

FACT SHEET: OBSTRUCTIVE SLEEP APNEA (OSA) AND SURGERY

KEY FACTS

- According to data from the National Health and Nutrition Examination Survey (NHANES) conducted by the Center for Disease Control and Prevention (CDC), about 1/3 of US adults are obese with about another 1/3 exceeding what has been defined as normal for their height and weight.
- Estimates of OSA prevalence in patients preparing for bariatric are as high as 90%. A routine part of evaluating these patients is assessment for OSA. When OSA is newly diagnosed in this process, surgery may be postponed until a treatment regimen is established for the OSA.

Q: IF I HAVE OSA, ARE THERE SPECIAL RISKS ASSOCIATED WITH HAVING SURGERY?

- A:** Yes. These include:
- Possible difficult intubation (placement of a breathing tube sometimes used to provide anesthesia).
 - Post-operative complications which can include heart rhythm or breathing changes.
 - Longer post-operative hospital stay

Q: WHY ARE PEOPLE WITH OSA AT HIGHER RISK DURING SURGICAL PROCEDURES REQUIRING ANESTHESIA?

A: Anesthesia suppresses upper airway muscle tone, a condition that people with OSA already have during sleep. People with OSA are typically more sensitive to anesthesia, and pain medications. If you are known to have OSA, modifications can be made with the type of anesthesia and pain medications used so that post-operative complications can be reduced.

Q: WHAT MAY BE DONE DIFFERENTLY IF THE ANESTHESIOLOGIST AND SURGEON ARE AWARE OF MY OSA?

A: A different approach to protecting your airway can be used during the surgical procedure. Different anesthetics may be used during the surgical procedure and pain medications prescribed for home use can be modified. Positive Airway Pressure (PAP) would most likely be used in the recovery room following

your surgery to allow the necessary time to recover from the anesthesia and to continue regular breathing until you are awake. PAP would also be used while you are sleeping if your respirations are reduced because of the use of pain medications in the hospital or recovery area.

Q: WHAT SHOULD I EXPECT FROM THE ANESTHESIOLOGIST AND SURGICAL TEAM PRIOR TO MY SURGERY?

A: Discussion about your OSA and anesthesia, the surgical procedure and the post operative recovery period.

Q: WHAT CAN I DO TO PROTECT MYSELF DURING A SURGICAL PROCEDURE?

A: Tell all physicians and care givers involved in your care that you have OSA and expect to use your PAP equipment in the post-op period and once you are discharged home.

FURTHER READING

1. http://www.nhlbi.nih.gov/guidelines/obesity/e_txtbk/appndx/apndx4.htm
2. http://usatoday30.usatoday.com/news/health/2009-01-24-obesity-sleep-apnea_N.htm
3. <http://www.sleepfoundation.org/article/sleep-topics/obesity-and-sleep>



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