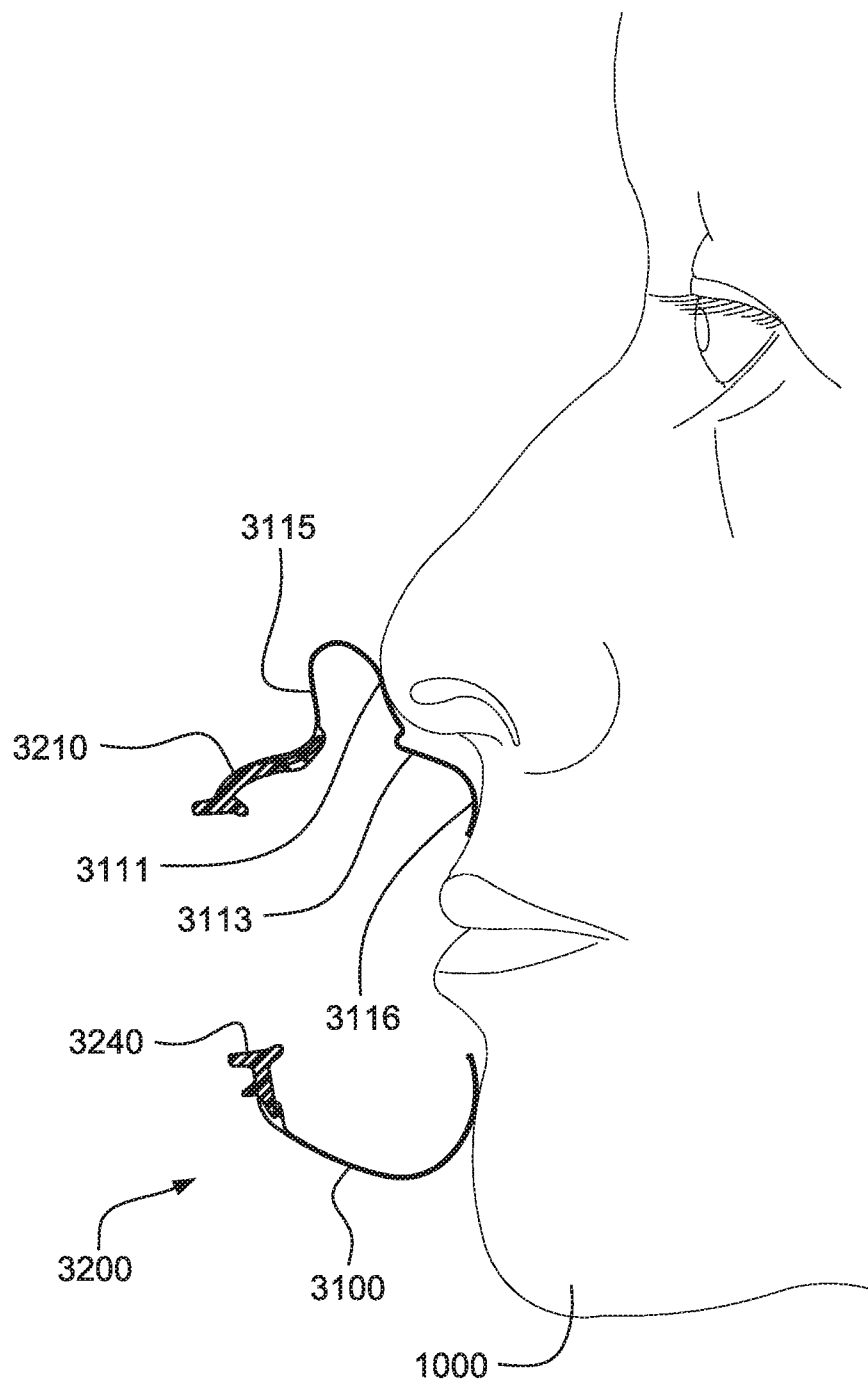


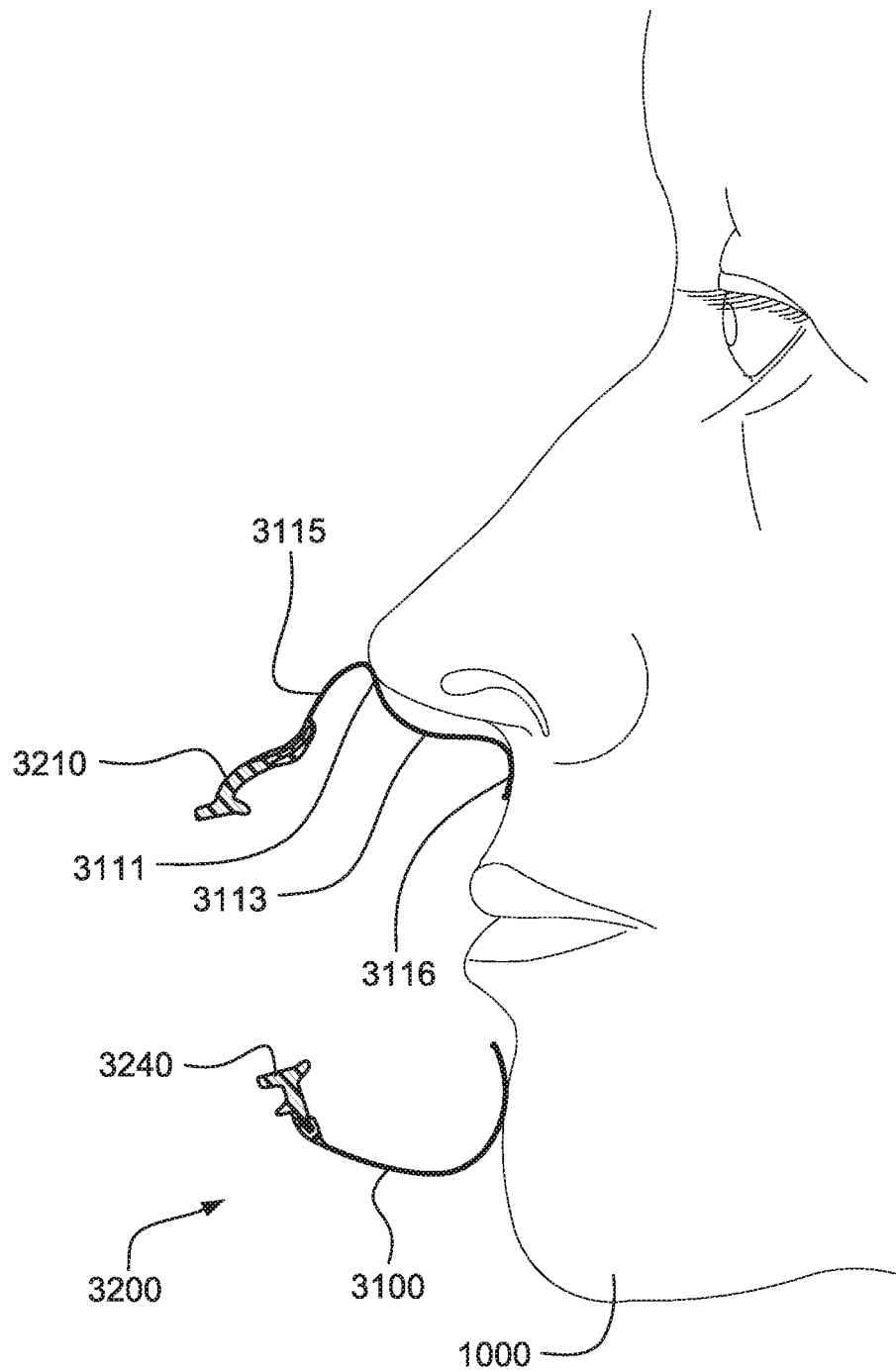


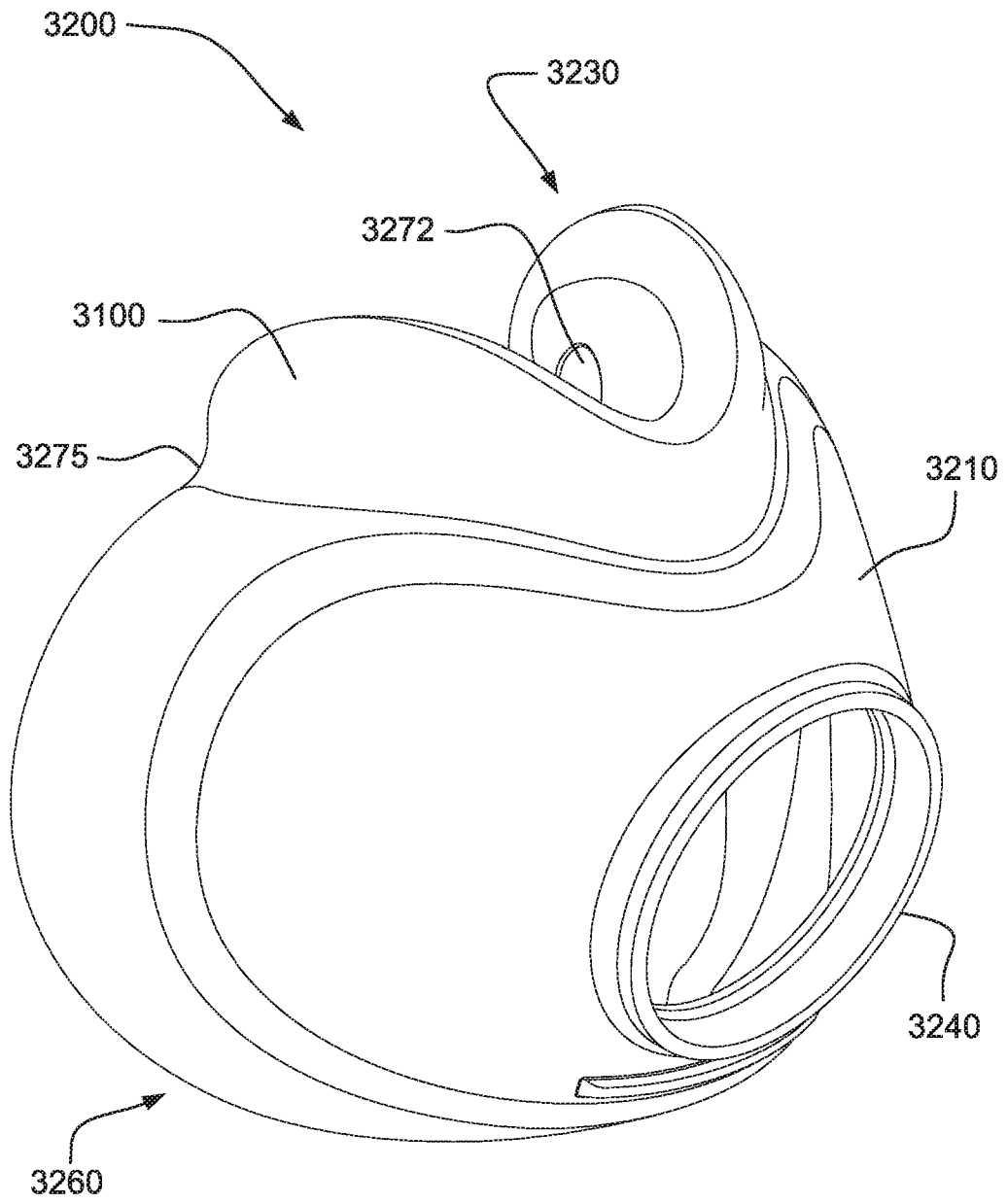
**FIG. 112****FIG. 113**

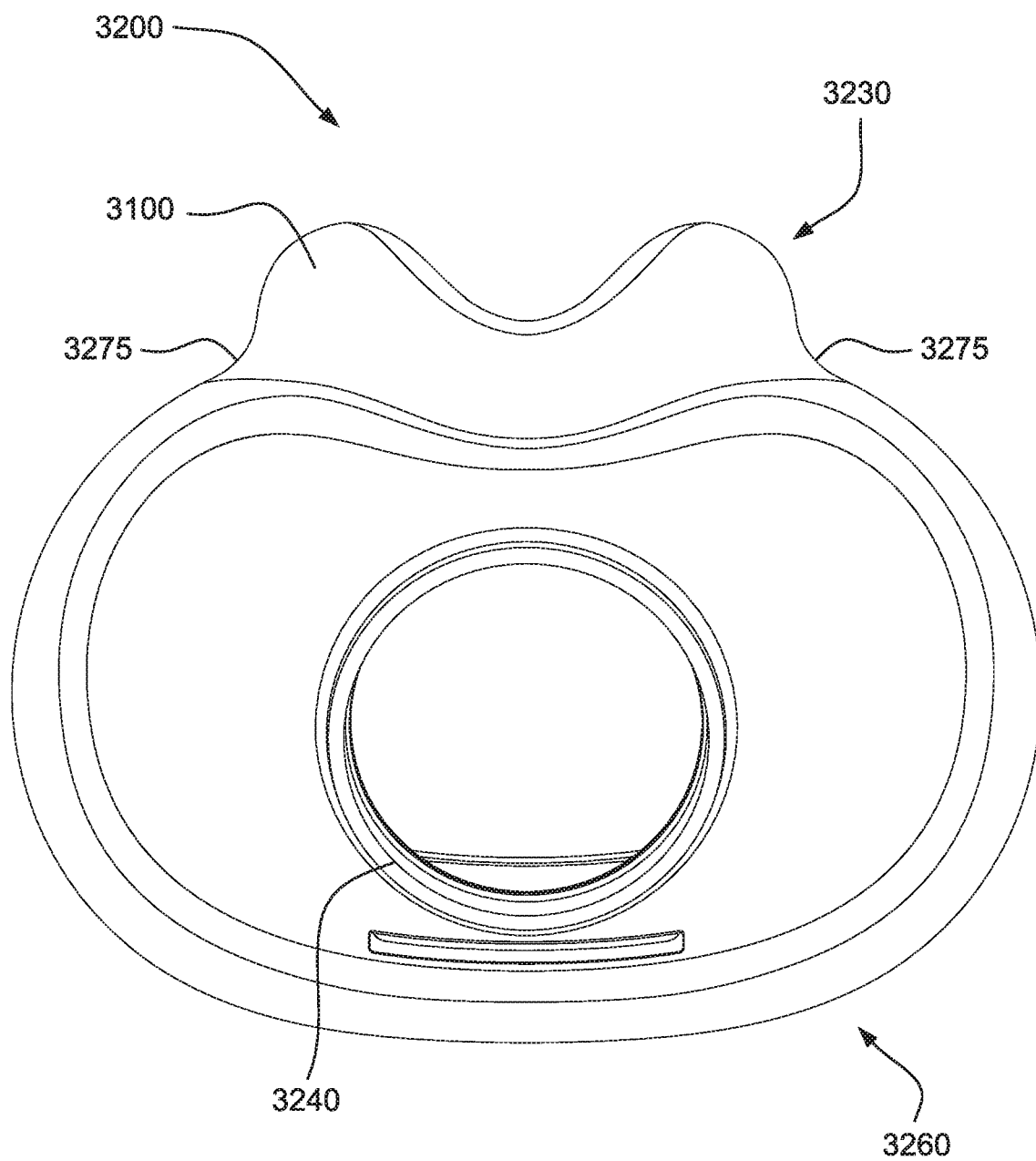
**FIG. 114****FIG. 115**

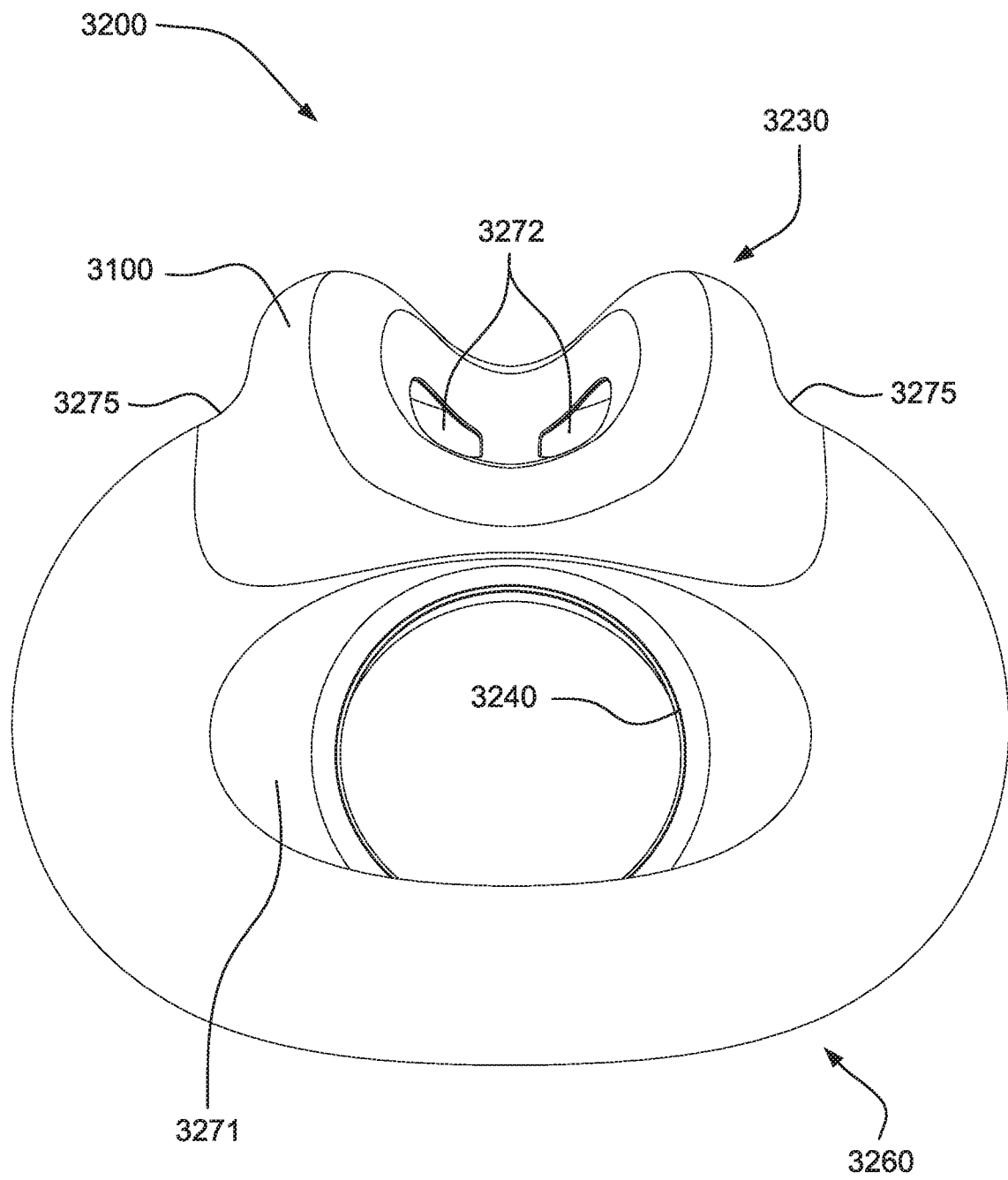


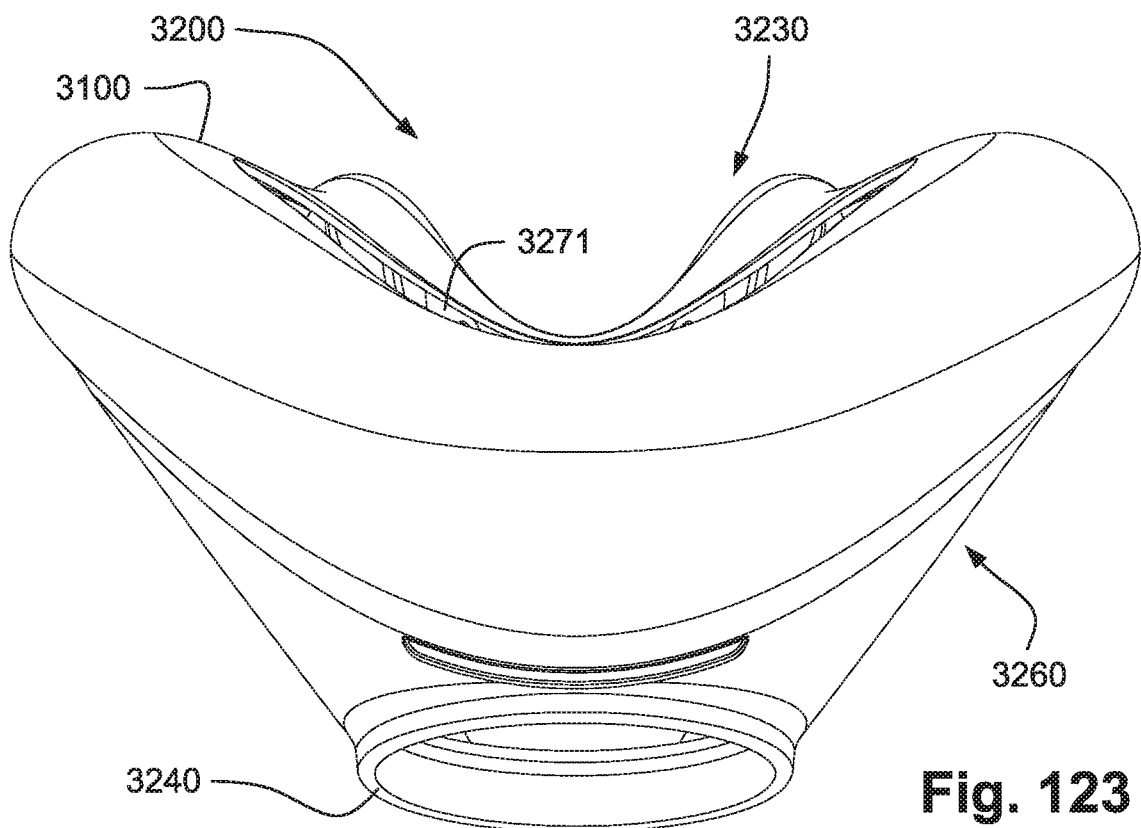
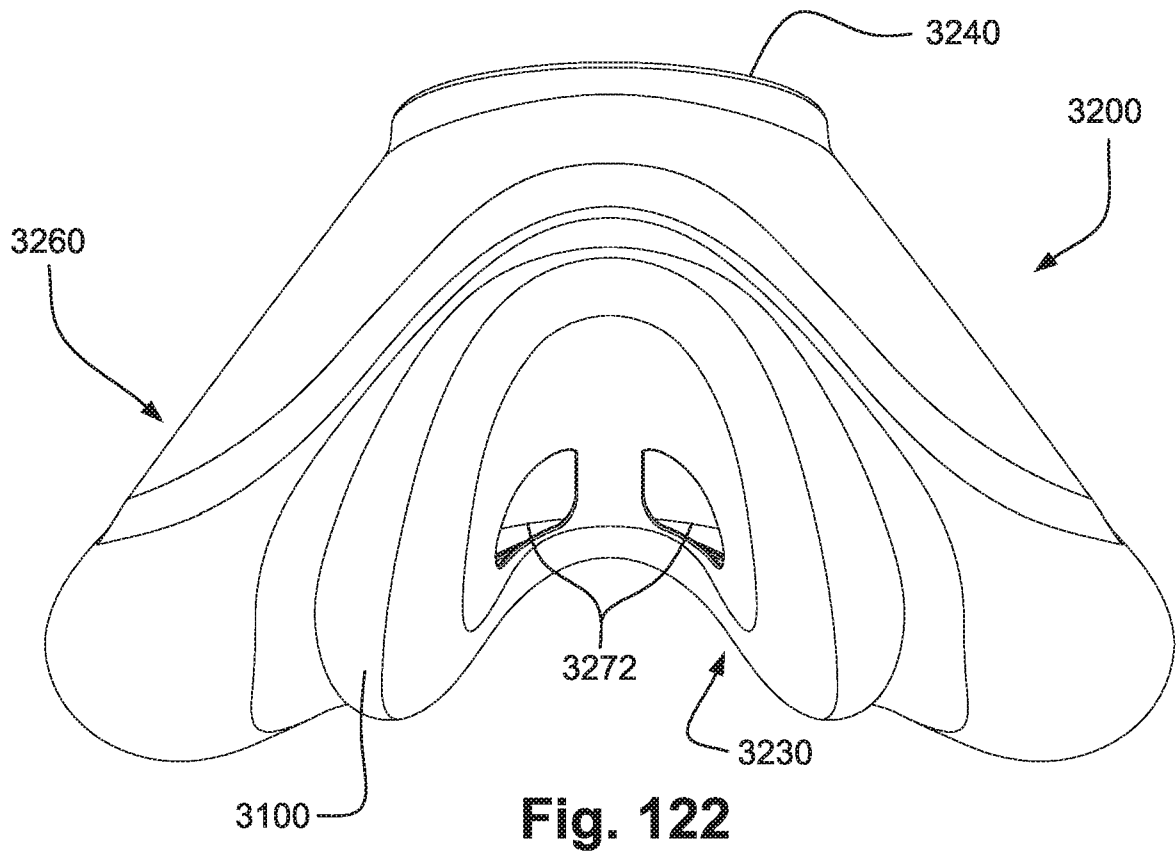
**Fig. 117**

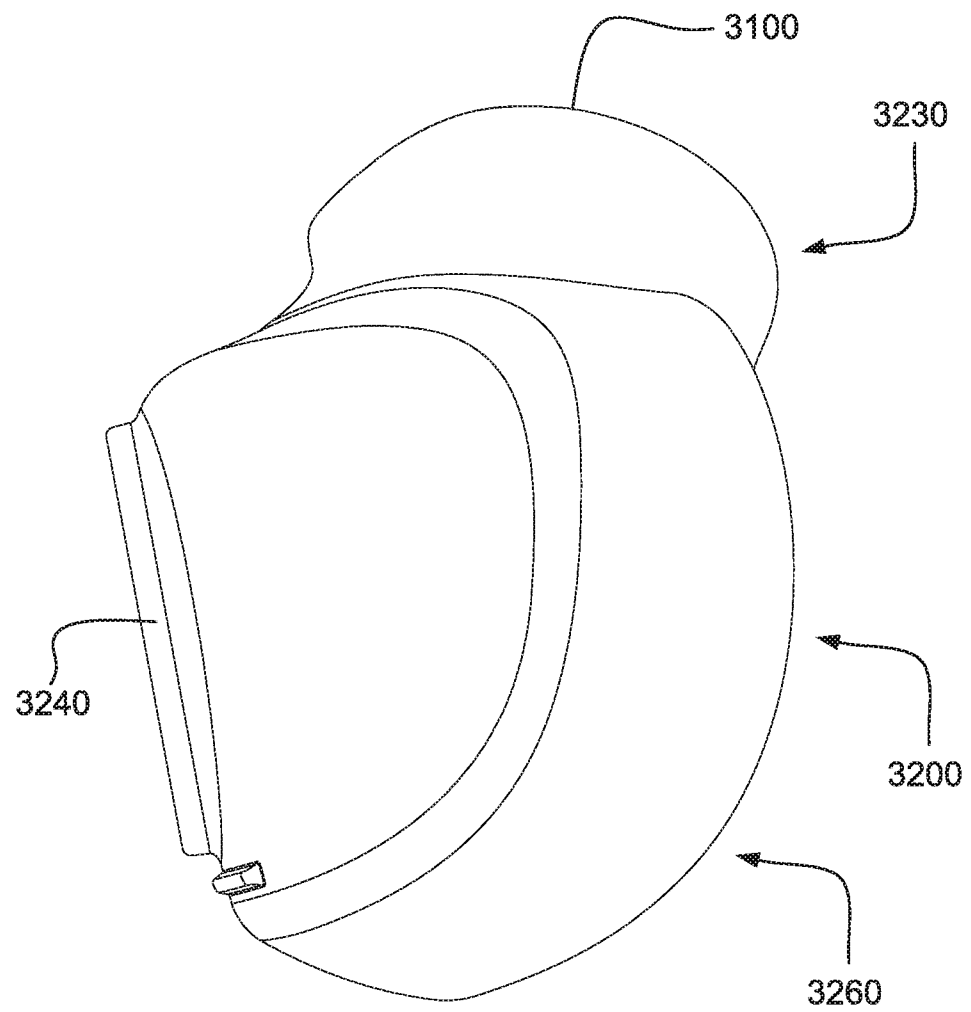
**Fig. 118**

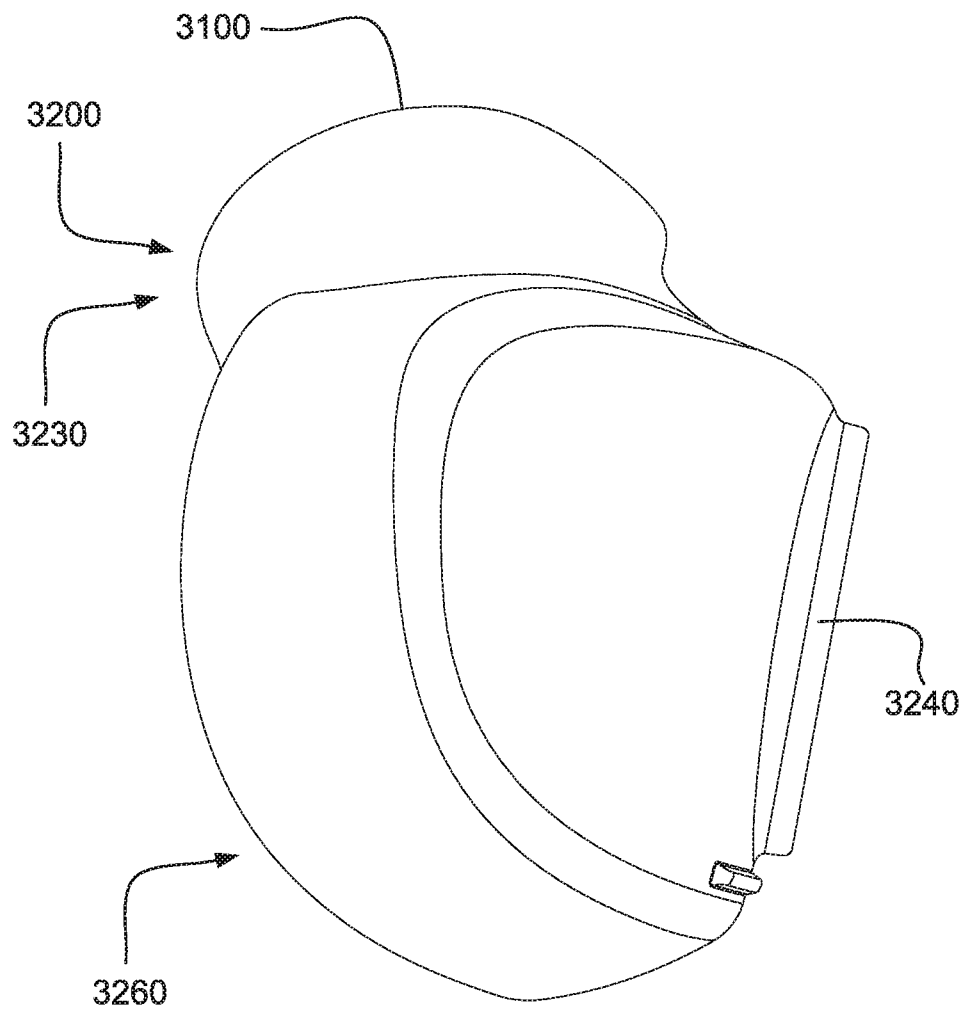
**Fig. 119**

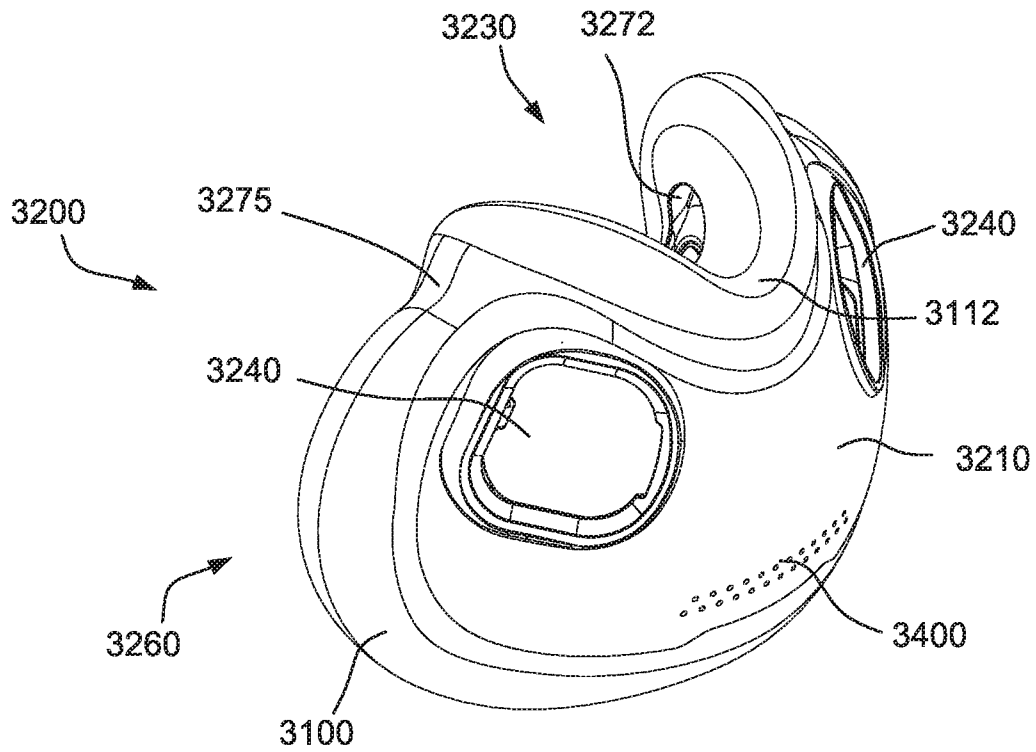
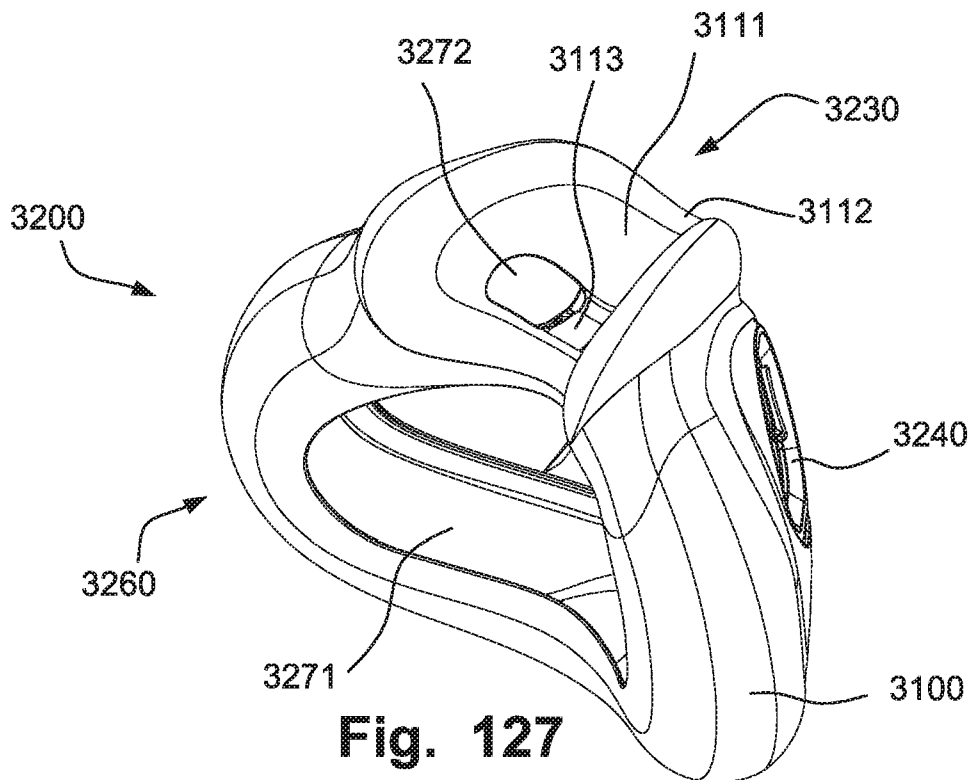
**Fig. 120**

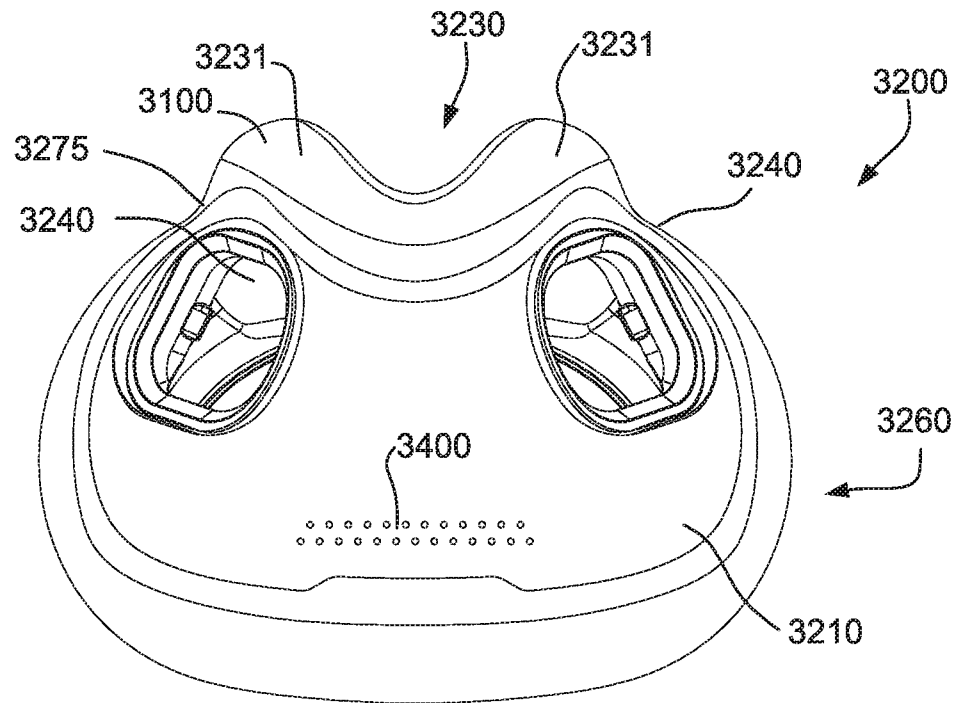
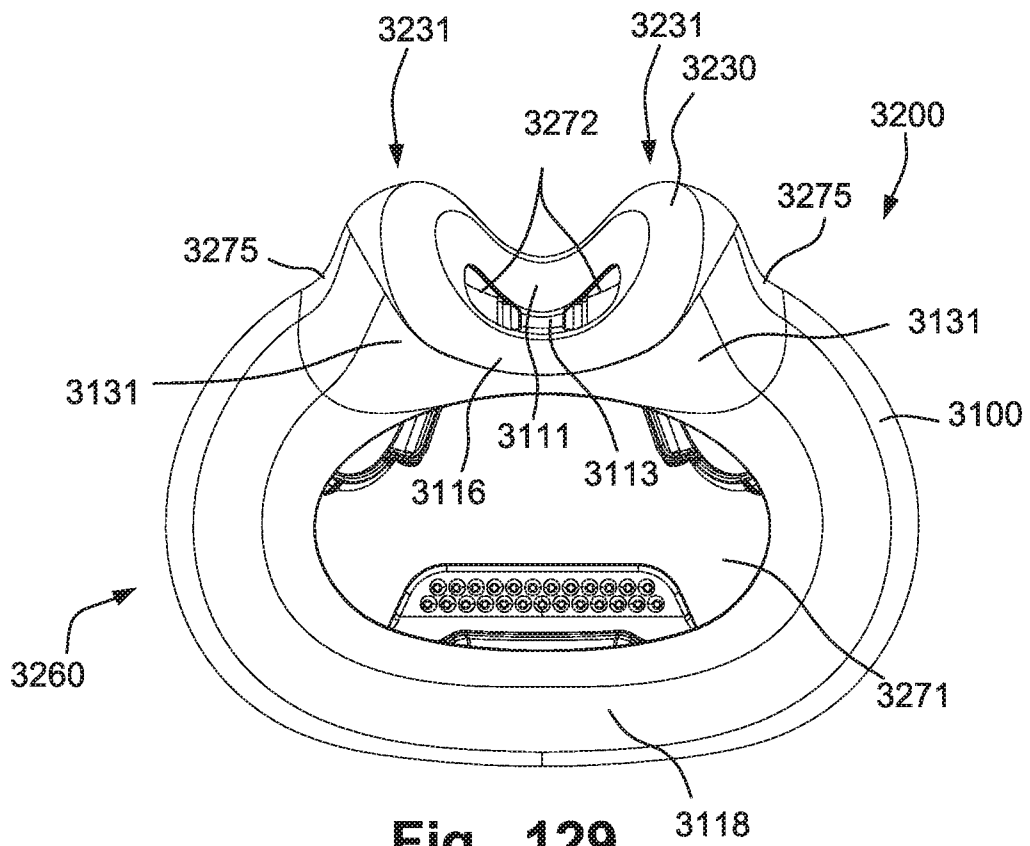
**Fig. 121**

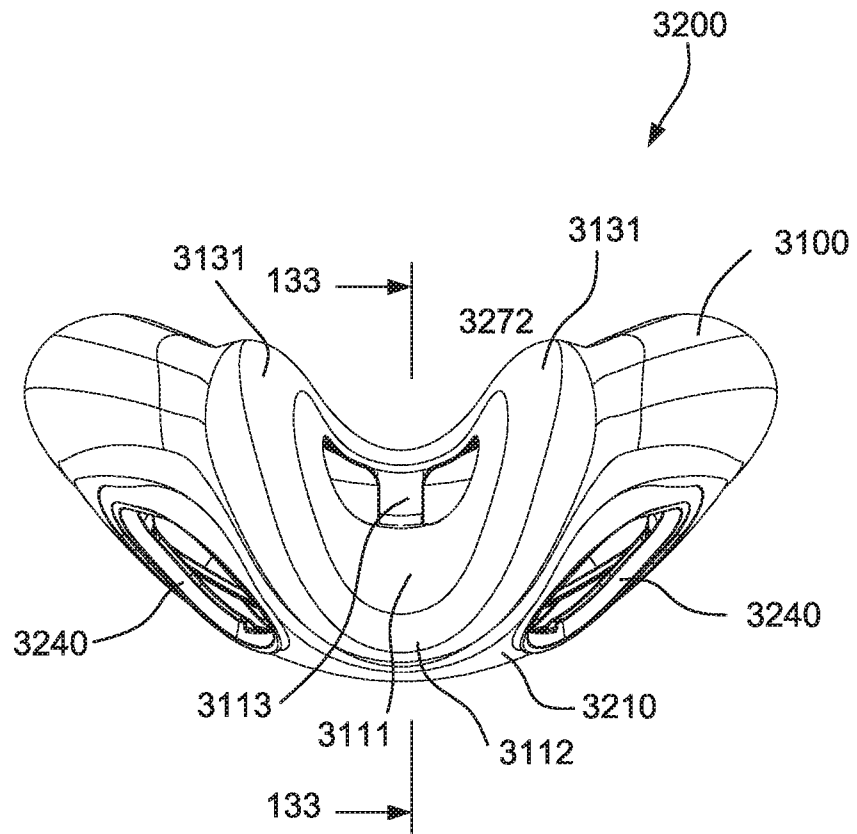
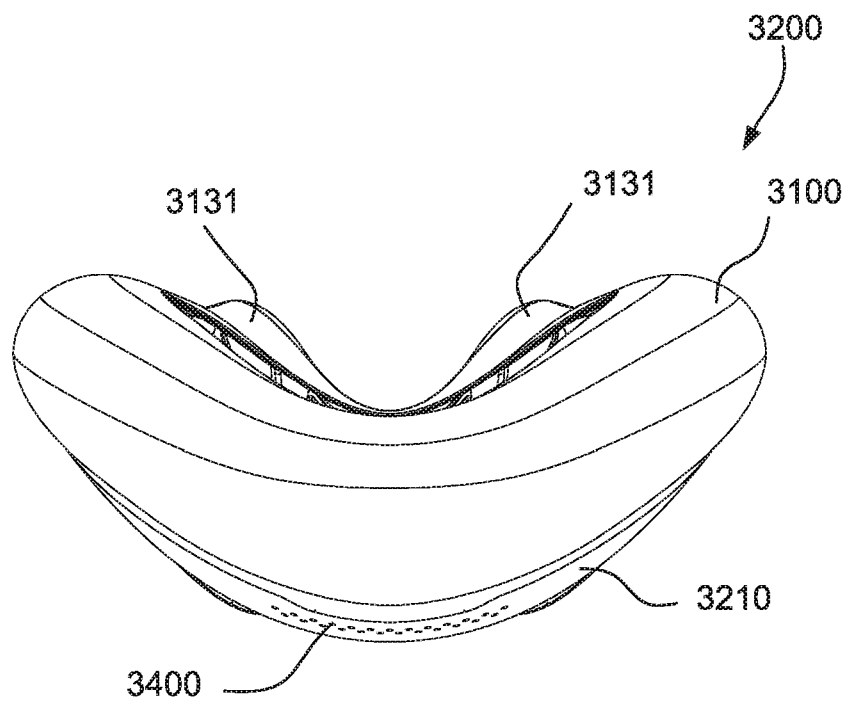


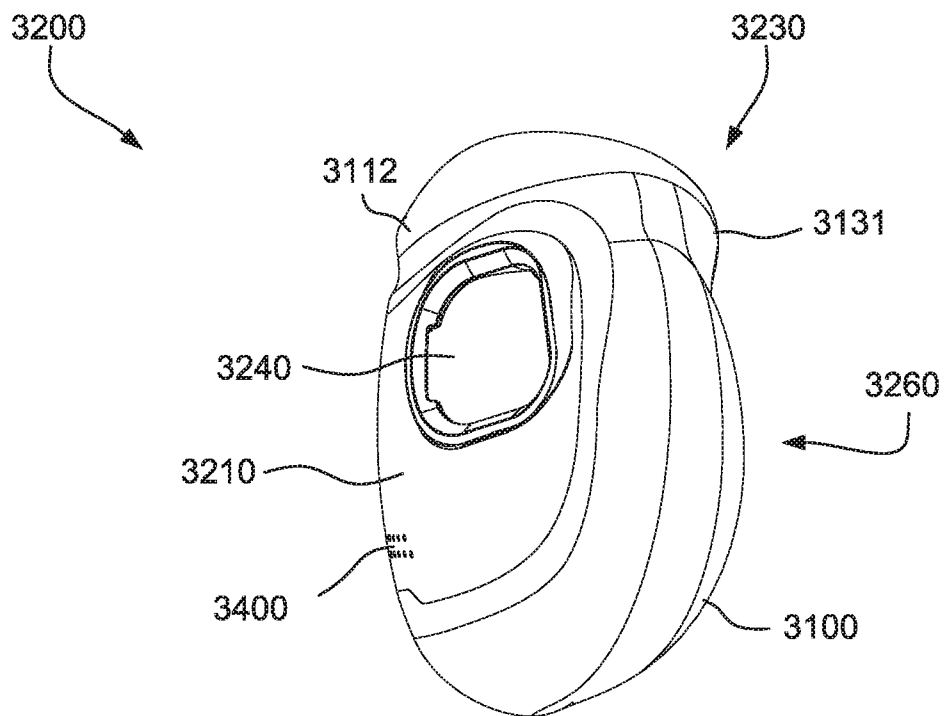
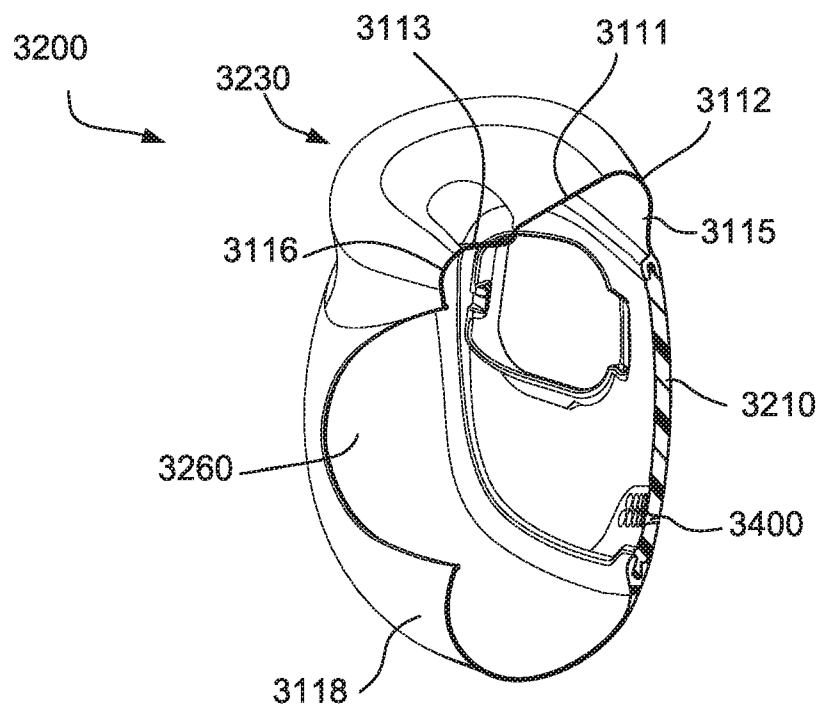
**Fig. 124**

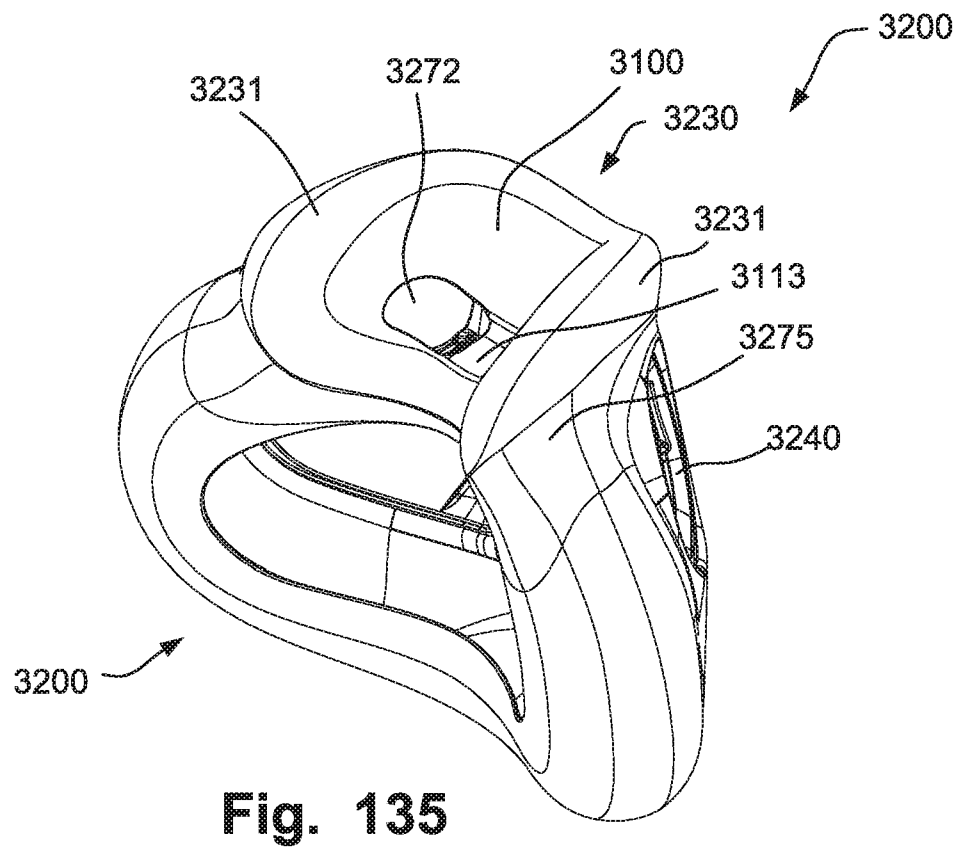
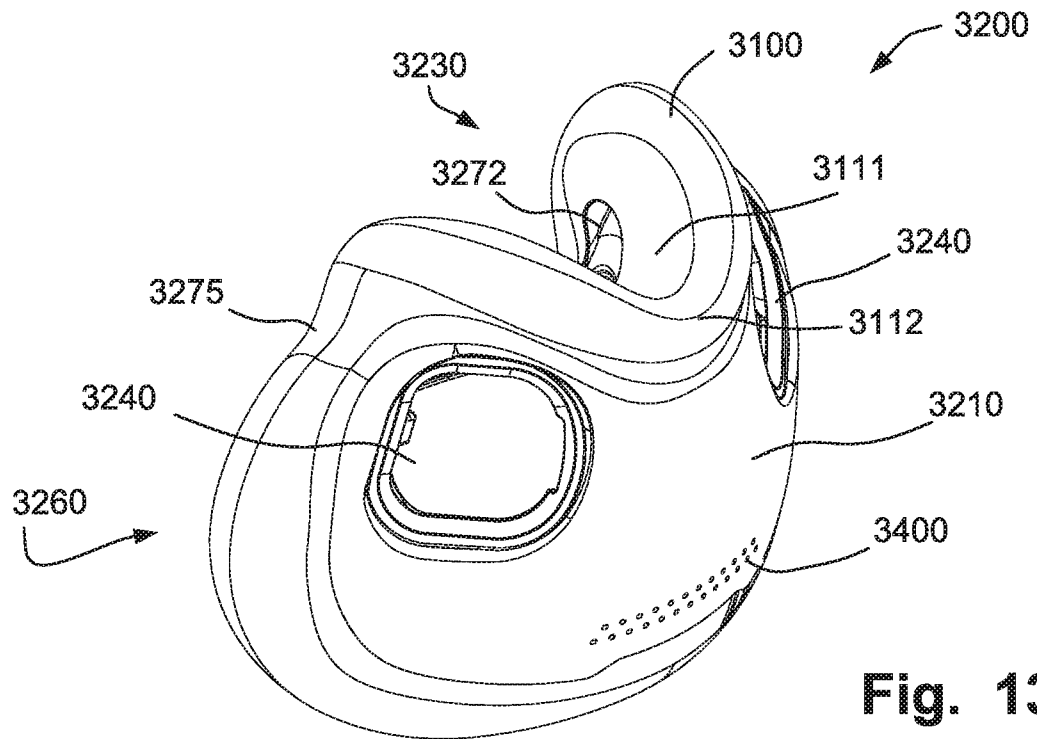
**Fig. 125**

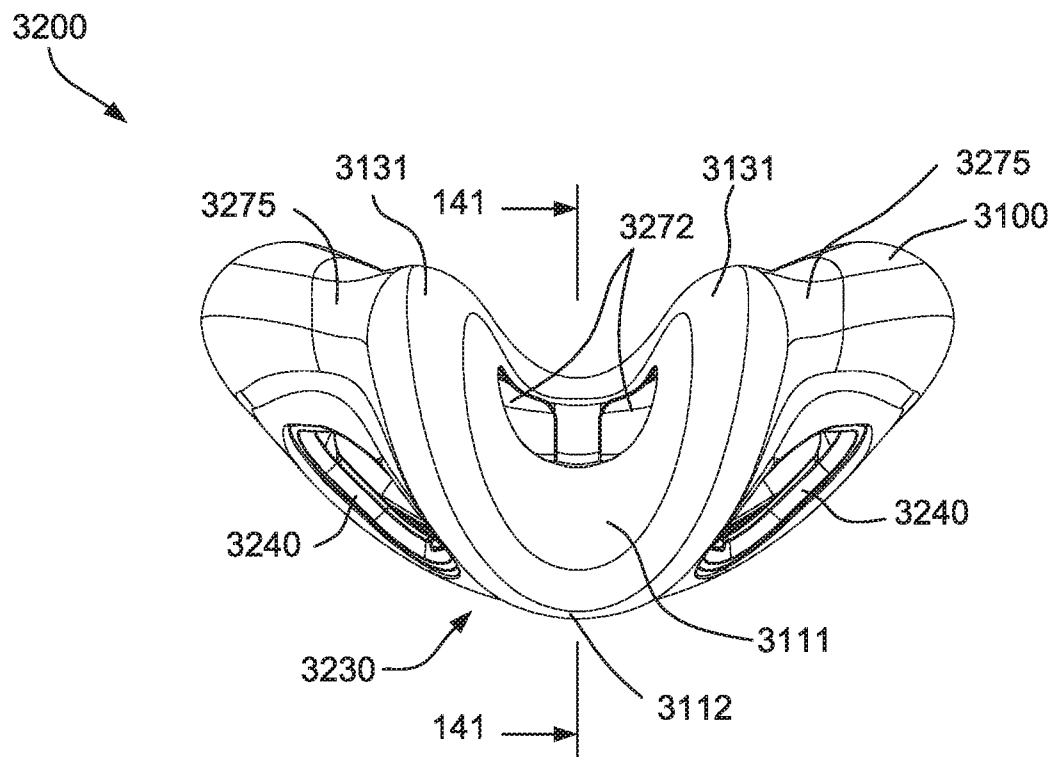
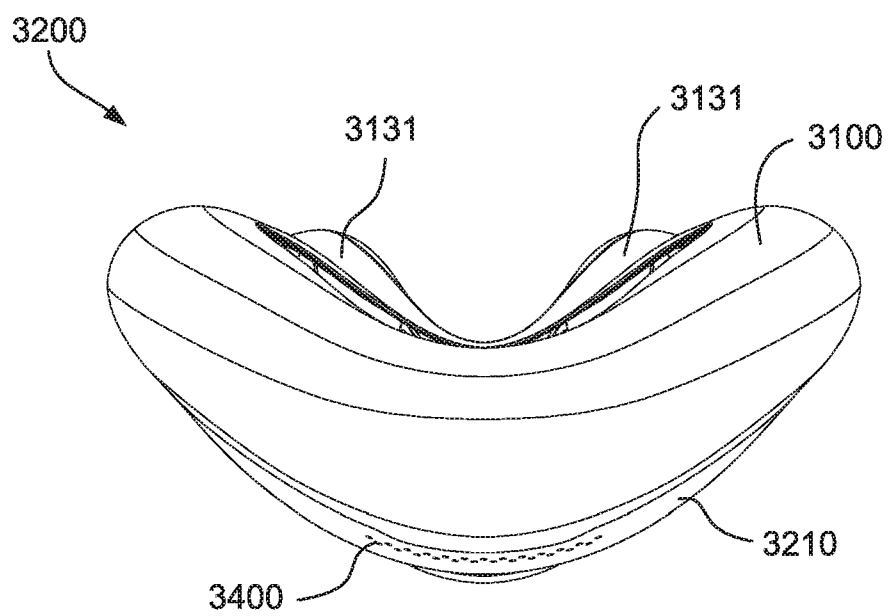
**Fig. 126****Fig. 127**

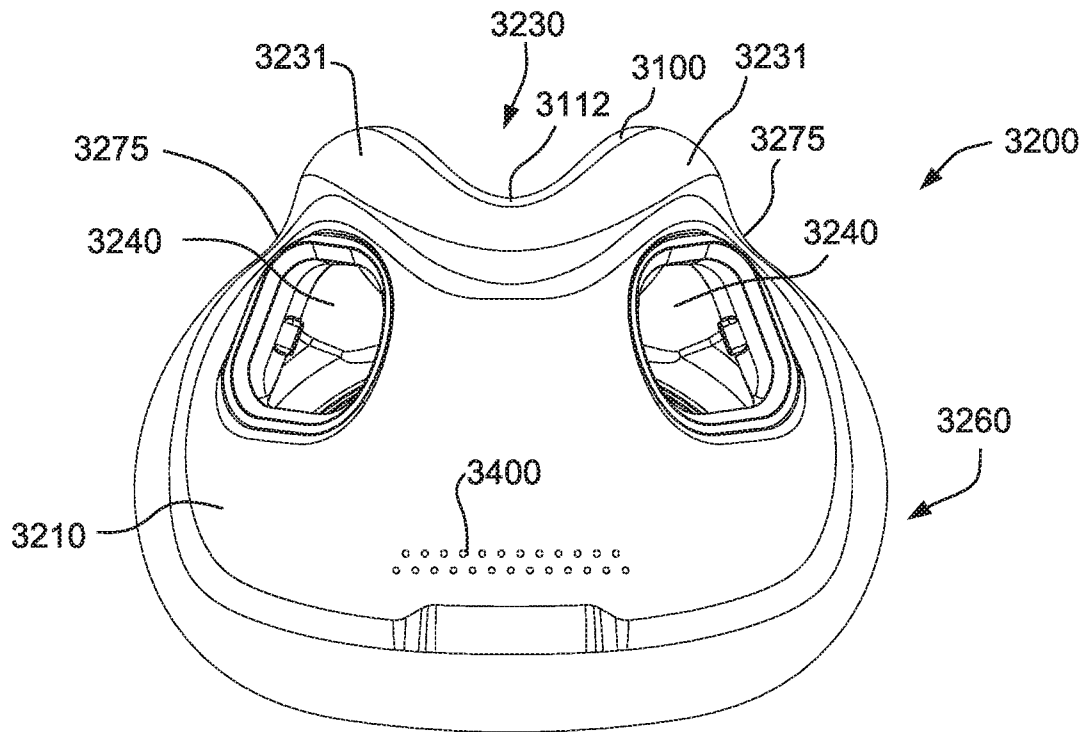
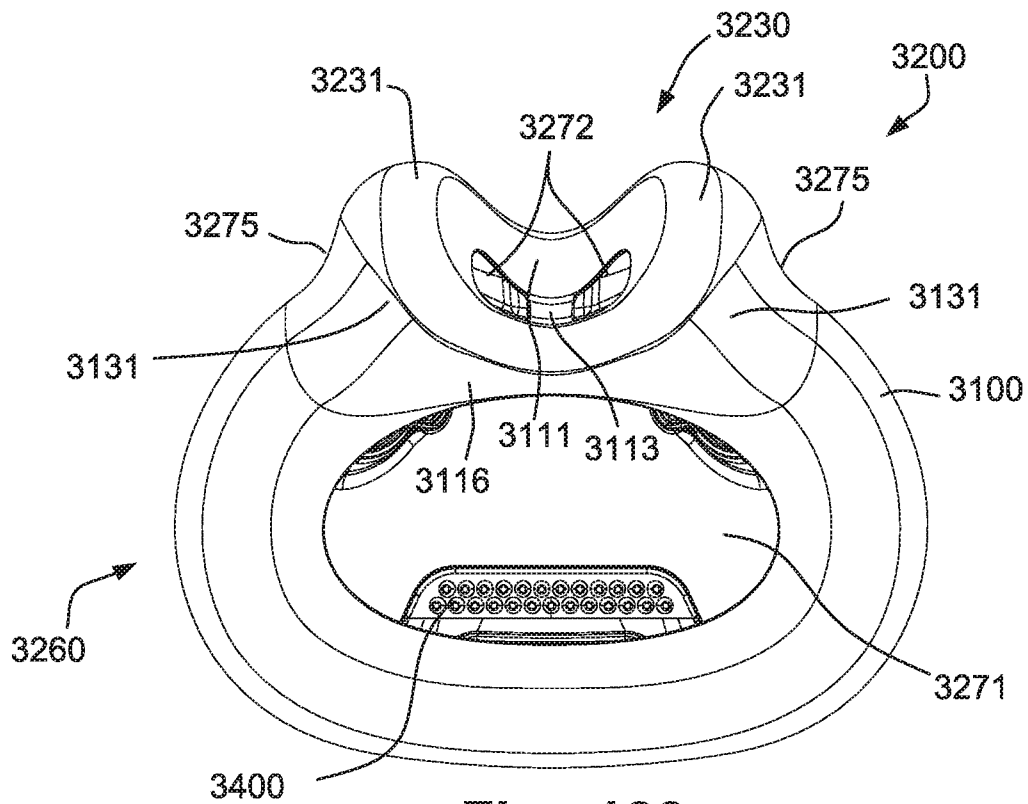
**Fig. 128****Fig. 129**

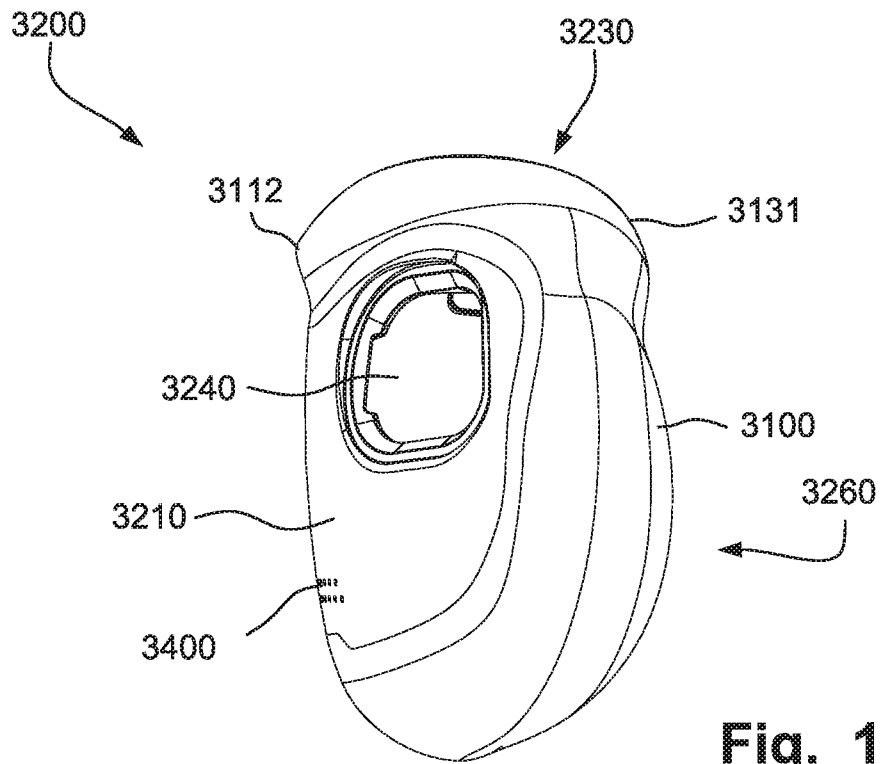
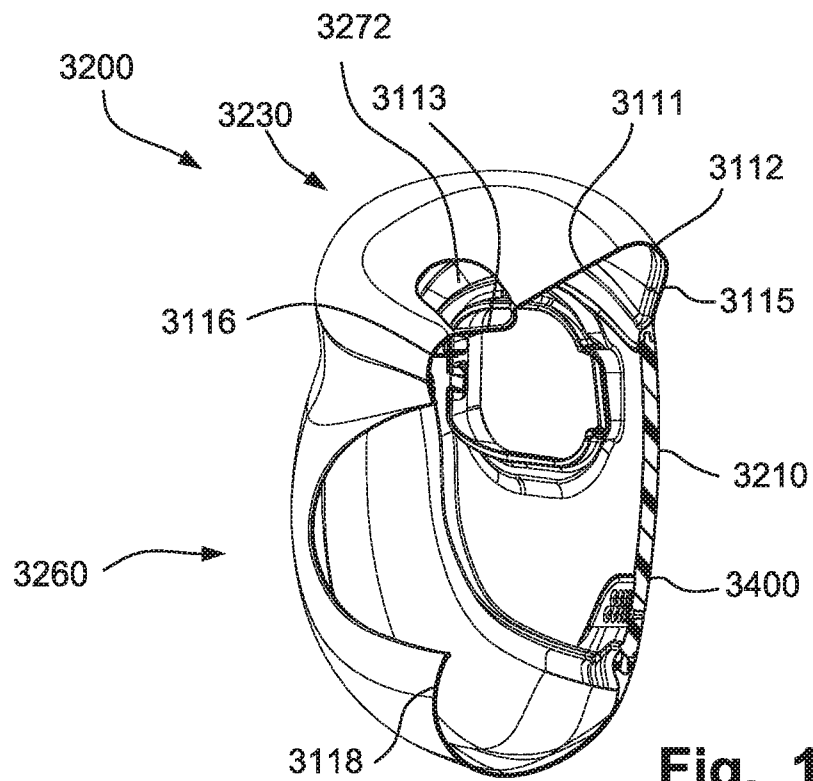
**Fig. 130****Fig. 131**

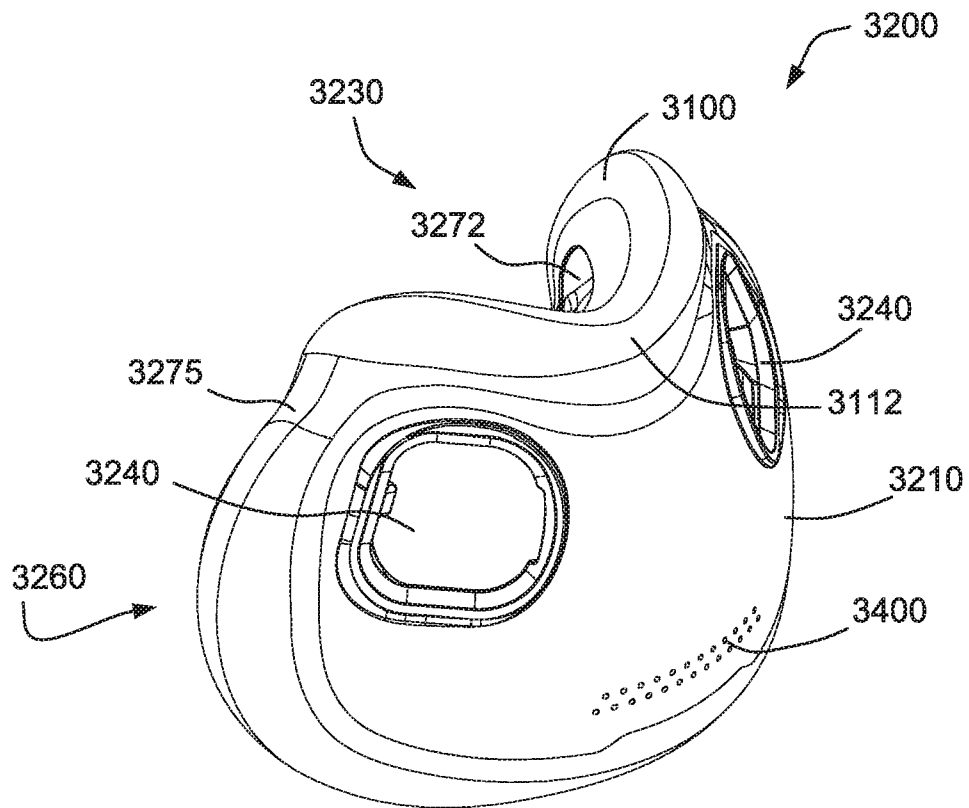
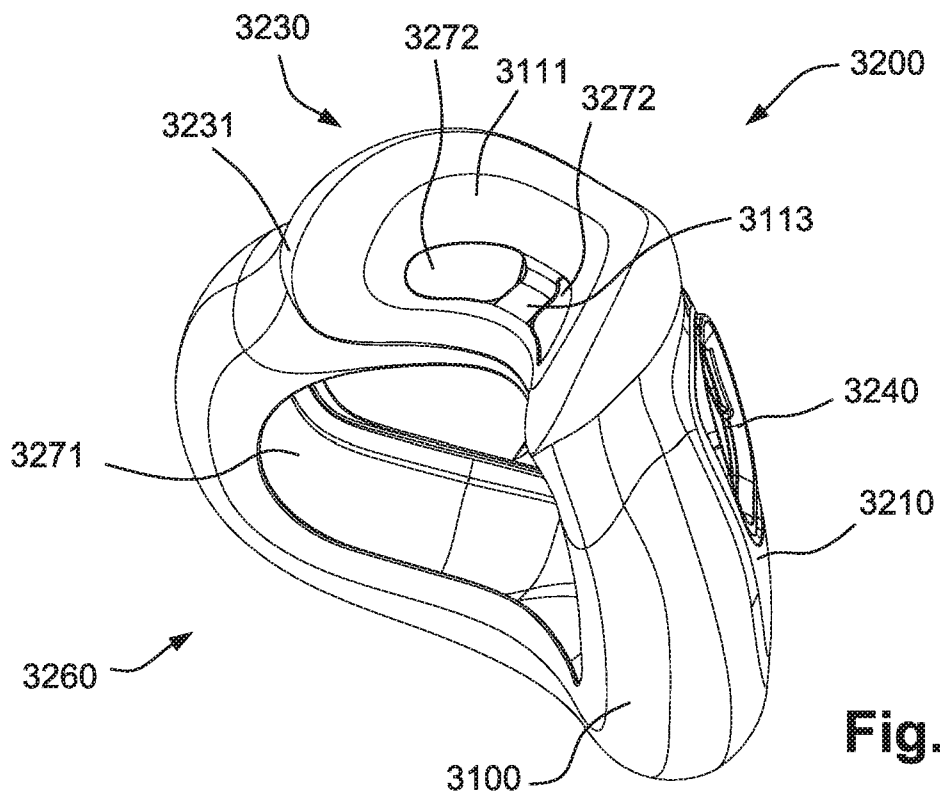
**Fig. 132****Fig. 133**

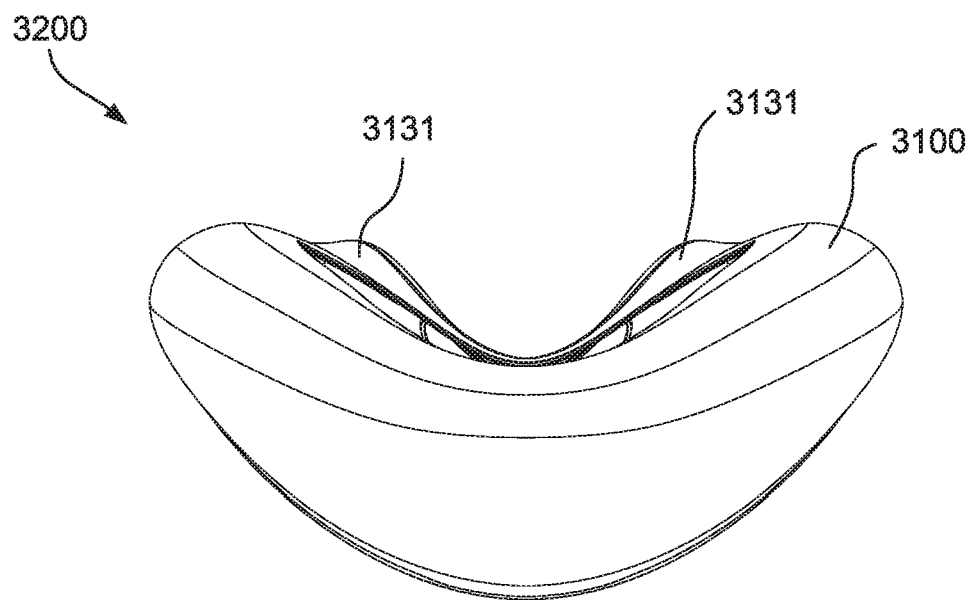
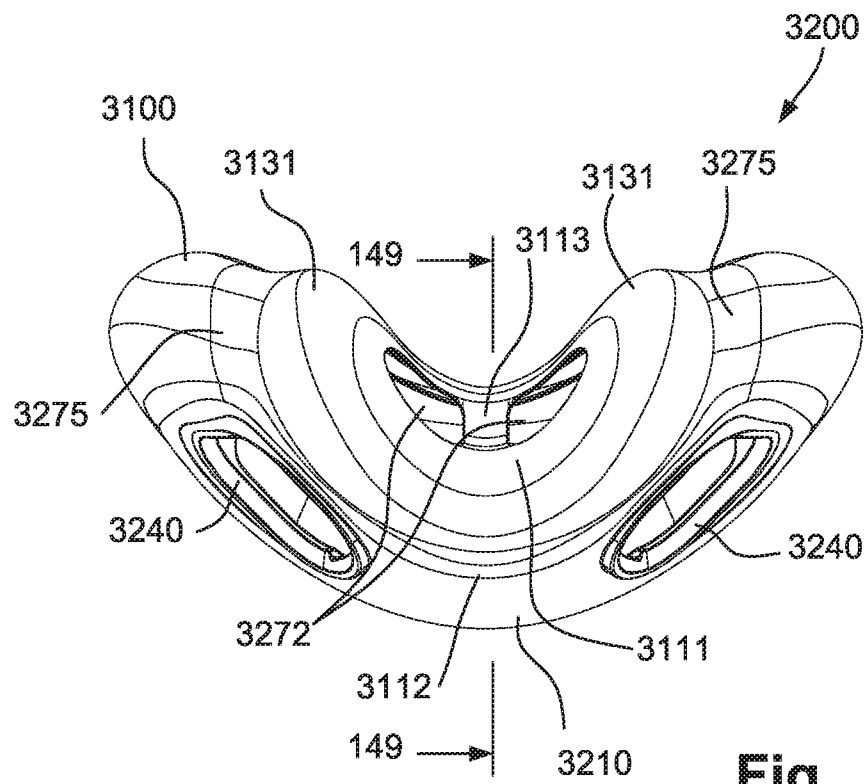


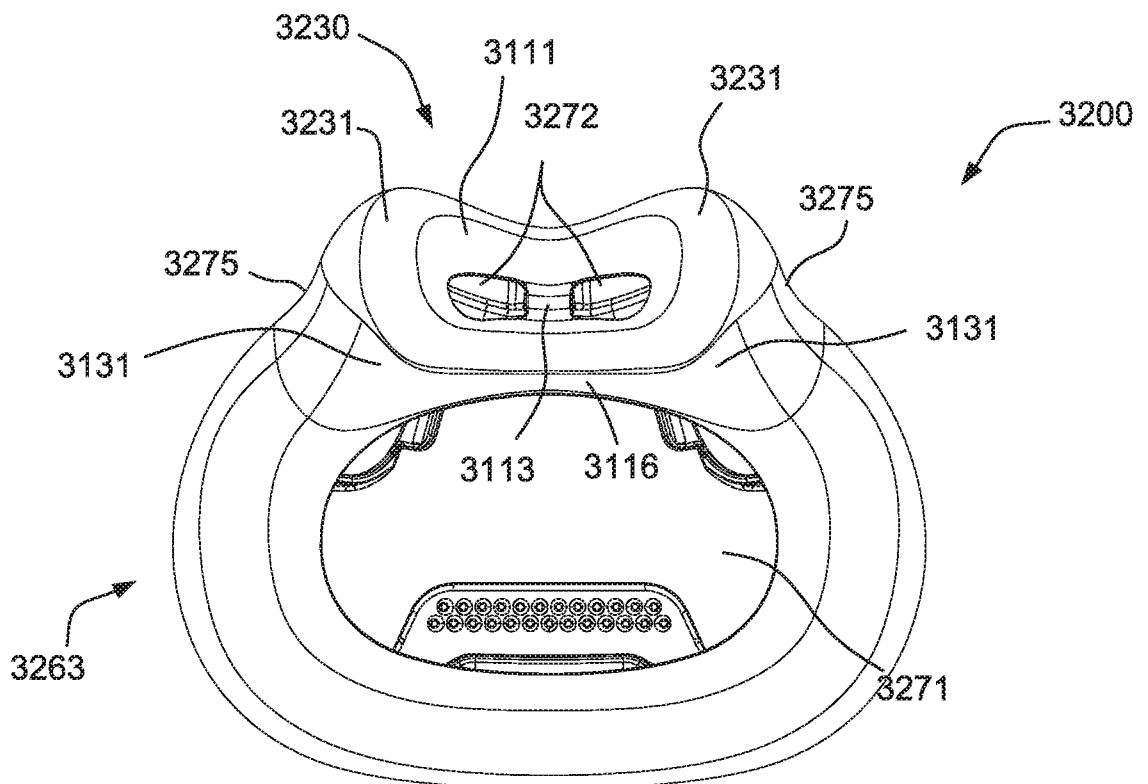
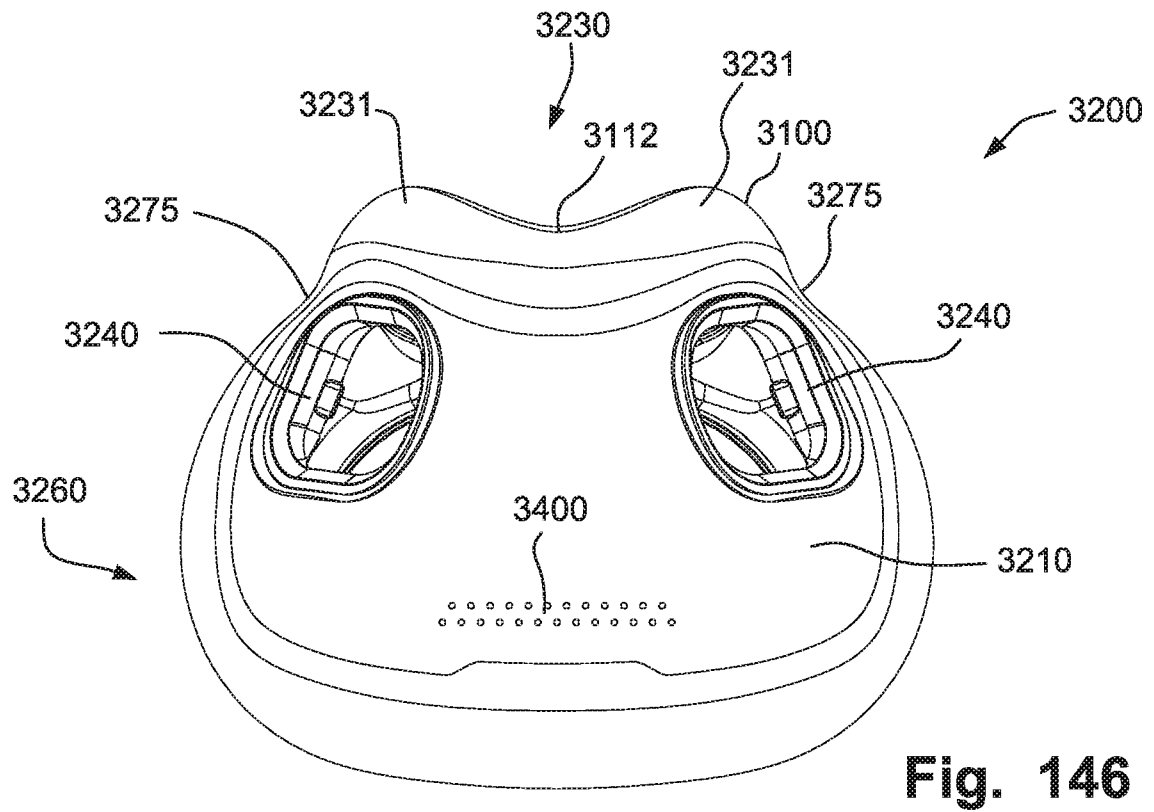
**Fig. 136****Fig. 137**

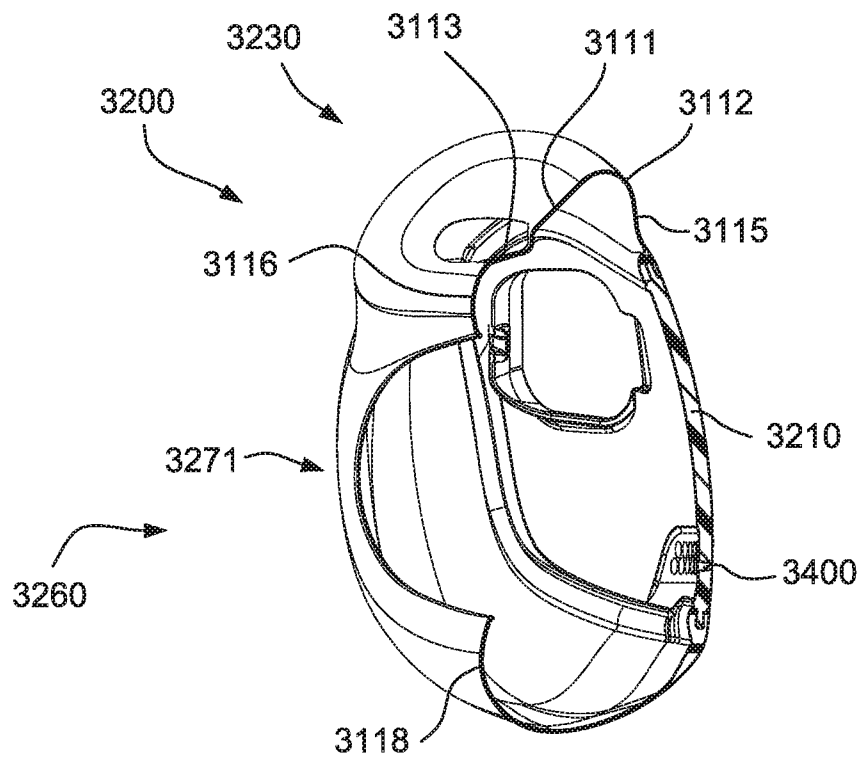
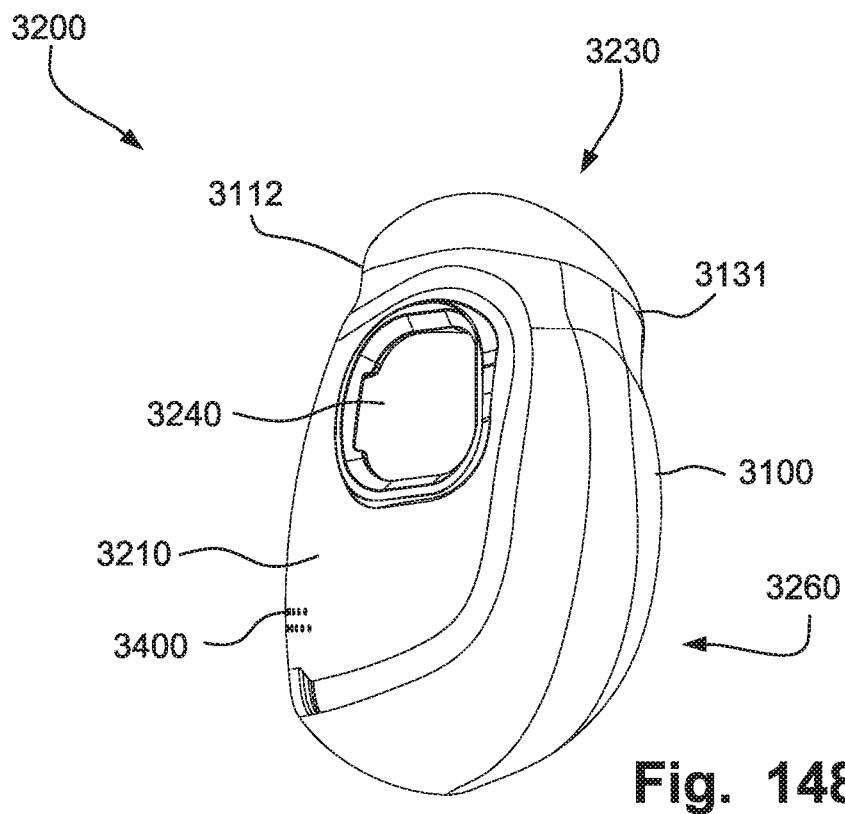
**Fig. 138****Fig. 139**

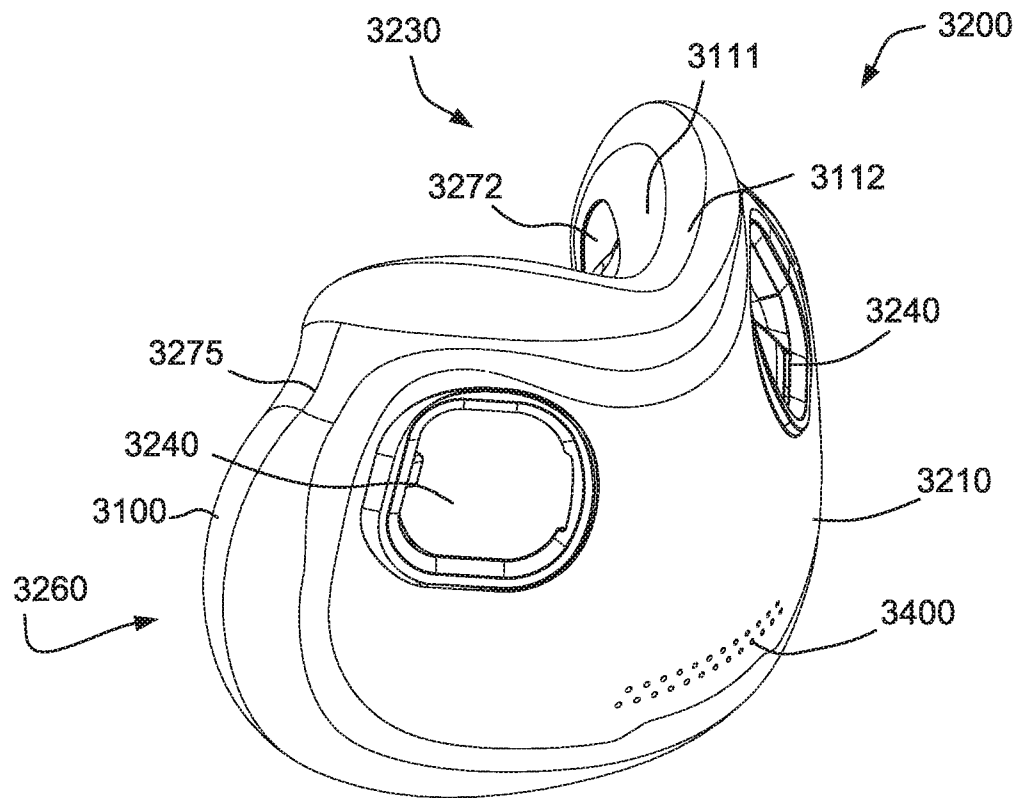
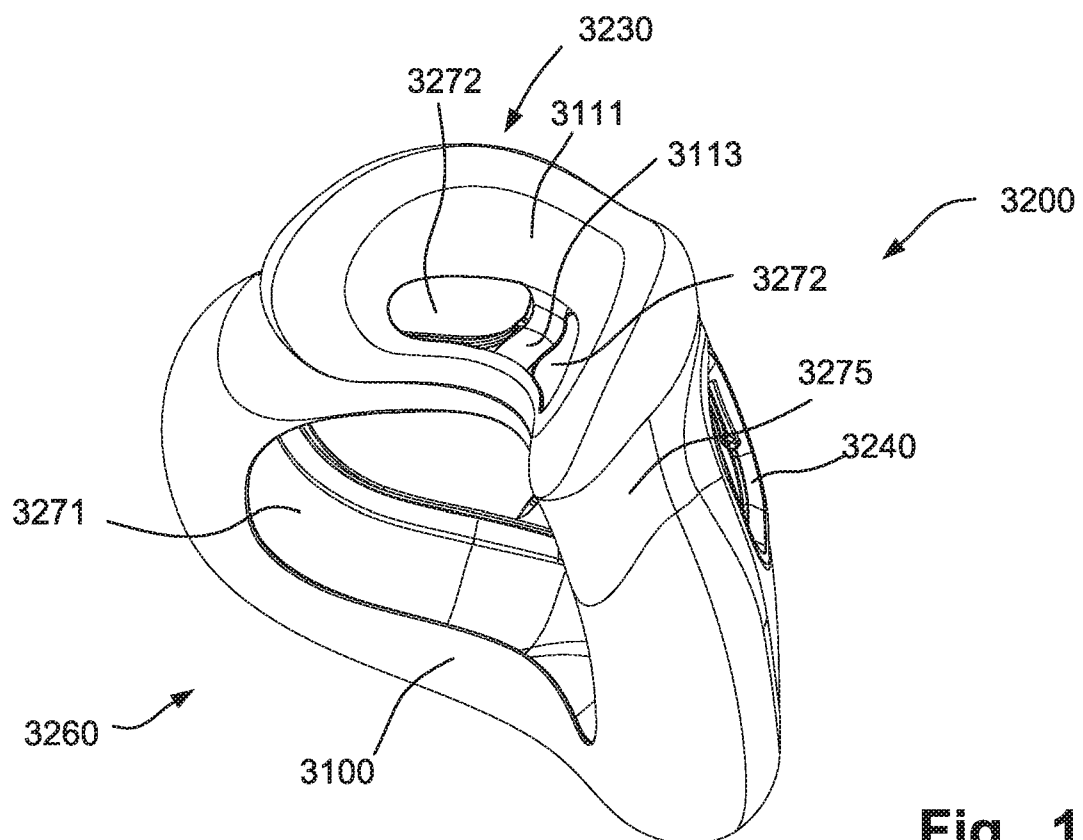
**Fig. 140****Fig. 141**

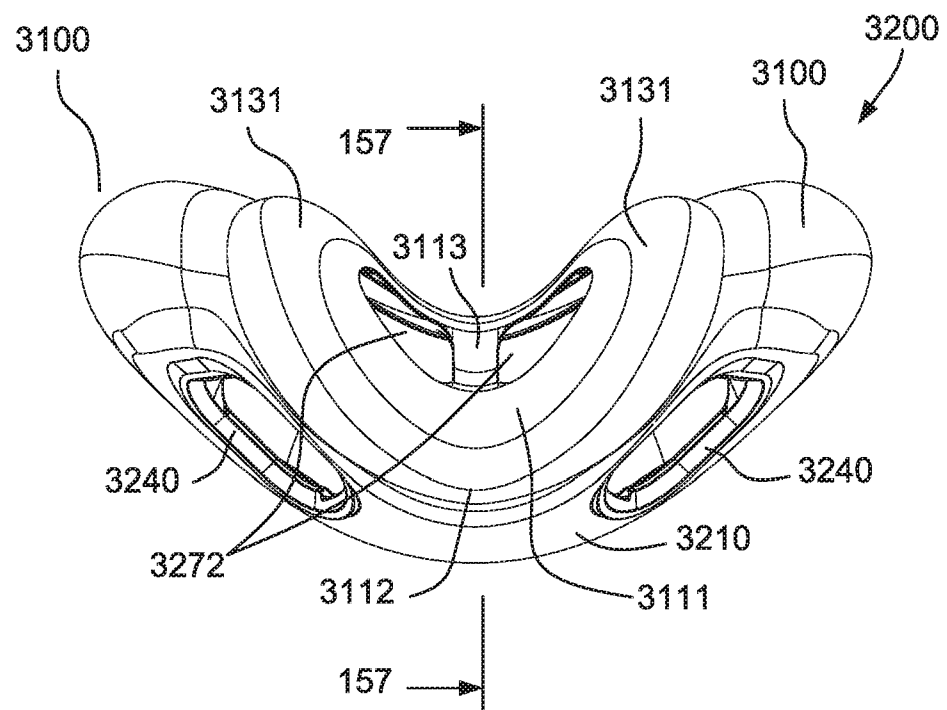
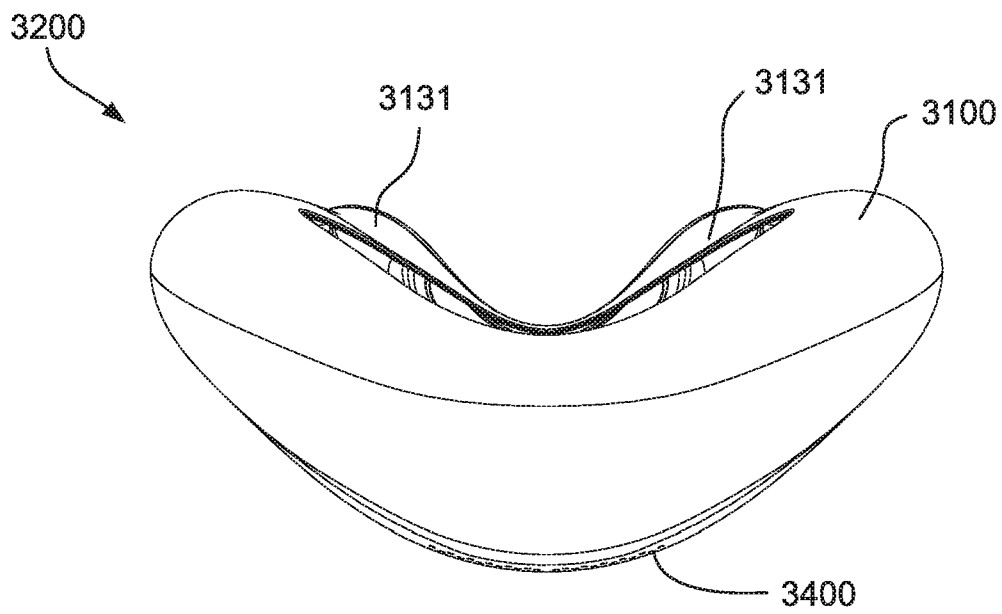
**Fig. 142****Fig. 143**

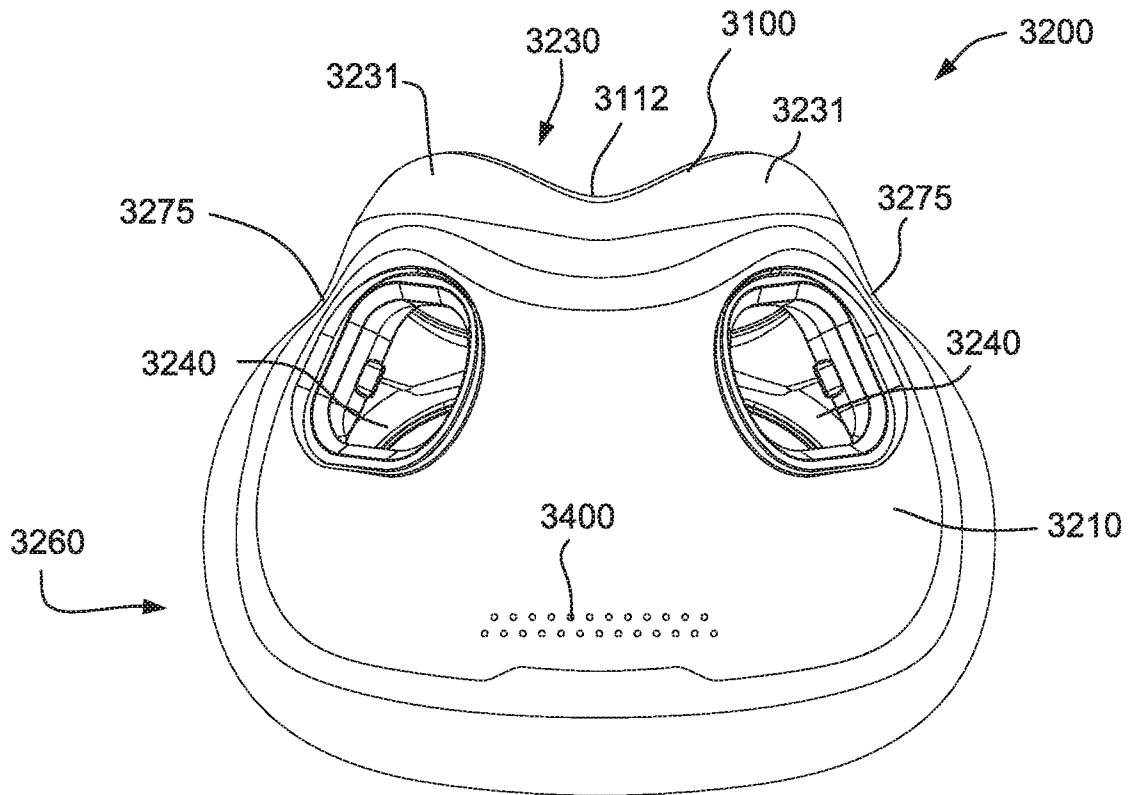
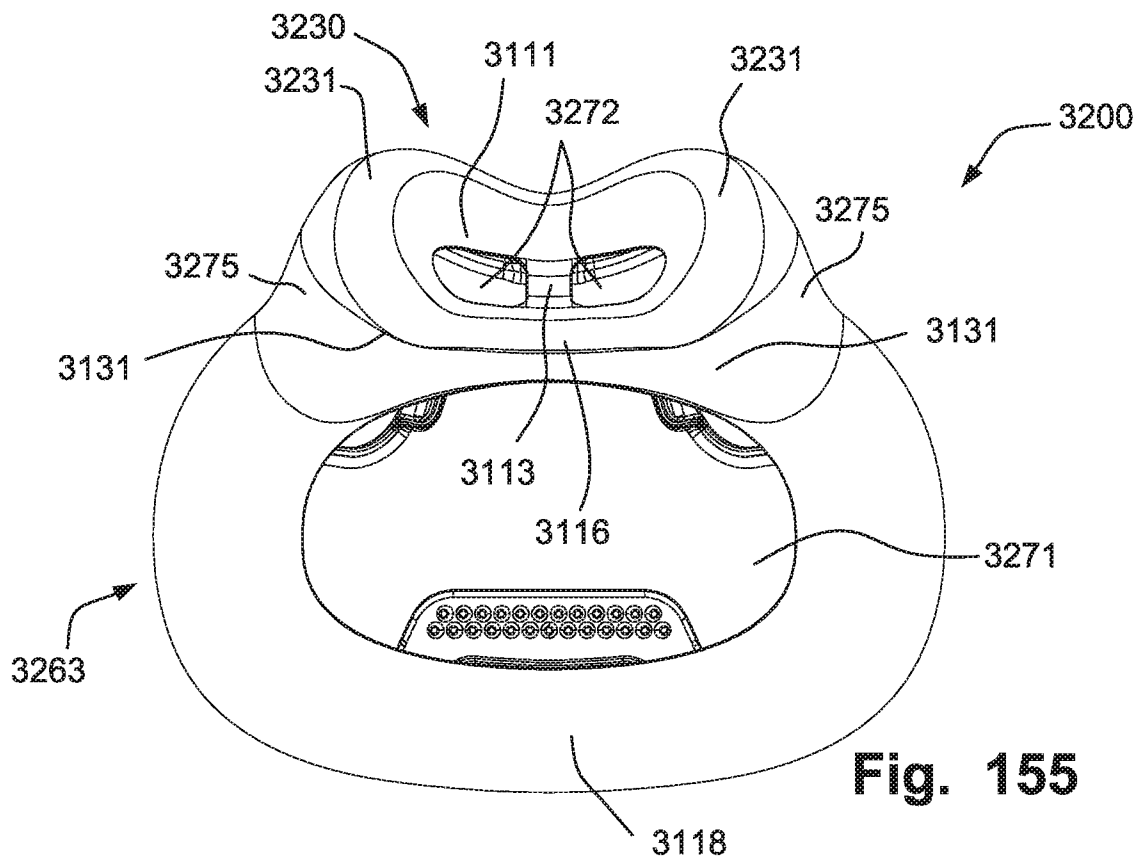


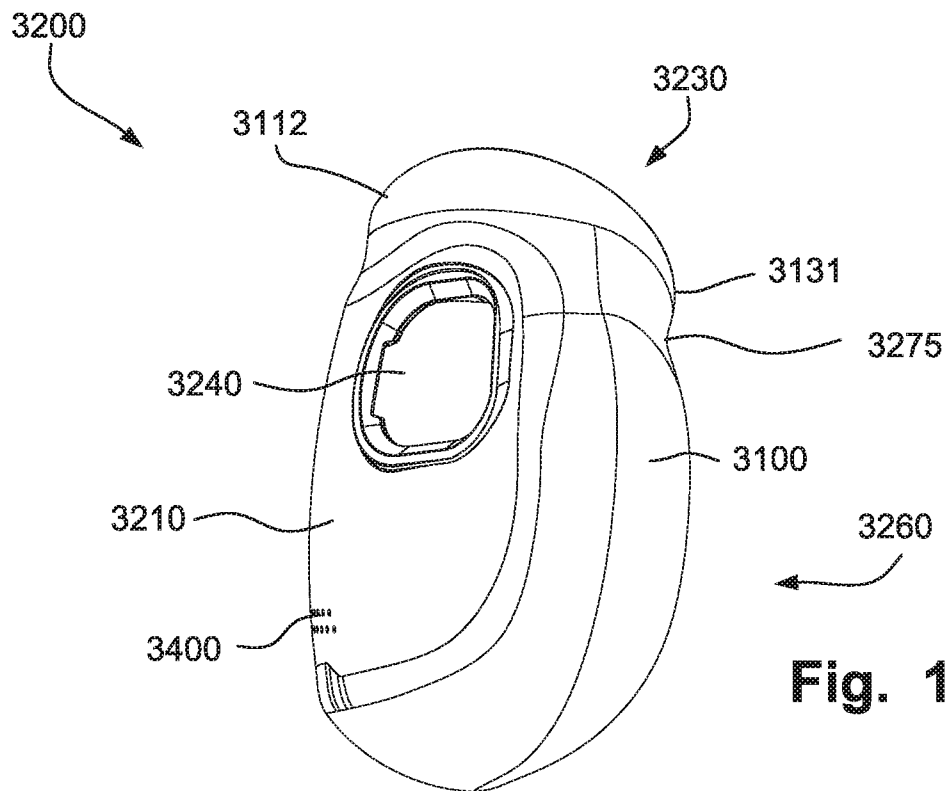
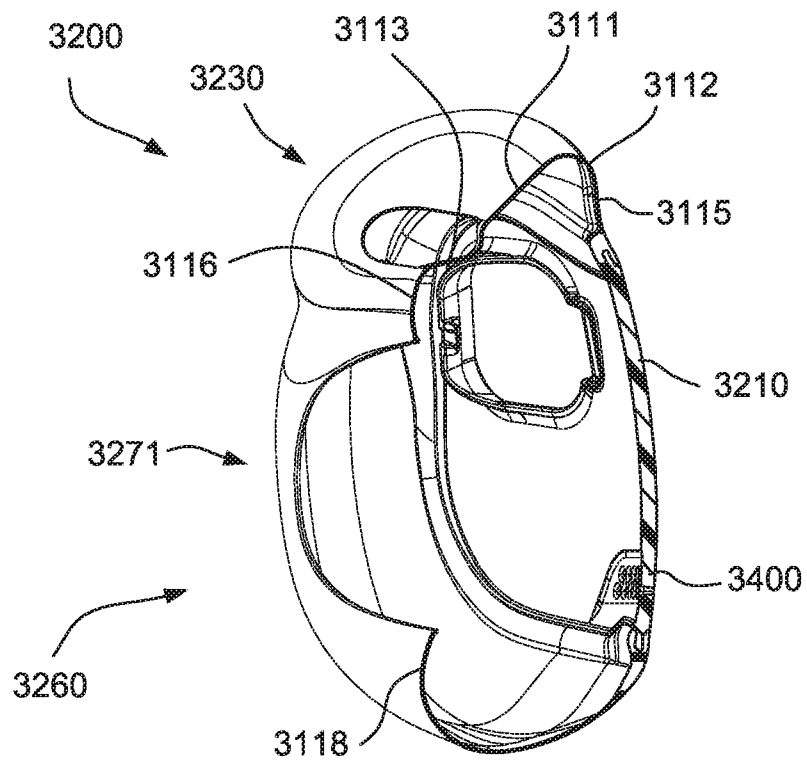


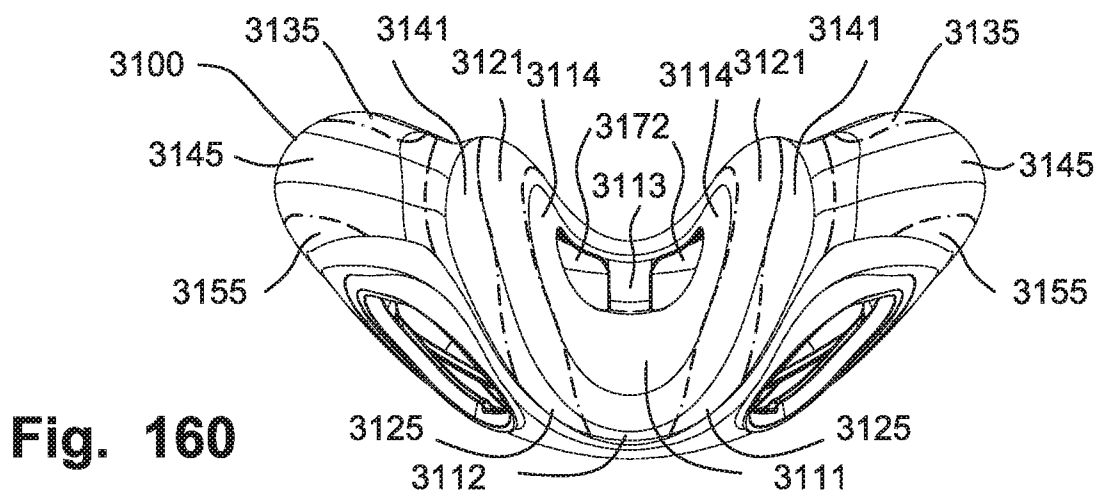
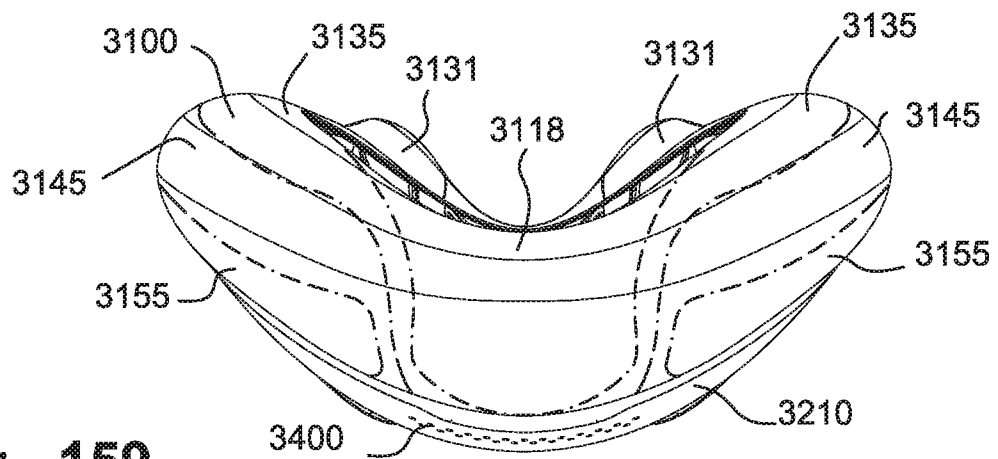
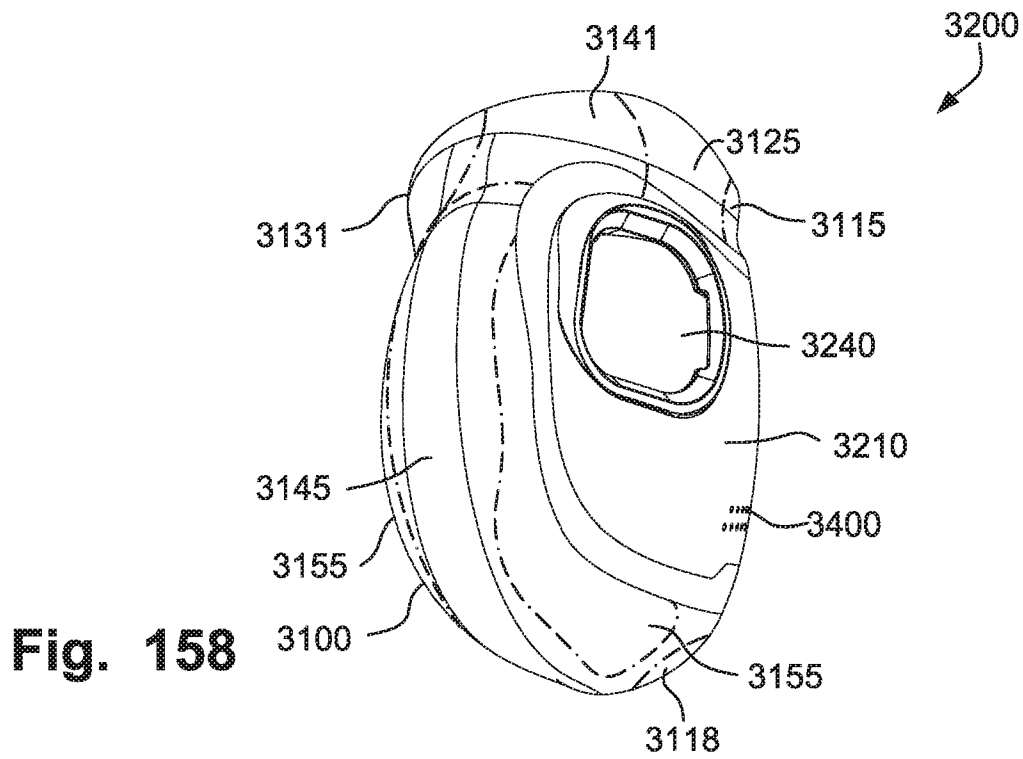
**Fig. 149**

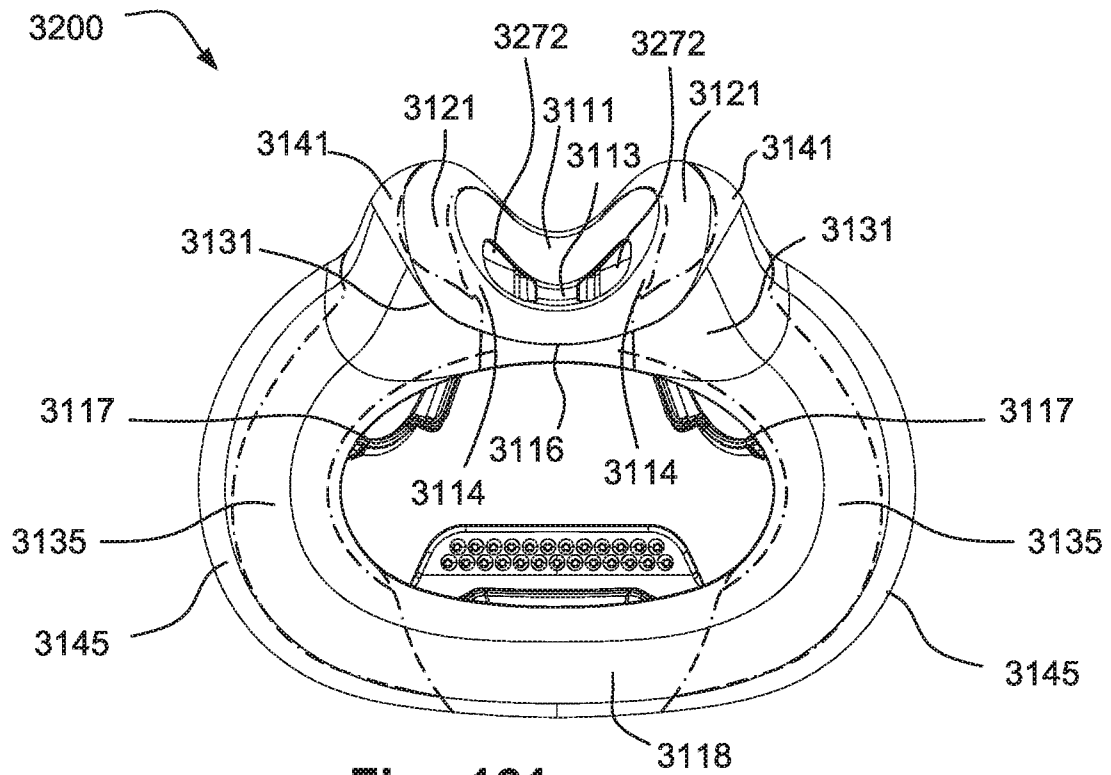
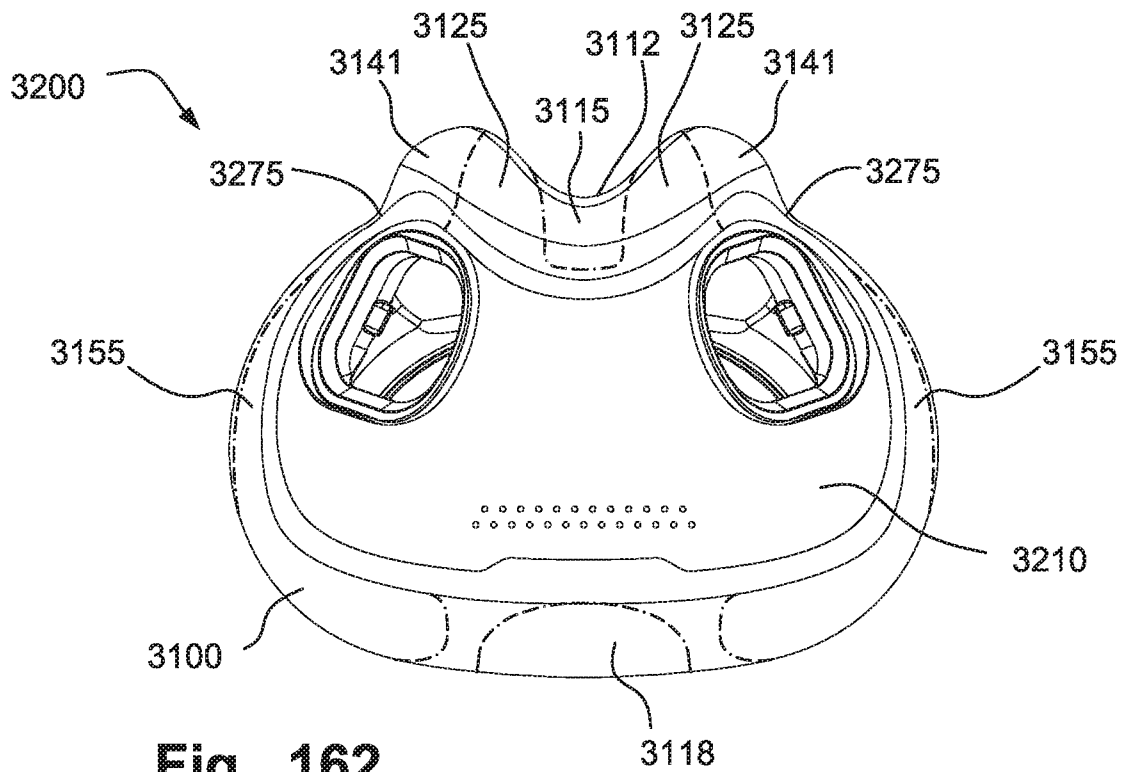
**Fig. 150****Fig. 151**

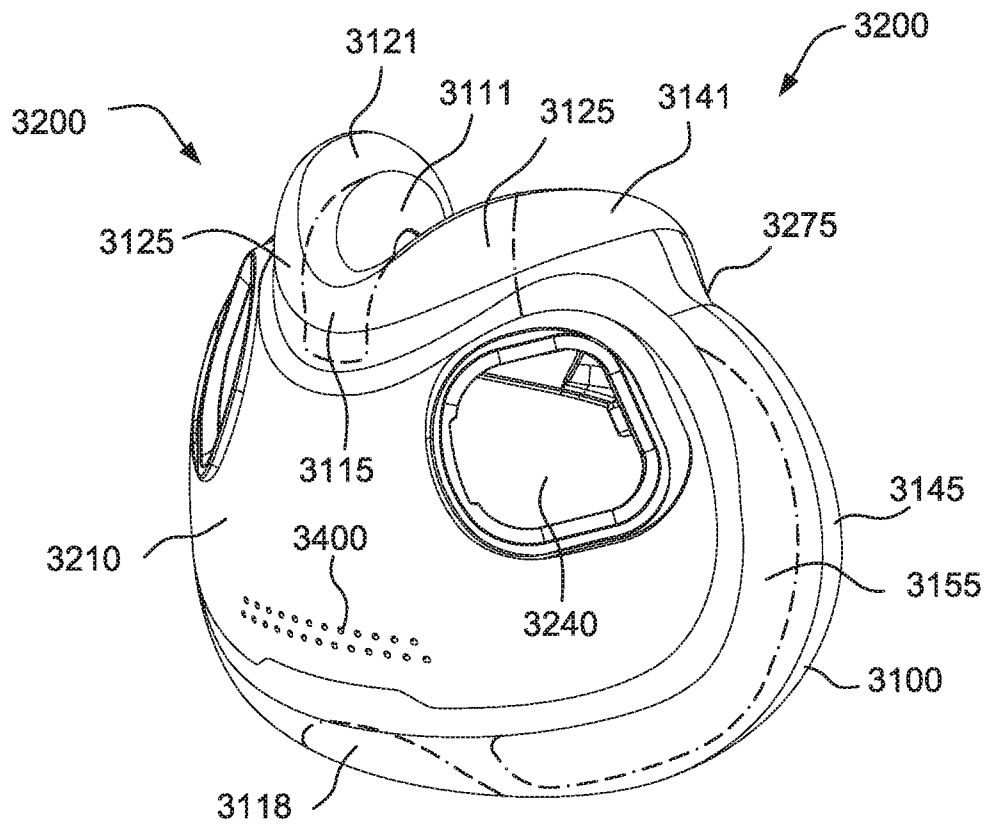
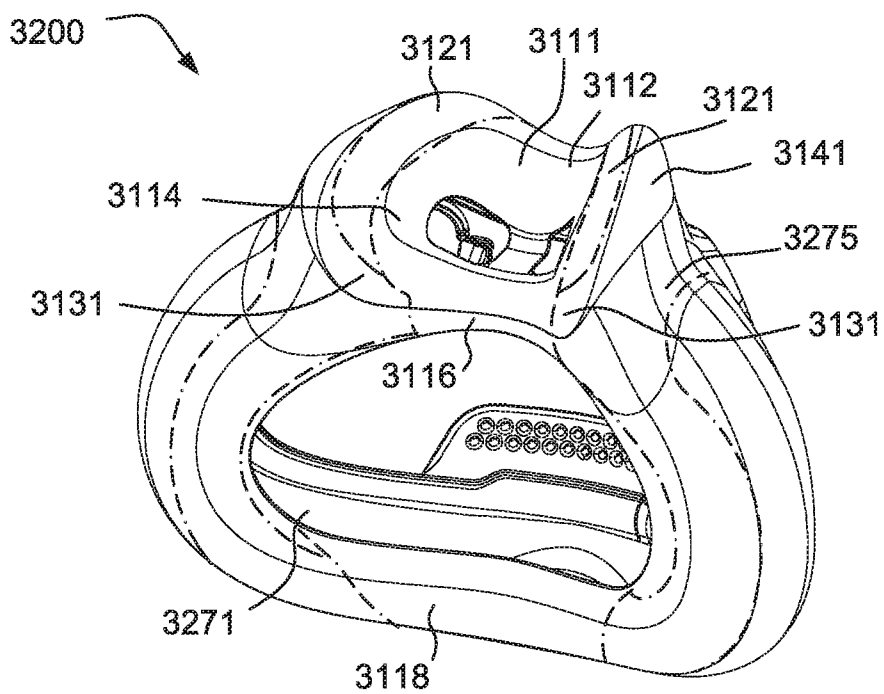
**Fig. 152****Fig. 153**

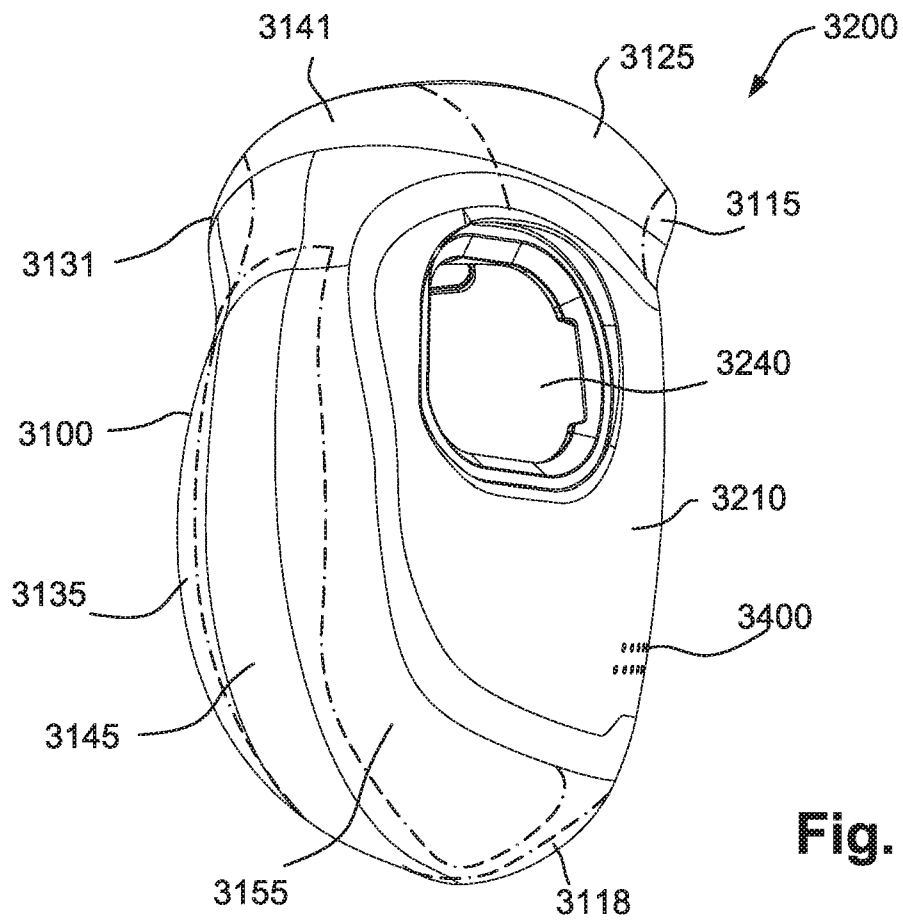
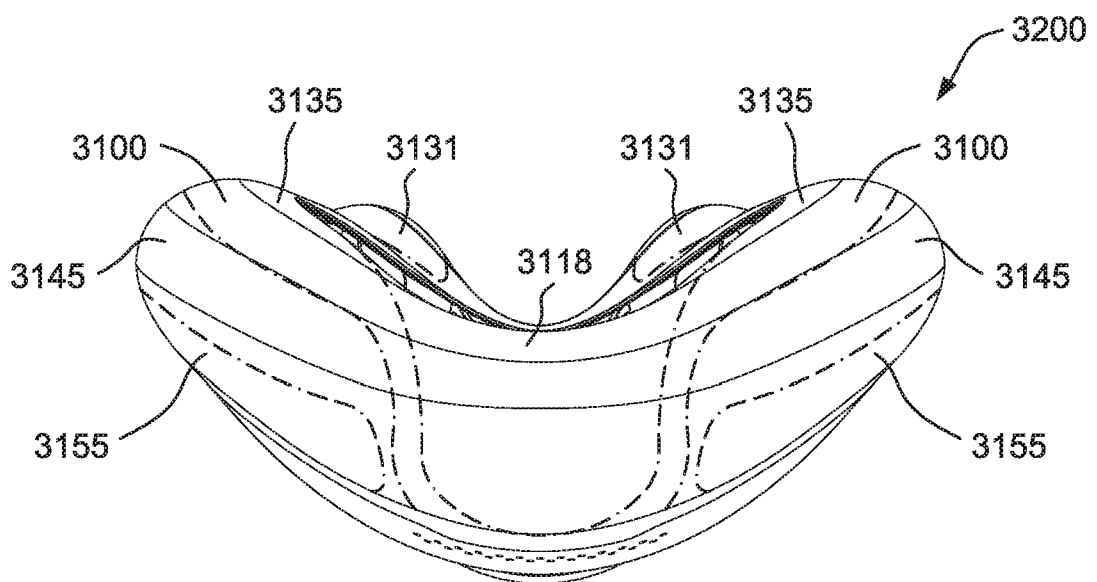
**Fig. 154****Fig. 155**

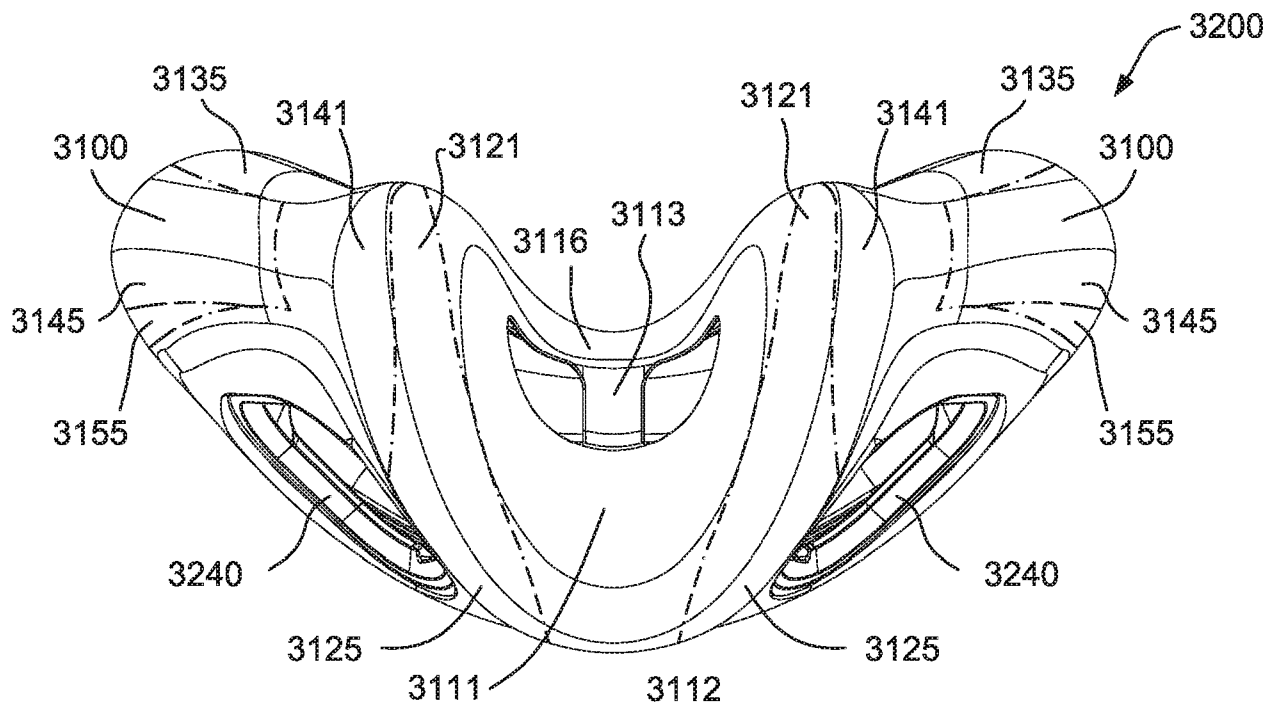
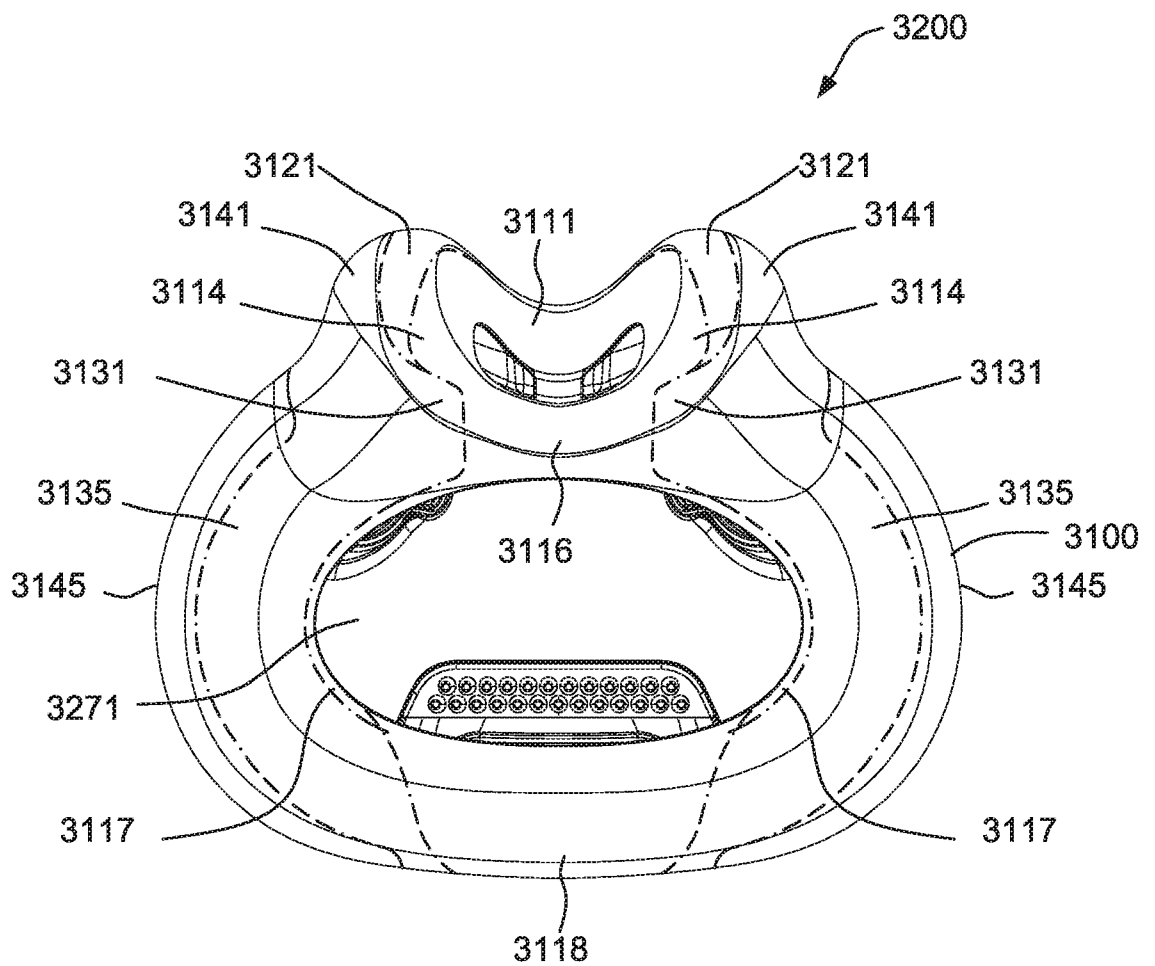
**Fig. 156****Fig. 157**

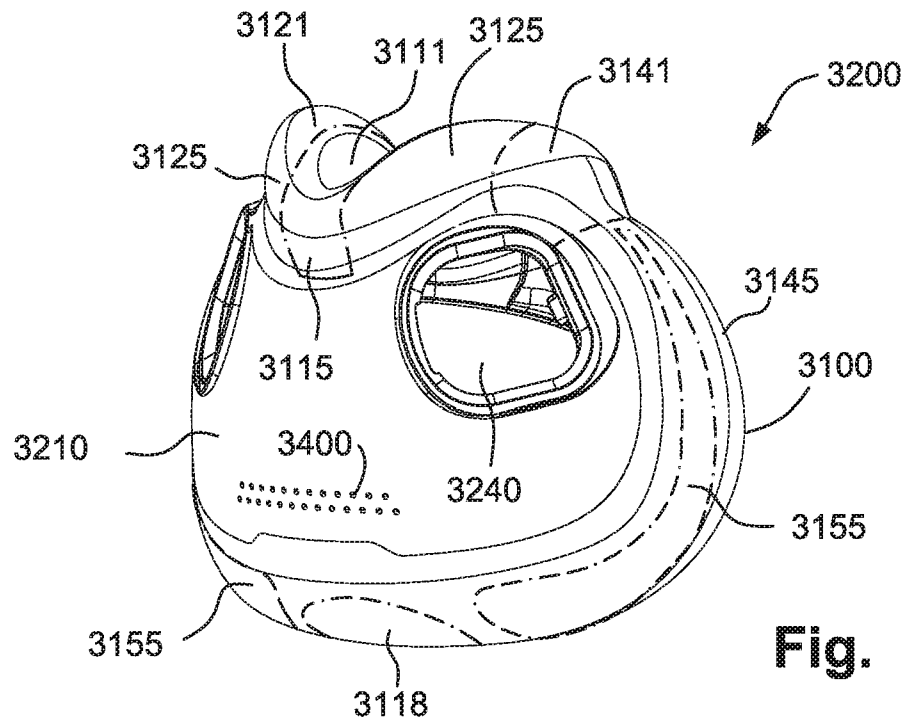
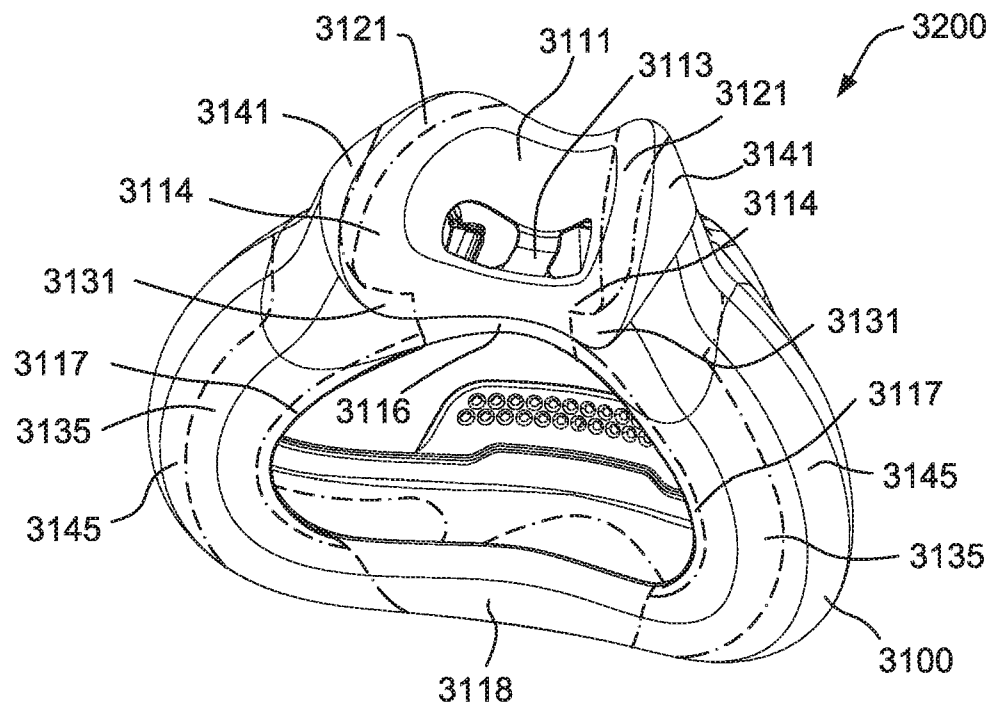


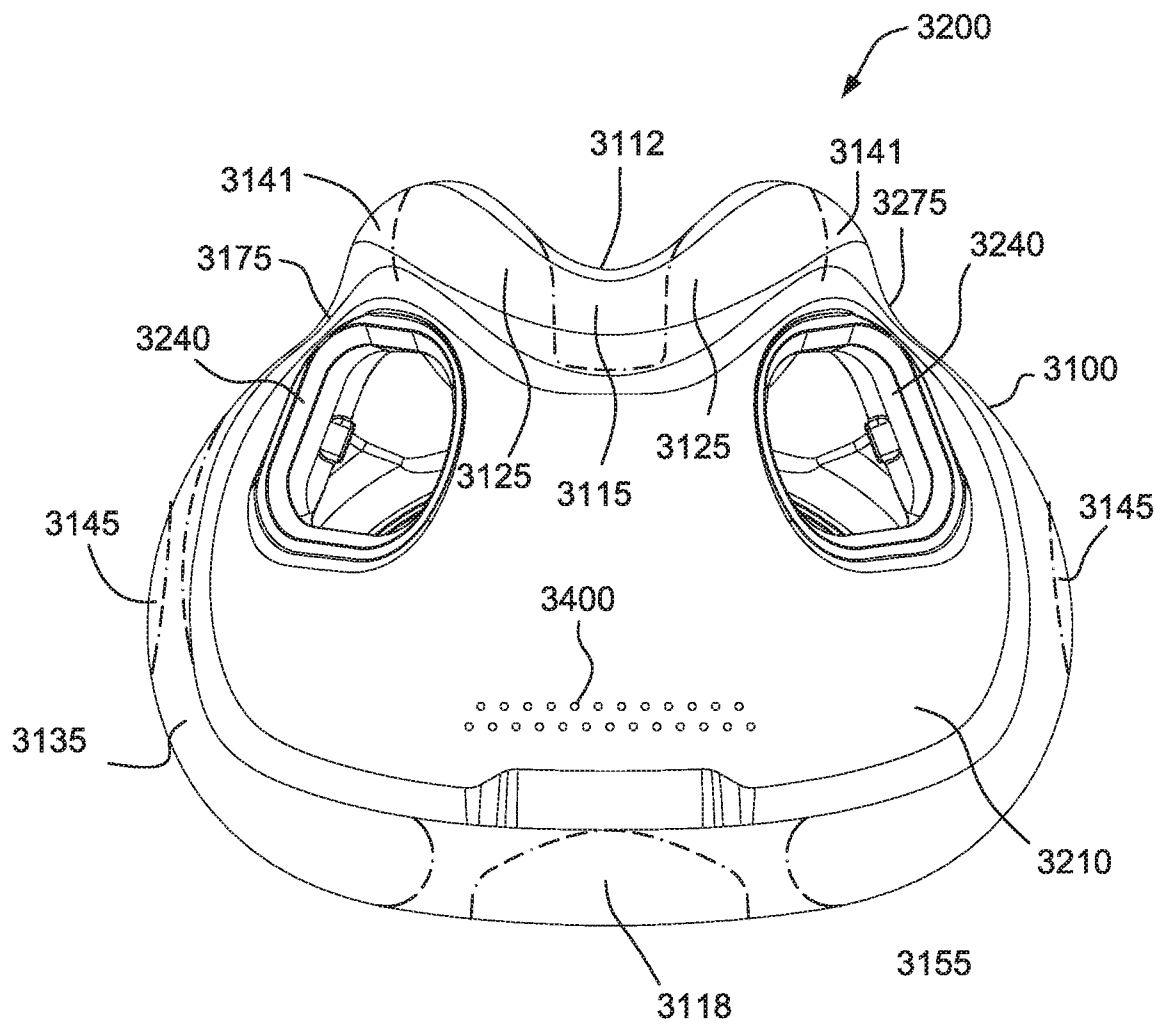
**Fig. 161****Fig. 162**

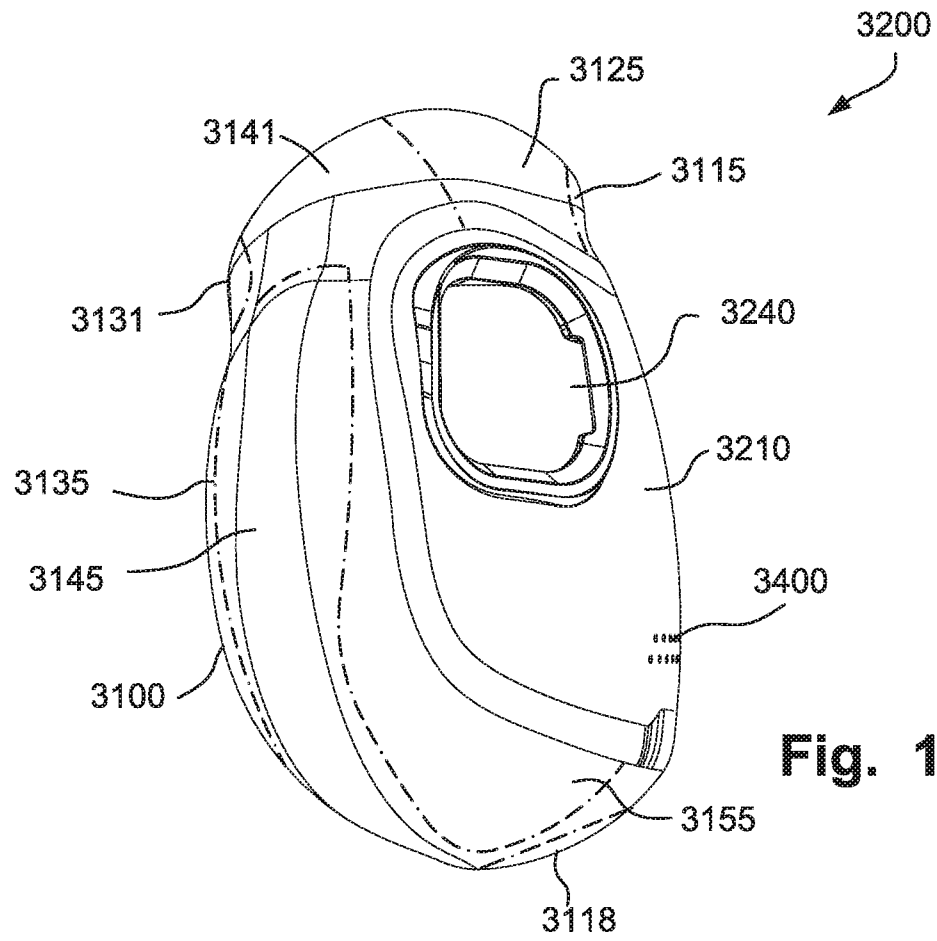
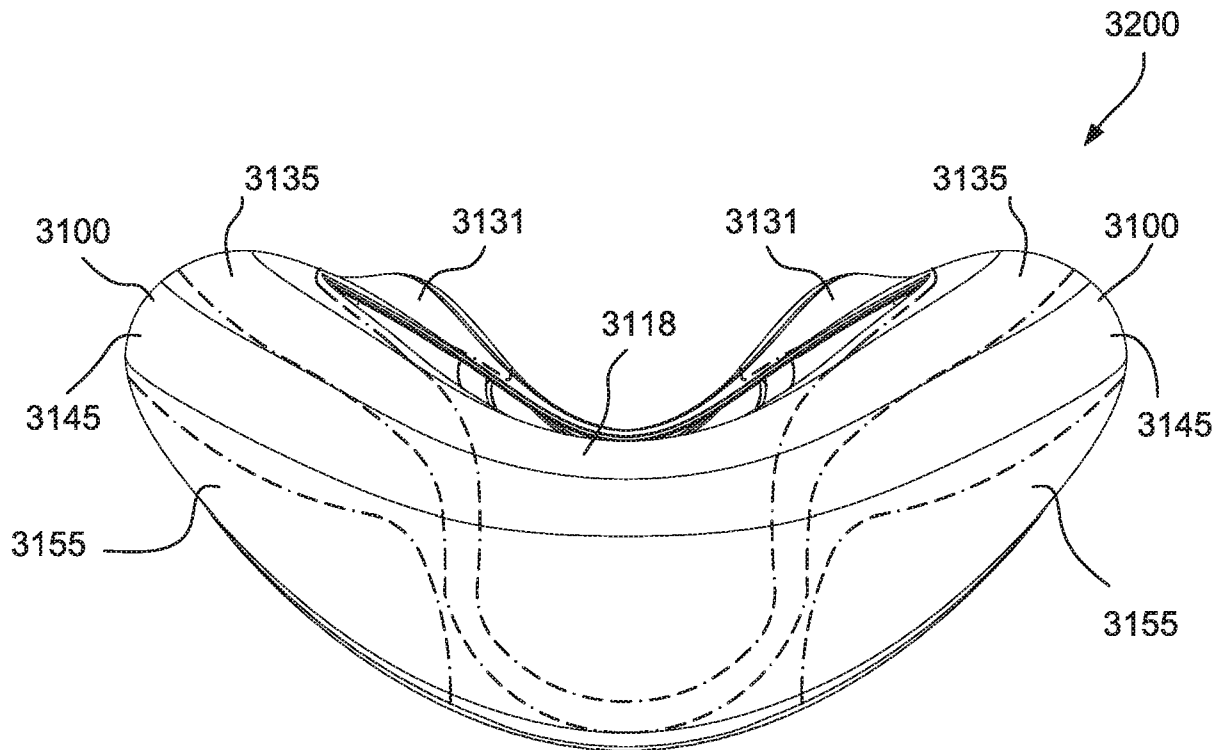
**Fig. 163****Fig. 164**

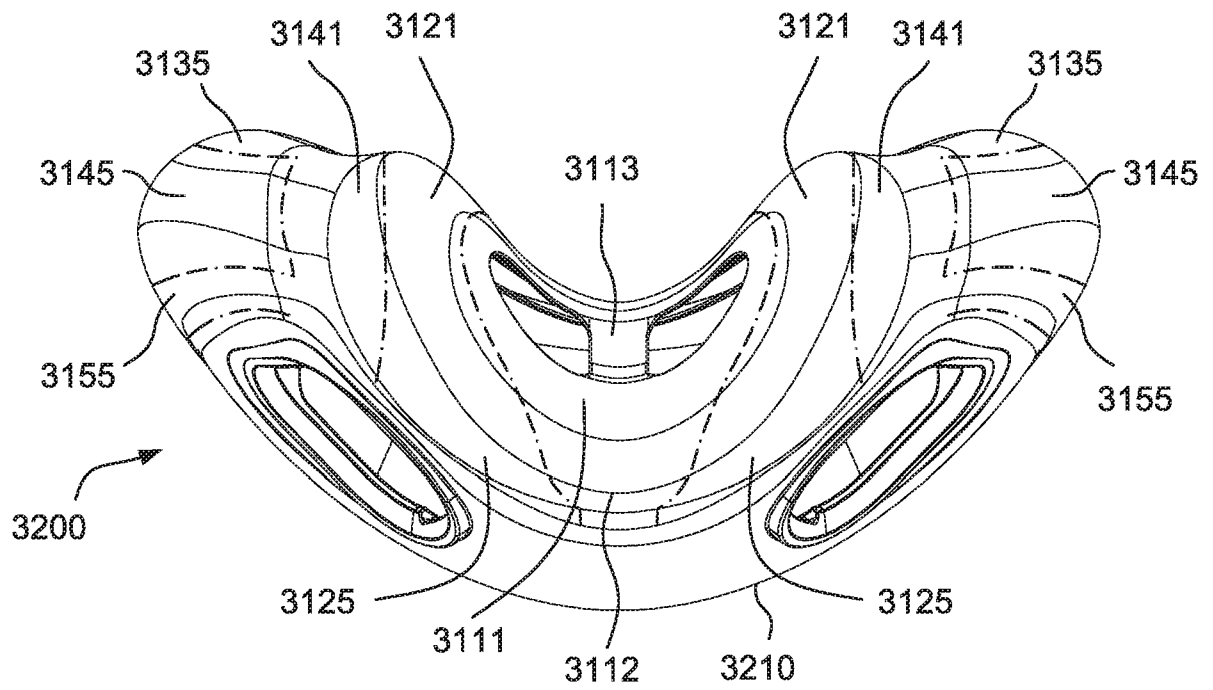
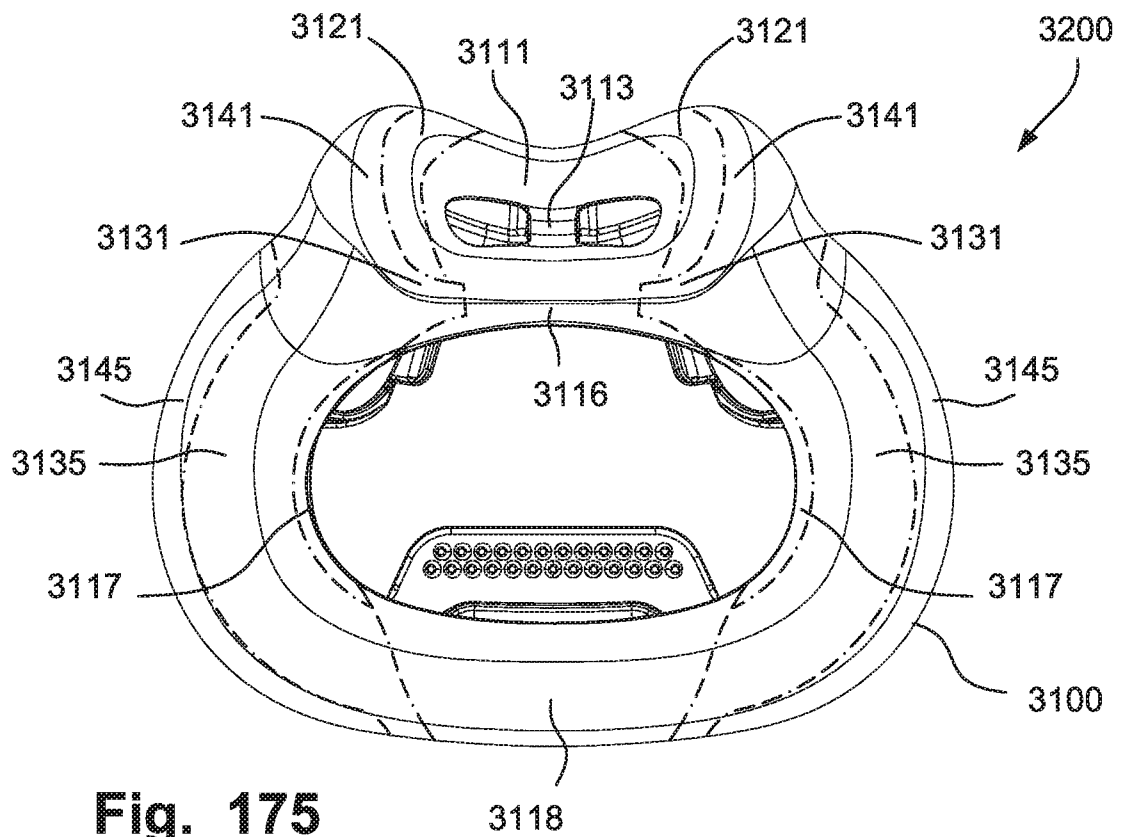
**Fig. 165****Fig. 166**

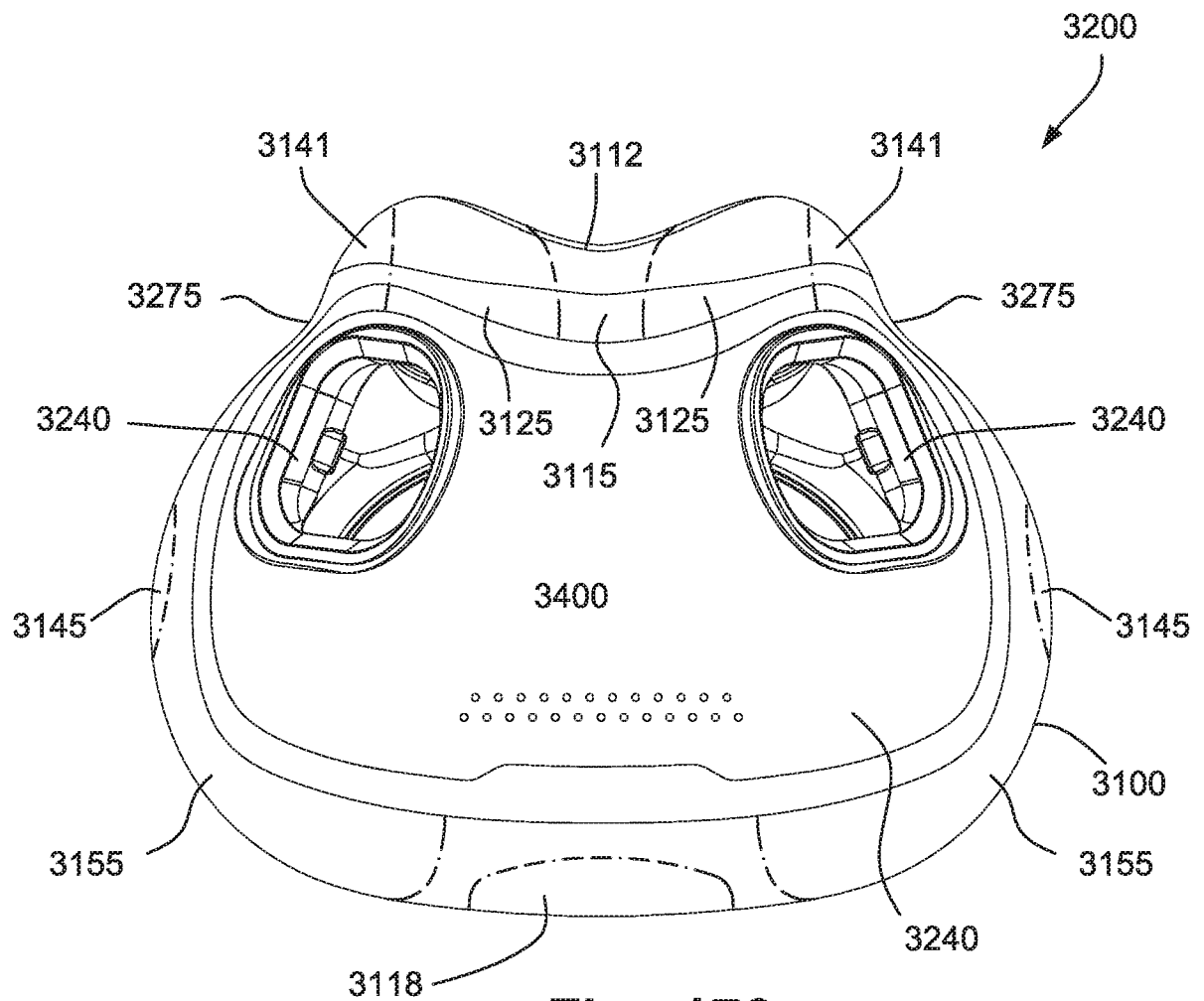
**Fig. 167****Fig. 168**

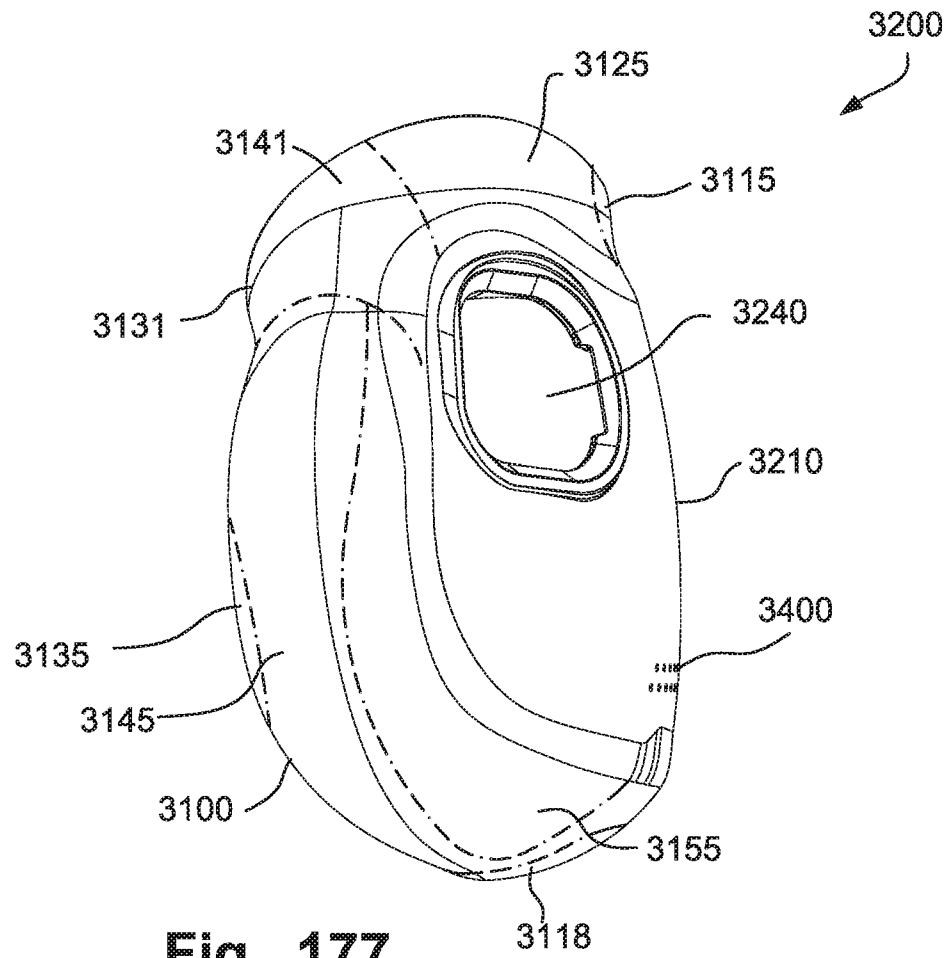
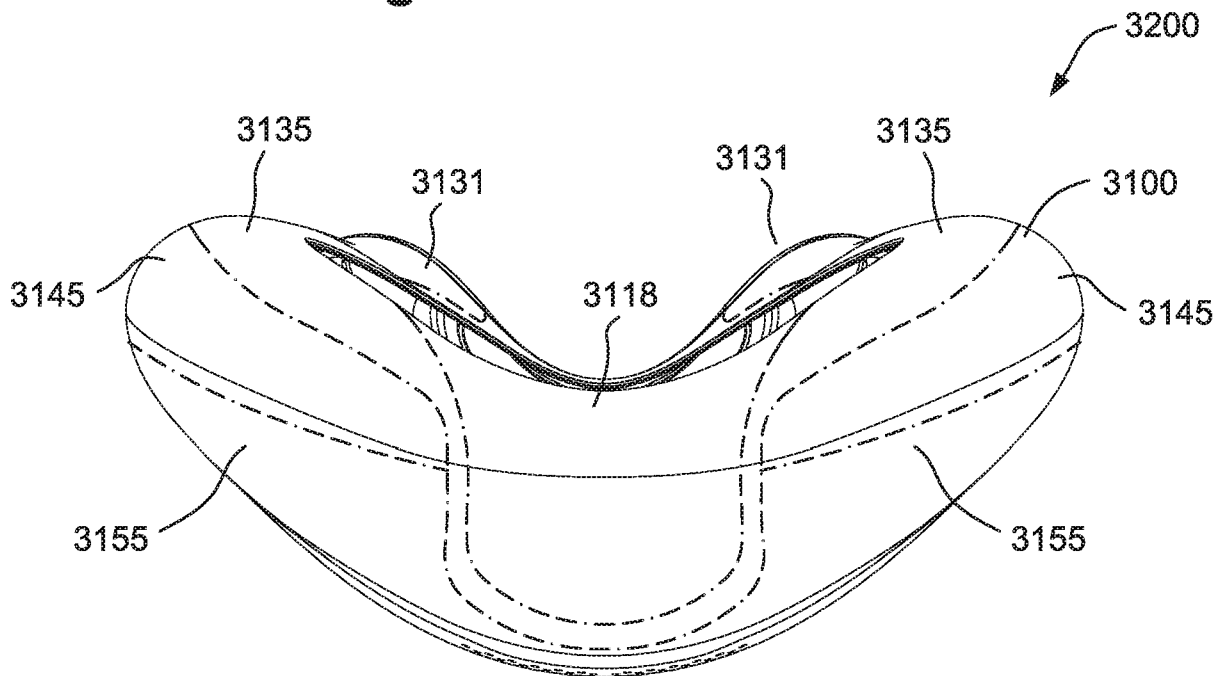
**Fig. 169****Fig. 170**

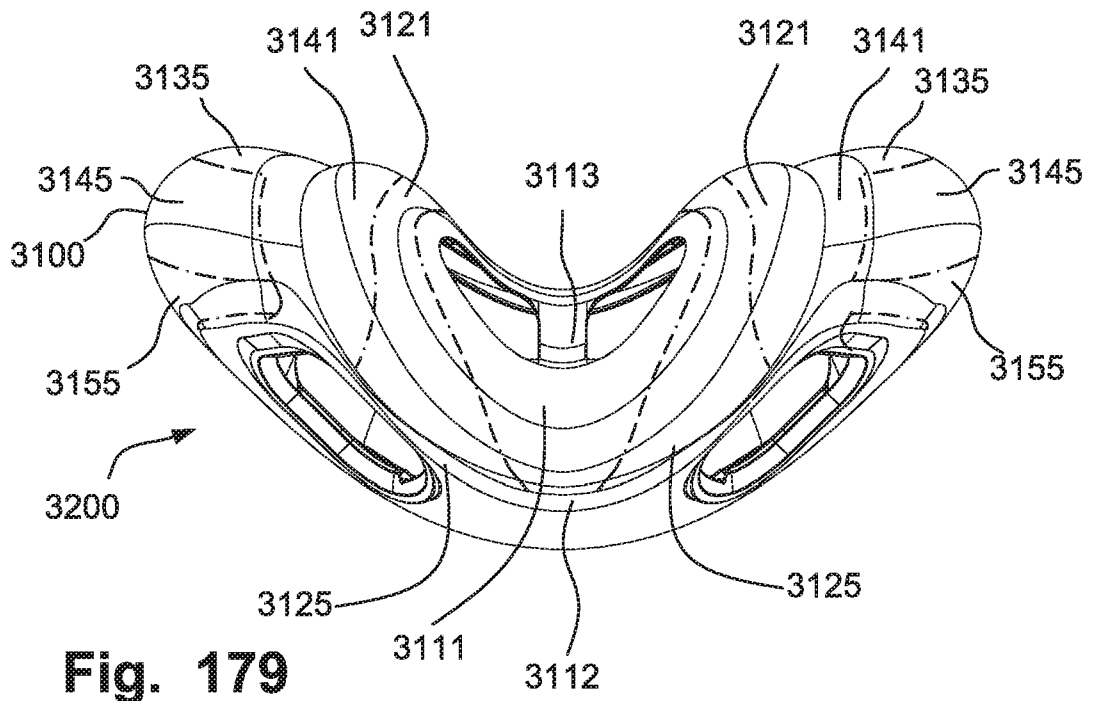
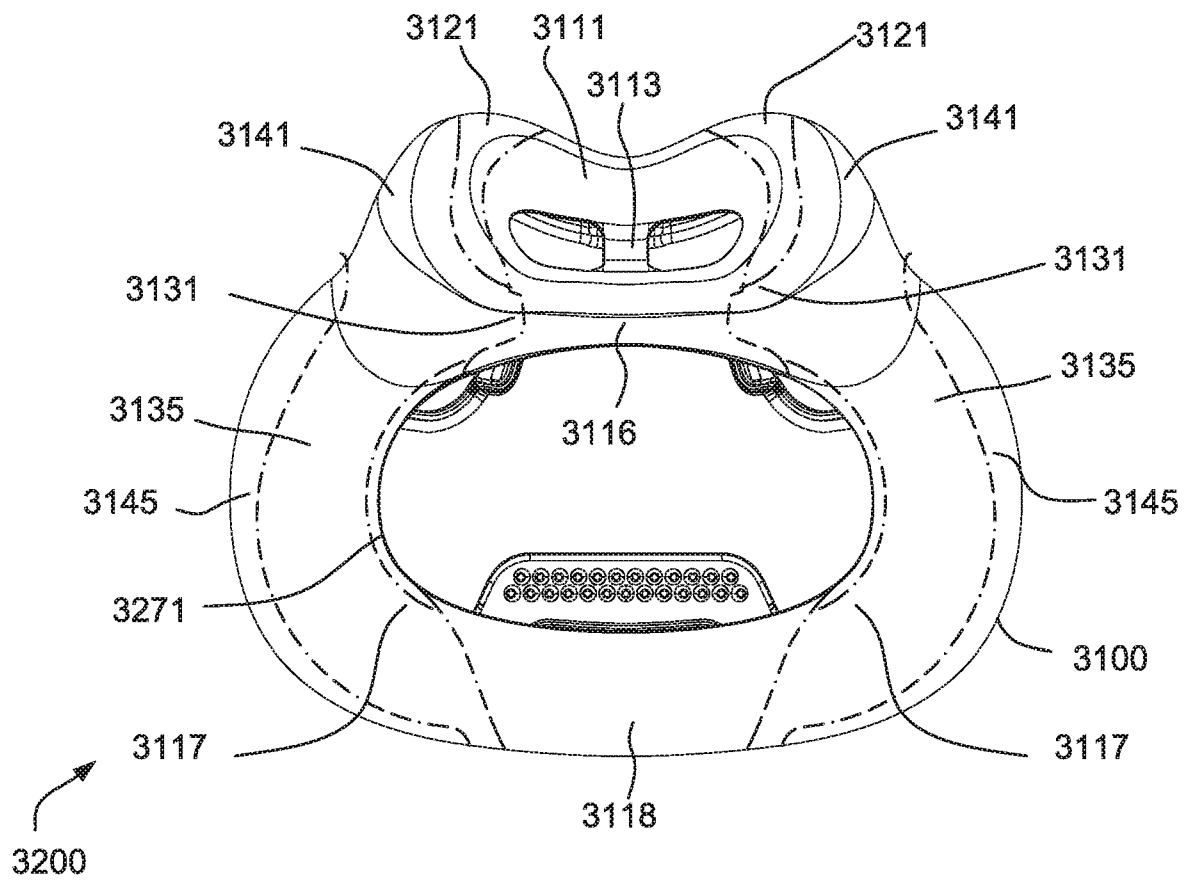
**Fig. 171**

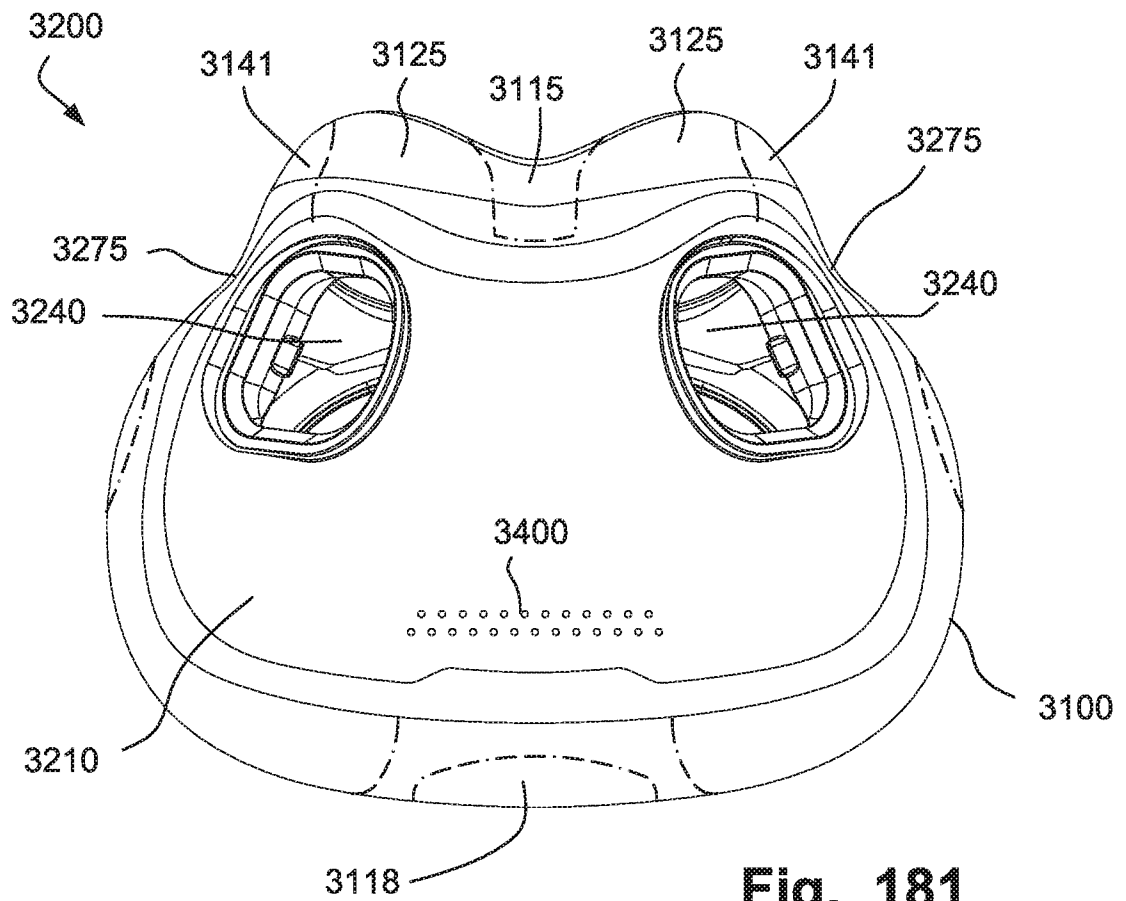
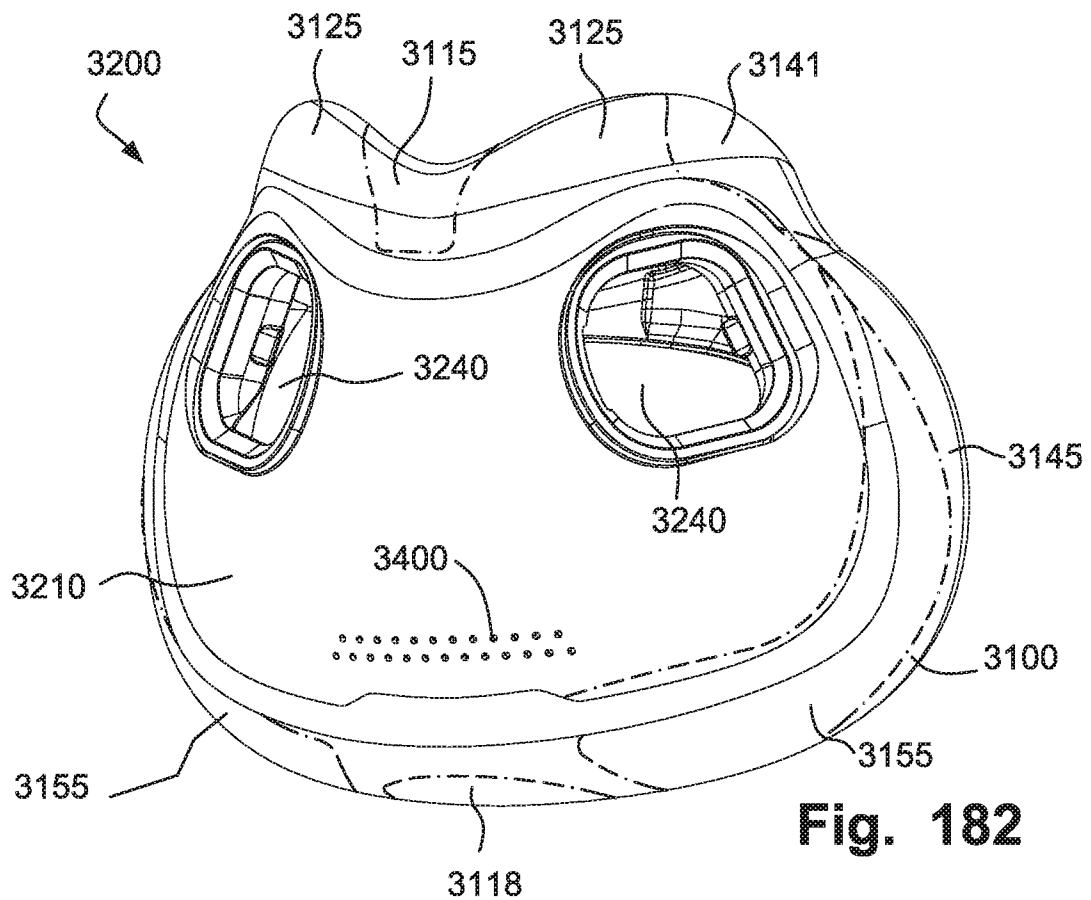
**Fig. 172****Fig. 173**

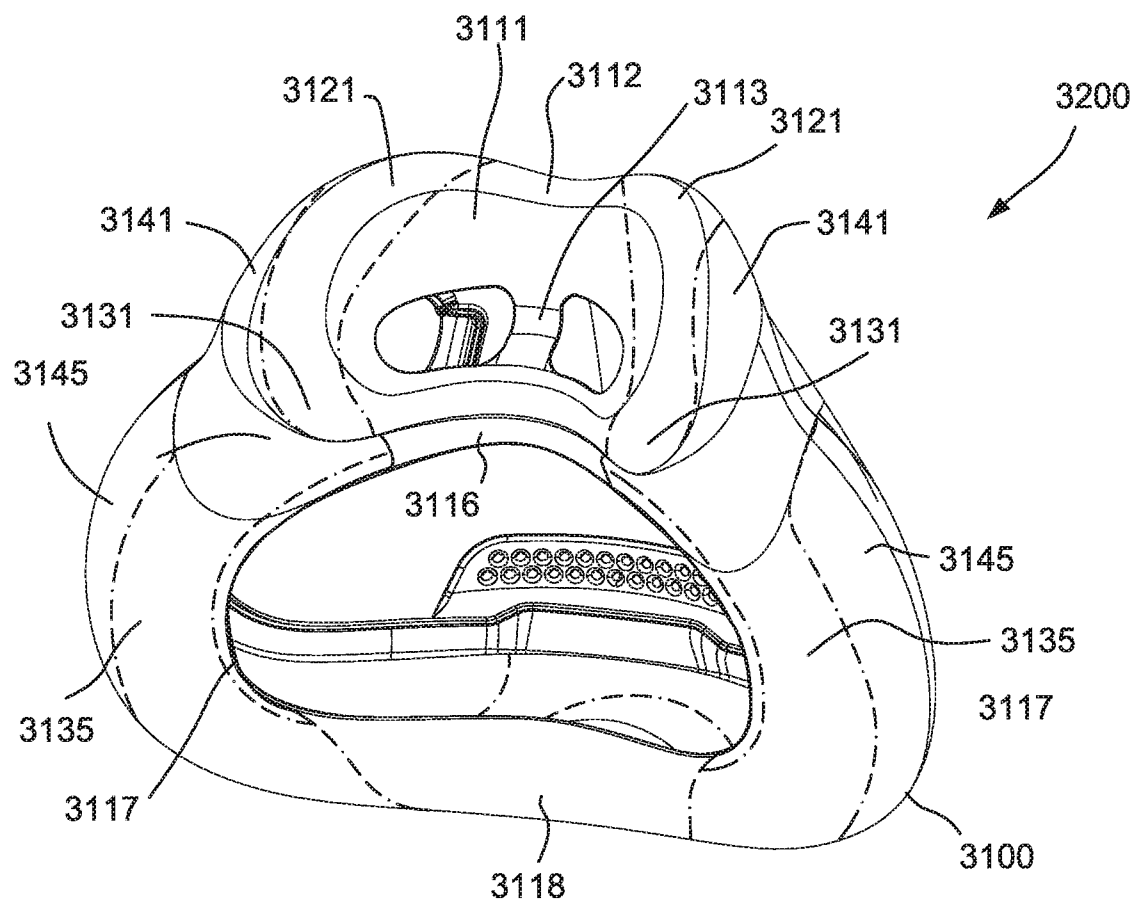
**Fig. 174****Fig. 175**

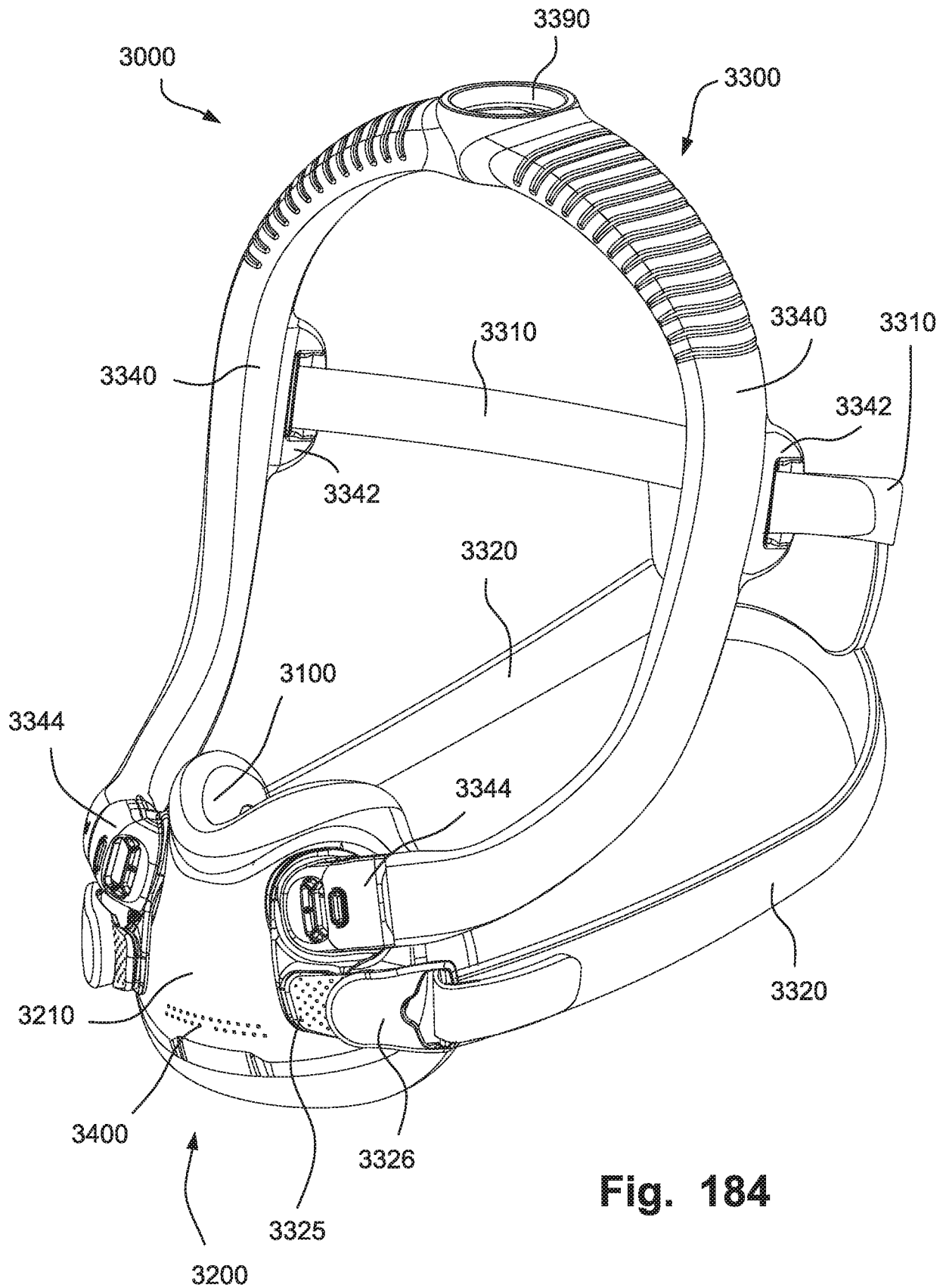
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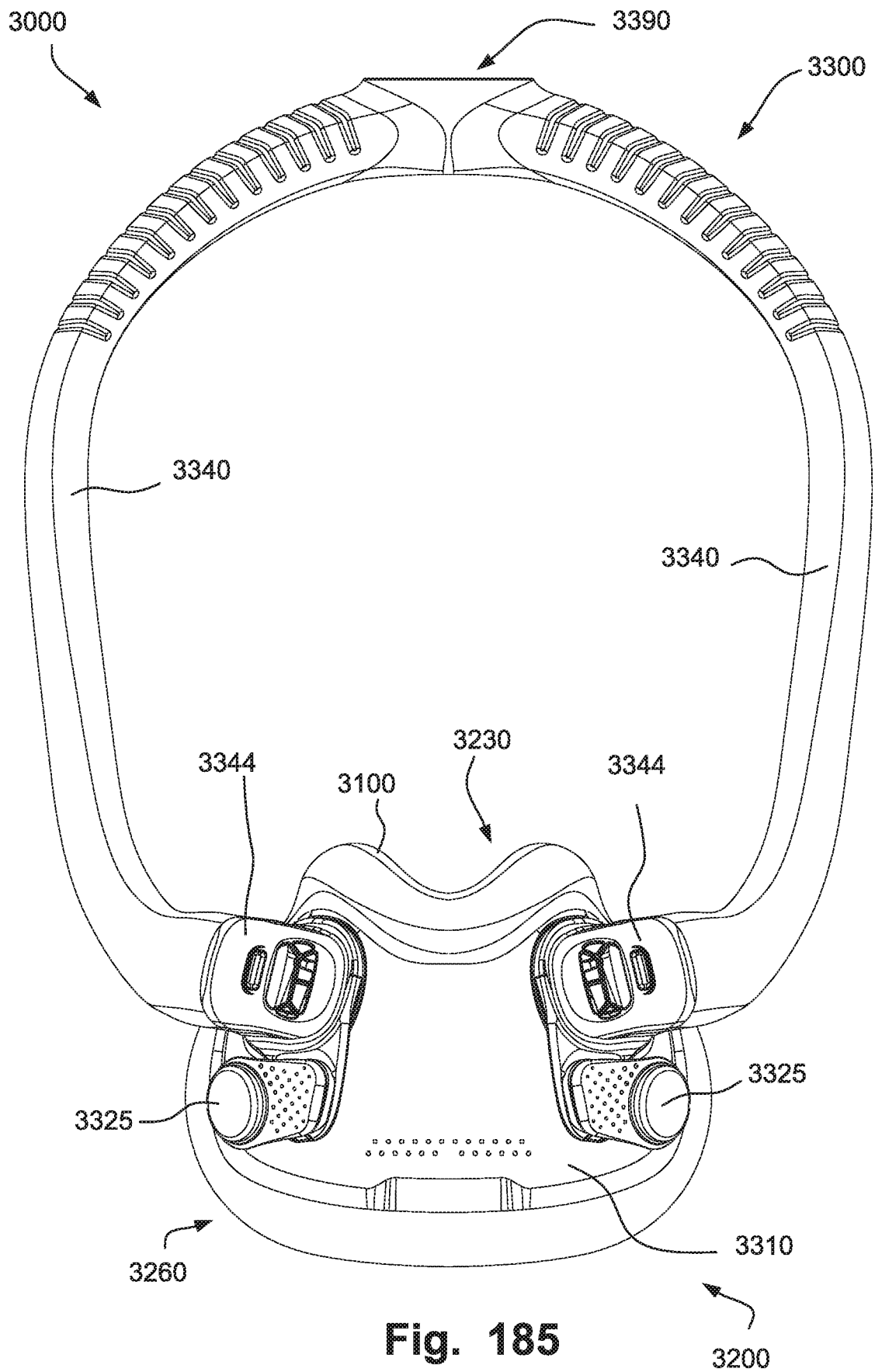
**Fig. 177****Fig. 178**

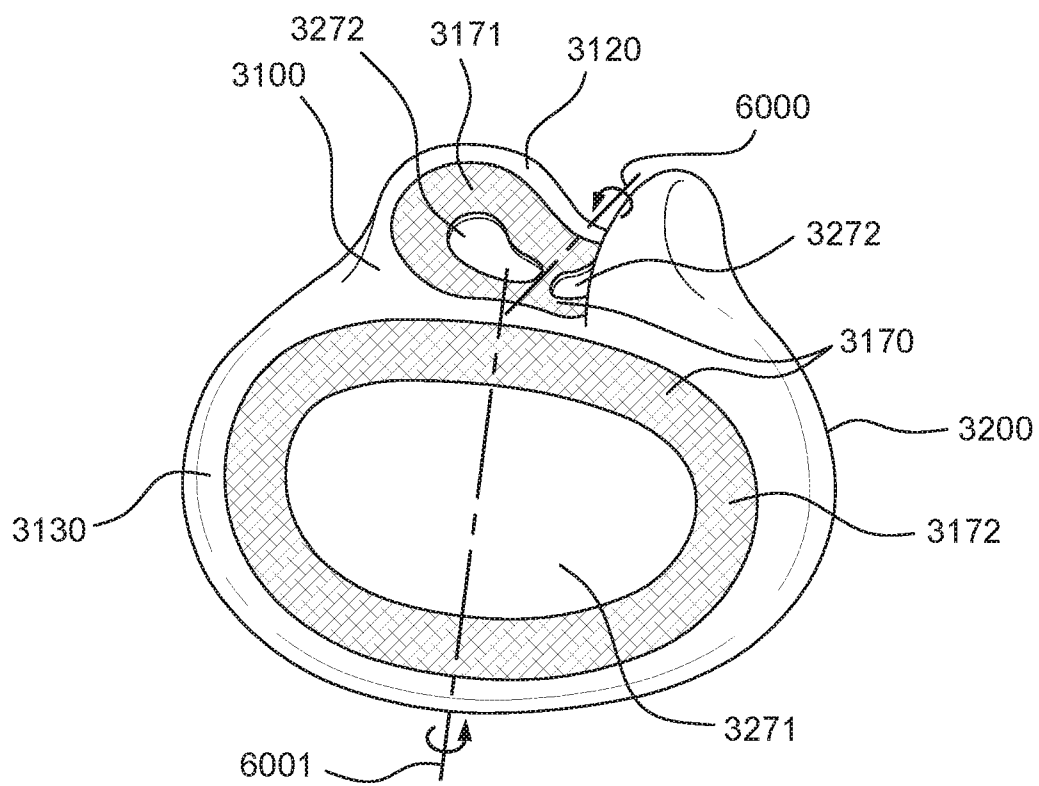
**Fig. 179****Fig. 180**

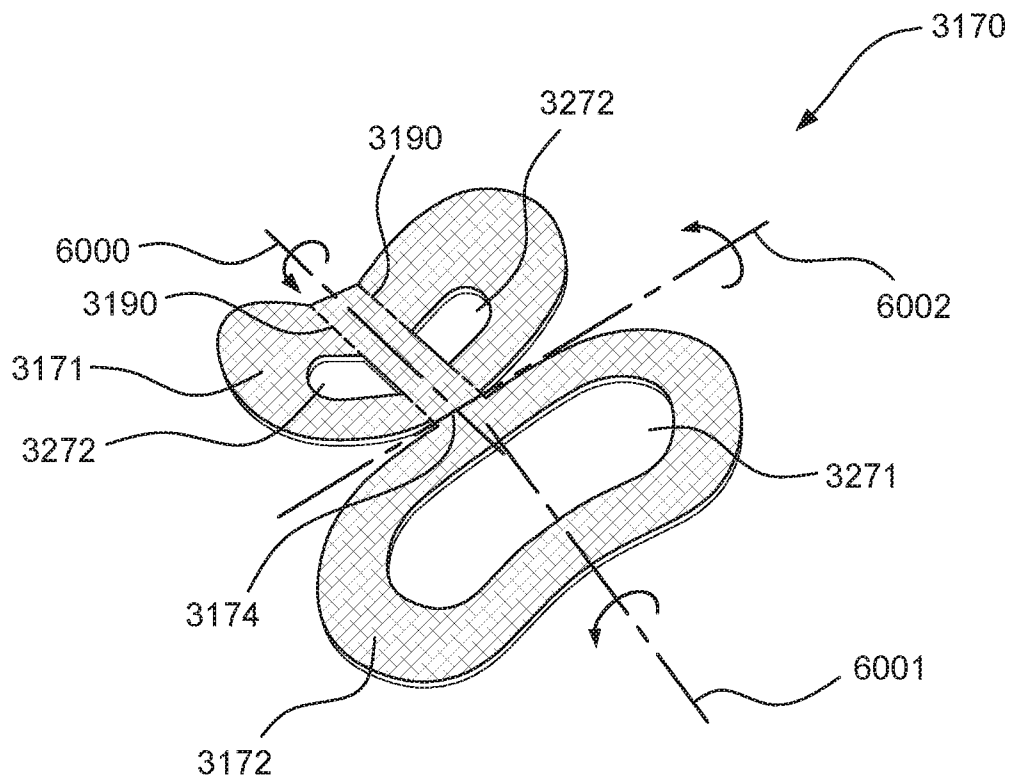
**Fig. 181****Fig. 182**

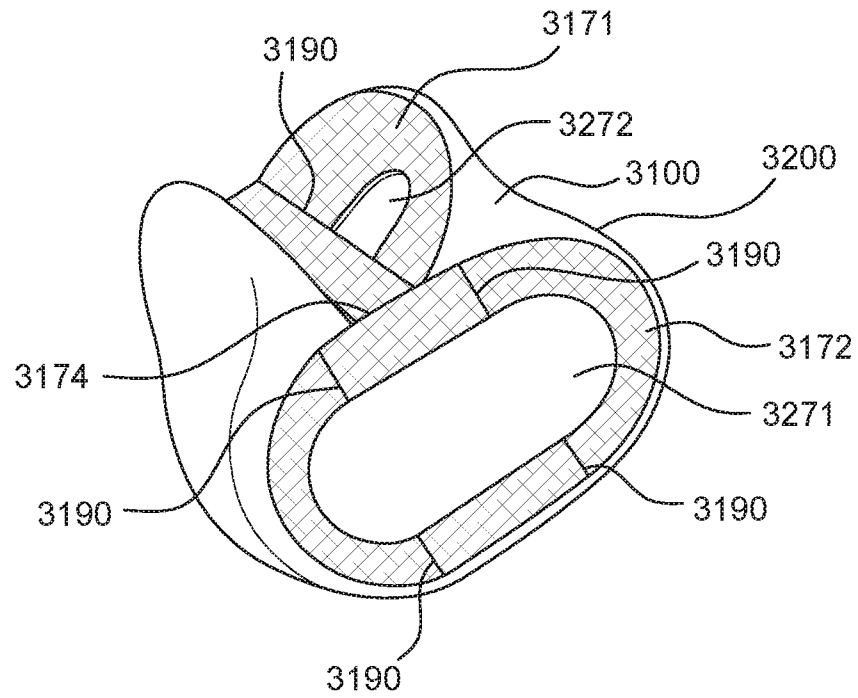
**Fig. 183**

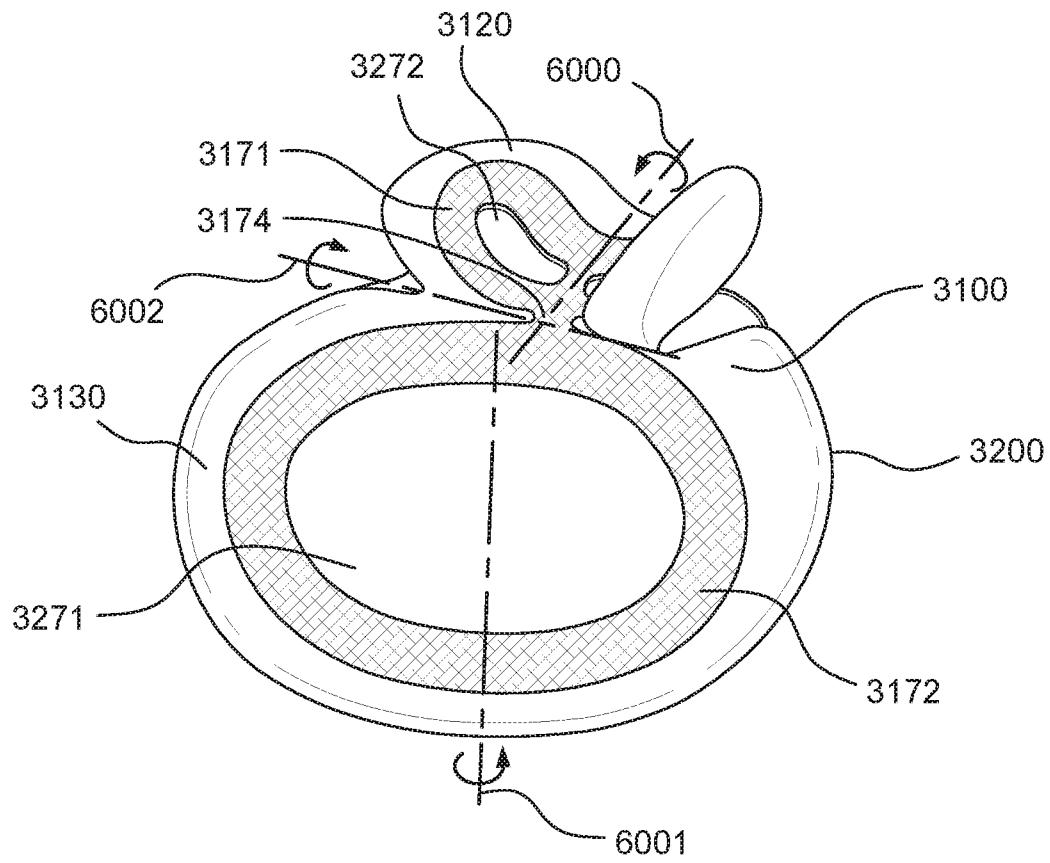
**Fig. 184**

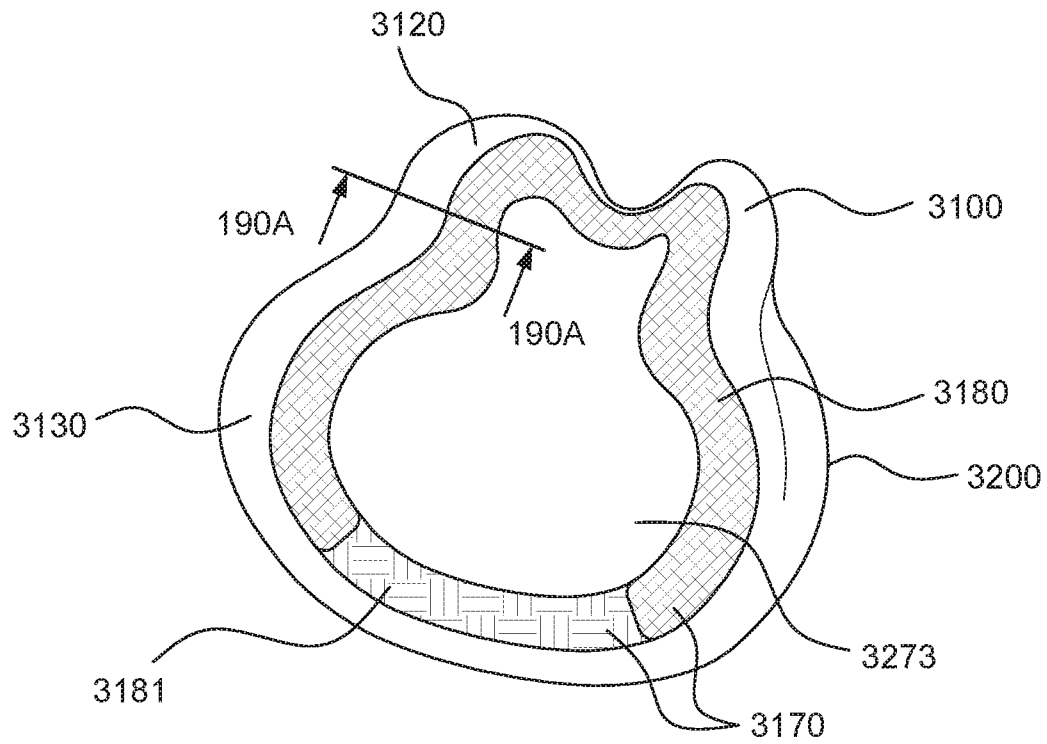
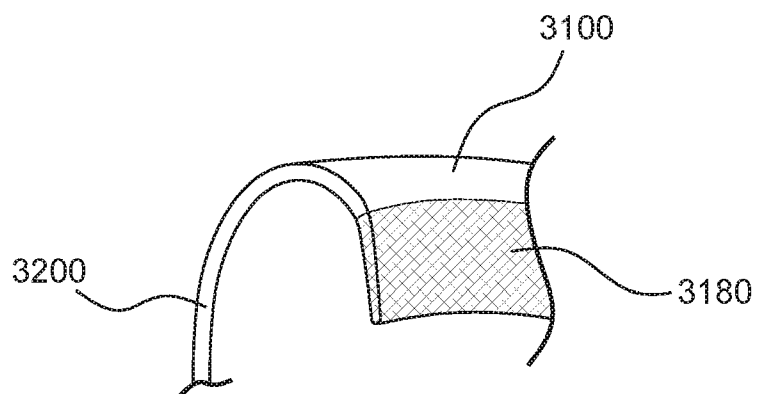


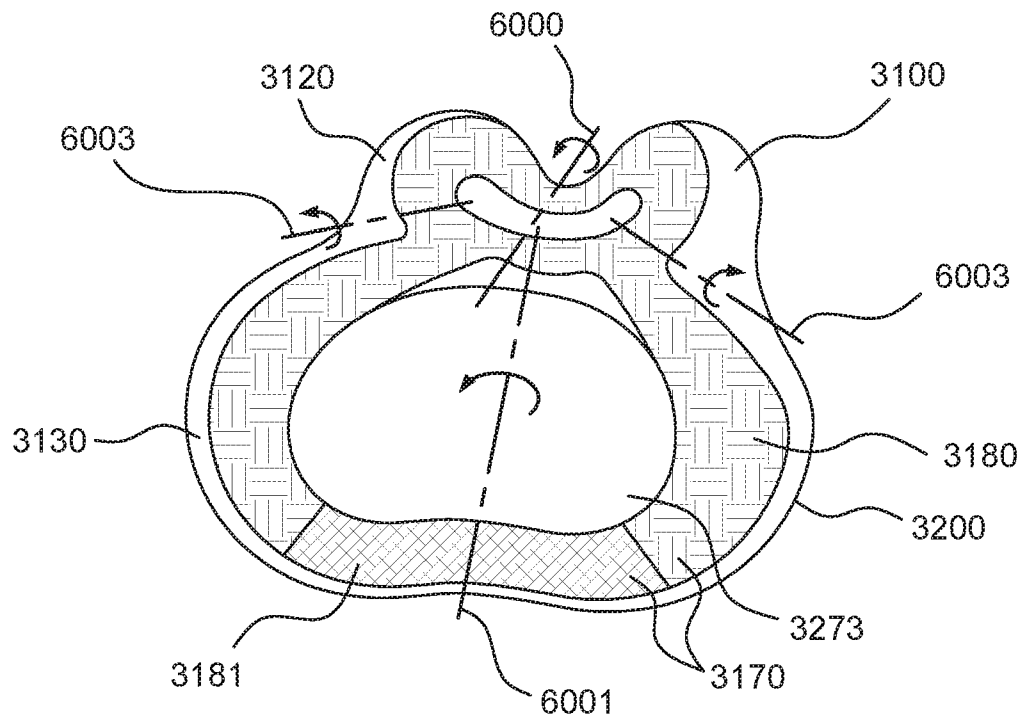
**FIG. 186**

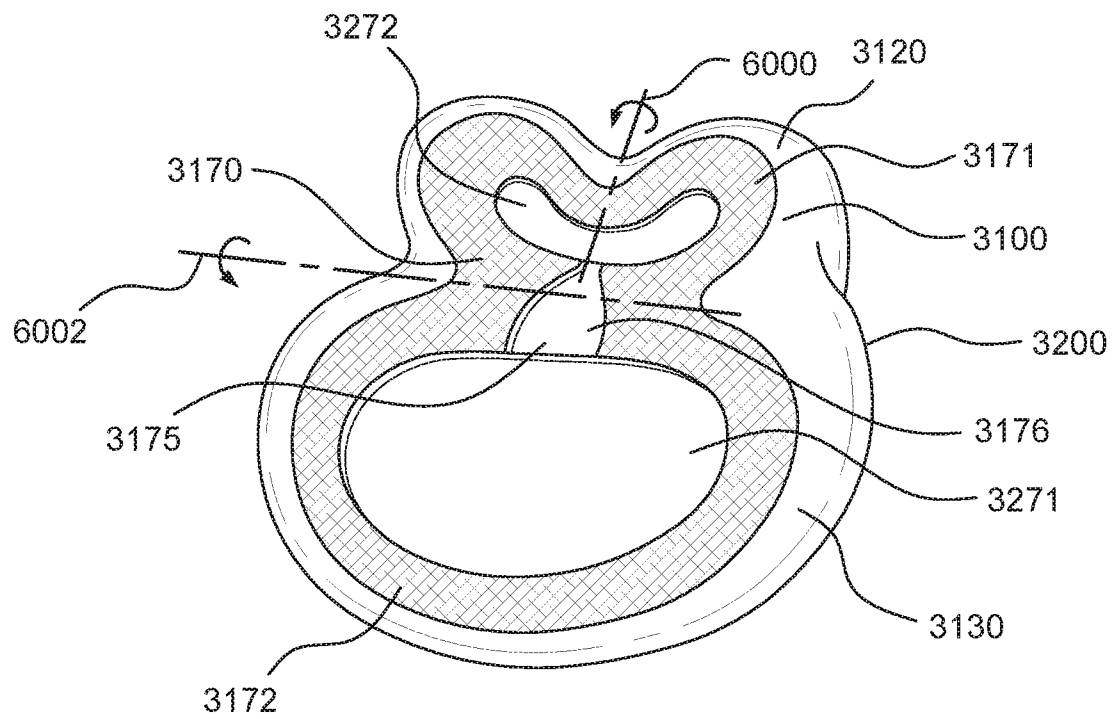
**FIG. 187**

**FIG. 188**

**FIG. 189**

**FIG. 190****FIG. 190A**

**FIG. 191**

**FIG. 192**