

# OSA Patients & Surgery-What You Should Tell Your Surgeon!

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If you are a patient that has been diagnosed with obstructive sleep apnea you need to be sure to inform your surgeon as well as the anesthesiologist before you undergo any procedure. You need to make sure that the recovery room staff is also aware that you are an OSA patient. You should always plan on taking your CPAP or Bi-Level with you to the hospital. You may need to call the hospital several days prior to your admission to have your equipment inspected by the hospital's engineering staff. Any equipment brought into a hospital must meet regulations which are required by the Joint Commission on Accreditation of Healthcare Organizations. This will eliminate any delays in your admission process. Do not become discouraged if the first several people that you speak to do not understand your needs, keep asking for the engineering department to check your equipment. You may want to initially speak to the "charge nurse" of the floor where you will be admitted.

If your physician informs you that the "respiratory therapy" department will take care of your CPAP needs, you should call ahead and make sure. Their training and equipment for CPAP usage in a hospital clinical setting is different than what your specific needs are with your own equipment. You must always take your own equipment and masks. Be prepared to inform them of your pressure setting. If you do not know, obtain a copy of your sleep report from your sleep center or your referring physician. Give them a copy for your chart.

Current research has shown that surgical patients with OSA were more likely to encounter problems with anesthesia care such as the placement of the end tracheal tube, they may remain on the ventilator for longer periods following surgery, and they may have more difficult airways than those patients without OSA. Anesthesia and other sedative agents are central nervous depressants that increase the possibility of upper airway collapse. As a patient with OSA you may experience extreme sensitivity to these medications and their effects may be exacerbated which may decrease your arousal response, prolong apneas and could result in respiratory and cardiovascular adverse events.

Once you receive the preoperative sedation this becomes a vulnerable time because a patient with OSA airways is already compromised. Your airway may be more difficult to intubate. Your anesthesiologist may choose not to pre-medicate you. You may want to discuss receiving spinal or regional anesthesia. Once your surgery is complete your worries are not over. You should request extended pulse oximetry monitoring for the next 24 hours, especially if you are on a PCP pump with pain medication, as these drugs may increase your risk of upper airway collapse.

Basically, just inform all healthcare professionals that will be caring for you and wear your CPAP ***every time that you go to sleep***. Remember that CPAP is not just for night-time use. If you are sleeping you must wear it!