

Section Title	Effective Date:	Page: 1	Date Revised:
ANESTHESIA	8-04		10-08
Subject:			
SLEEP APNEA SYNDROME			

## Obstructive Sleep Apnea Syndrome

### Definition

Sleep Apnea Syndrome presents as an obstructive airway disorder in varying degrees. Depending on the severity and of the disorder and the type of surgery being performed, OSA may or may not affect the method by which the patient is given anesthesia. An increased tendency for airway obstruction can occur in proportion to the level of narcotics used during and after surgical procedures. Clinical signs include loud snoring, apneic episodes, and excessive daytime somnolence. Patients with untreated sleep apnea may suffer from high blood pressure, diabetes, cardiovascular disease, memory problems, weight gain or headaches. Untreated patients with OSA are known to have a higher incidence of difficult intubation, postoperative complications, increased intensive care admissions and a greater duration of hospital stay. Identifying patients with OSA is the first step in preventing postoperative complications.

### Policy

Anesthesia personnel will evaluate patients scheduled at the facility with a documented history of sleep apnea prior to the procedure. If patients are scheduled for general anesthesia and are high risk because of other chronic health problems (ASA Class III or IV), patients may be cancelled at the discretion of the anesthesiologist involved in the case after consult with the surgeon. These patients may then be rescheduled in the hospital setting.

### Procedure

1. All patients are screened for sleep apnea during the preoperative assessment phone call. If indicated, the STOP test will be utilized to screen patients.
  - a. **S:** Do you **S**nore loudly?
  - b. **T:** Do you often feel **T**ired, fatigued or sleepy during the daytime?
  - c. **O:** Has anyone **O**bserved you **s**t**o**p breathing during sleep?
  - d. **P:** Do you have or are you being treated for high blood **P**ressure?

If a patient answers "yes" to two or more of these questions, then he or she is ranked as being at high risk for OSA. When combined with other known risk factors for OSA — high body mass index, age over 50, large neck circumference and male gender — the sensitivity for predicting OSA is even greater.

2. If the patient reports a history of "Sleep Apnea", further information should be obtained.
  - a. Ask if the patient has been tested for sleep apnea
  - b. Determine if a doctor has made the diagnosis of sleep apnea
  - c. Ask if the patient currently uses a CPAP machine
3. If the patient meets either of the above criteria, inform the anesthesiologist on duty for an evaluation of the patient's history.
4. The anesthesiologist may, upon review of the patient's condition, request additional diagnostic studies prior to making a determination regarding whether the patient in review is a candidate for Lakeview Surgery Center. They may also request that the patient presents to the center for an evaluation prior to the day of surgery.
5. Factors influencing the anesthesiologists decision will include:
  - a. type of surgery
  - b. length of surgery
  - c. time surgery is scheduled
6. If the anesthesiologist determines that the patient is not a candidate for surgery at the center, the surgeon's office will be contacted by the nurse completing the pre-op phone call.