

Obstructive Sleep Apnea (OSA) and Surgery

Obstructive Sleep Apnea (OSA) is a condition where breathing is blocked by the soft tissues in the upper airway. This can become most obvious while you are sedated or undergoing anesthesia. Often, patients will have OSA and not even know it. It is important for us to identify those patients who may have OSA, before surgery, as it can lead to some post-operative complications. These complications can be avoided with the right precautions.

Do you have sleep apnea?

Some common symptoms of OSA include snoring, restless and/or interrupted sleep and excessive fatigue during the day. Additionally, someone may tell you that you seem to stop breathing while you are sleeping (apnea).

If you experience any, or all, of these symptoms, we encourage you to see your primary care provider (PCP) so that they can evaluate you for this condition. In addition to post-operative complications, OSA can lead to other medical conditions like hypertension, acid reflux, heart disease, lung disease and stroke. It is important for your overall health to have these symptoms evaluated and treated when necessary.

If you are diagnosed with or you have the symptoms outlined above (presumptive sleep apnea, PSA) we would encourage you to follow the outlined sleep apnea post-operative precautions. Our goal is for you to have a safe procedure and post-operative recovery when you return home.

Sleep apnea post-operative precautions

We recommend patients with OSA or PSA follow these precautions for four to five days after a procedure AND while on narcotic pain medication.

- 1.) **Avoid lying flat on your back.** Lying flat allows for the airway to be more easily obstructed by the upper airway soft tissues and should be avoided. Use pillows or a recliner to sleep/rest in a semi-seated position. You can also try lying on your side.
- 2.) **Minimize narcotic use when possible.** Narcotic pain medications can increase the risk of apneic episodes (episodes of stopped breathing) in patients with OSA or PSA. Always check with your surgeon before you make any changes to the pain management plan that has been established for you. Your surgeon may recommend non-narcotic pain medications alone or with your narcotic medications to try to minimize the amount of narcotics needed.
- 3.) **Have someone with you, continuously, for the first 24 hours after surgery.** OSA and PSA symptoms can worsen after sedation, anesthesia and narcotics. For this reason, we recommend that someone helps to care for you for the first 24 hours after surgery.
- 4.) **Use your CPAP machine, if prescribed, during ALL times of sleep — not just at night.** Use the CPAP machine for naps and rest periods during the day. Sleeping, even during the day, is the time at which you are at highest risk for obstruction of your airway from OSA.

**IF YOU FEEL LIKE YOU ARE HAVING BREATHING DIFFICULTY AT ANY POINT,
CALL 911 IMMEDIATELY.**