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<https://reachmd.com/programs/cme/pre-operative-vigilance-the-role-of-osa-screening-in-surgical-safety/24191/>

Released: 03/29/2024

Valid until: 03/29/2025

Time needed to complete: 35m

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Pre-Operative Vigilance: The Role of OSA Screening in Surgical Safety

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Trice:

Hi, thanks for joining me today. I'm Dr. Kevin Trice, Medical Director of Sleep Medicine at Norton Healthcare in Louisville, Kentucky. Today, I want to talk to you about Pre-Operative Vigilance: The Role of Obstructive Sleep Apnea Screening in Surgical Safety.

In order to understand the role of obstructive sleep apnea in surgical patients, you have to understand who it affects, and sleep apnea affects 936 million people worldwide. So, approximately 8 to 16% of adults suffer from sleep apnea. Around 10% is probably someone you know. Obstructive sleep apnea is 4x more common in men, although women have it as well, and 7x more common in obese patients. And we know that the prevalence of obstructive sleep apnea is higher in surgical patients because of sedation, or the drugs required to put you to sleep, as well as anesthesia, the things that make you forget and not experience pain. These drugs can increase upper airway collapsibility and, in hence, increase the prevalence of obstructive sleep apnea.

Why is this so important in the pre-operative phase, as opposed to the post-operative phase? Well, we know that the peri-operative period can be dangerous, the time just prior to surgery, during surgery, and immediately after surgery. And, as we keep vigilance, we can reduce adverse events. Obstructive sleep apnea patients have higher rates of postoperative complications and increased hospital stays. That means that after surgery, they're more likely to have to stay in the hospital and have other complications, maybe not even including their actual surgery. This may be a reason why your physicians will ask you to bring your CPAP or BiPAP machine to make sure that they can reduce these complications.

Several questionnaires have been validated to predict who the high-risk patients of sleep apnea are. These tools are recommended for screening surgical patients prior to initiating sedation and anesthesia.

One of the more commonly involved screening tools is called STOP-BANG, and the acronym spells out what's listed below; snoring – S, T for tiredness during the day, O for observed apnea or someone saying, 'I saw them stop breathing,' or 'I was worried they weren't breathing,' and P for high blood pressure. The BANG is, B for body mass index that's increased, A for increased age, N – increased neck size or circumference, and G – gender. As I mentioned earlier, being larger and being male have a 4 to 7x increase in the prevalence of obstructive sleep apnea.

Another questionnaire that can be commonly used is called the Berlin questionnaire, and it is very effective at identifying sleep apnea patients, again, in the perioperative setting. The goal, of course, is to identify them so that we can intervene and reduce post-operative complications. Again, these may have nothing to do with your surgery, but just having sleep apnea can be a significant risk factor for problems and increased hospital stay and cost.

We know when it comes to enhancing patient safety, the World Health Organization recommends using perioperative checklists, not just

for sleep apnea, but for other things as well. One of the most important things that can happen is collaboration between your providers. Your primary care physician, the anesthesiologist, your surgeon, sleep specialist, and other members of the multidisciplinary team are all very critical when it comes to increasing your safety perioperatively. Because obstructive sleep apnea increases perioperative risk, and adopting a proactive approach to screening can improve your surgical safety and patient outcomes, we highly recommend it.

I hope this helps and I really appreciate you joining me today. Hopefully, you can take some of these things back to your practice and improve your care.

Announcer:

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