

Local OSA Guidelines based on CPOC guidance

Background

- CPOC guidelines
- Cross-site variation
- New regional elective surgical centre / POCU

Process

- Literature review
- Sleep medicine pathways
- Multidisciplinary approach

Aims

- Adapt CPOC guidance
- Standardise sleep medicine referral
- Pragmatic approach – balancing risks

Risk assessment

- STOP-BANG
- Comorbidities
- Surgical priority / severity
- Epworth score (fatigue)

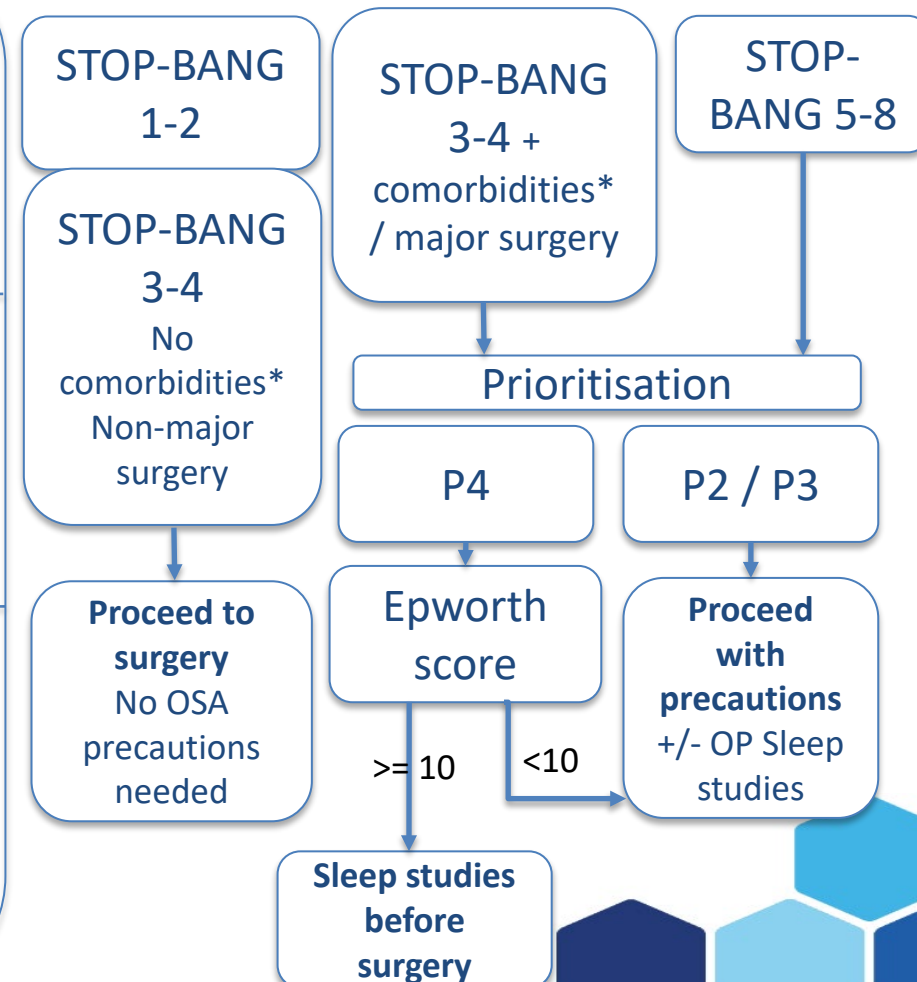
Management

- Sleep studies +/- CPAP
- OSA precautions
- Risk factors (HDU / POCU)

Implementation

- Presentation / education
- Audit / data analysis
- Feedback

Summary flowchart

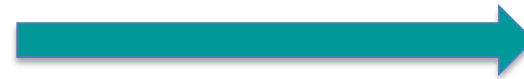


*Comorbidities = AF, T2DM, HTN, CCF

Background

Perioperative Management of OSA in Adults

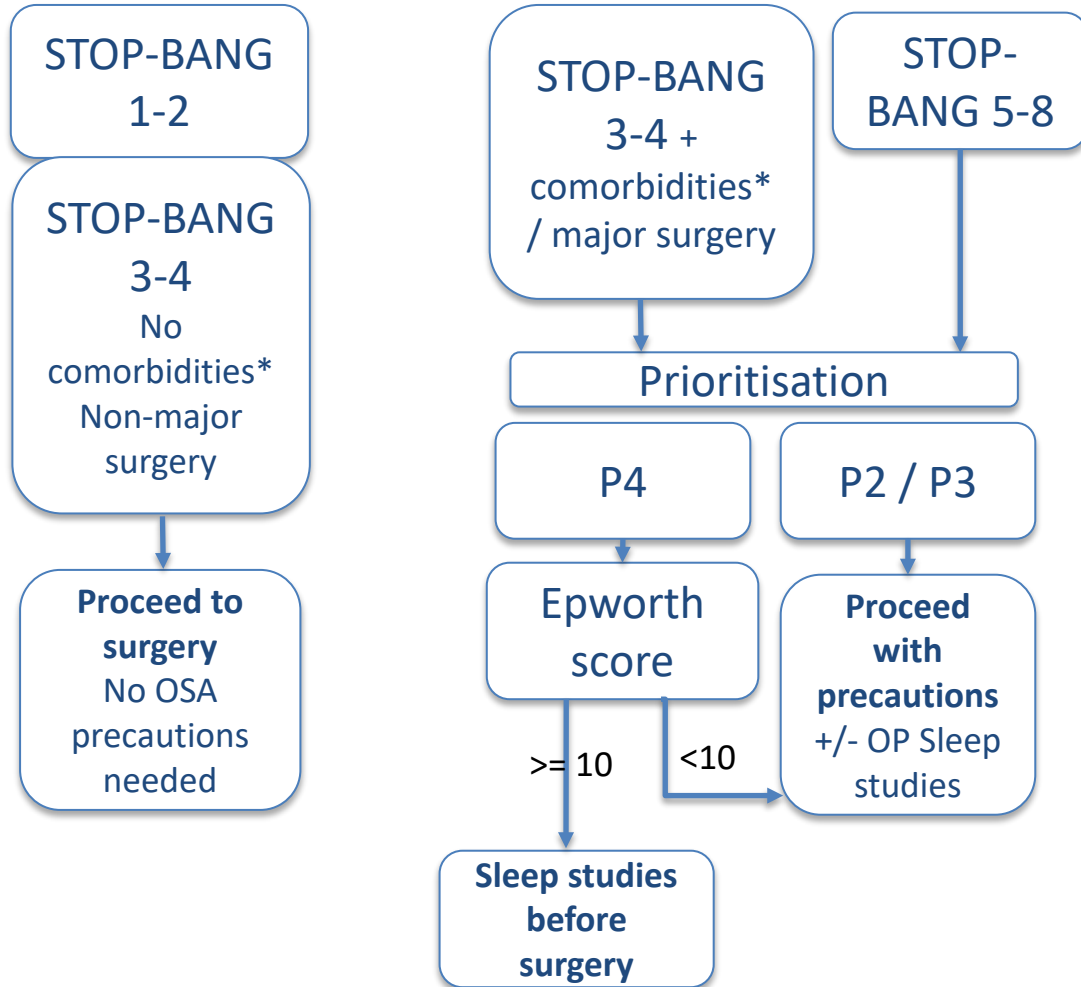
Consider discussion
with or referral to
sleep medicine*



Large number of patients fit
into this category
~40% of adult patients 2023
(1200 / 3000)



Pathway



*Comorbidities = AF, T2DM, HTN, CCF

OSA Precautions

- Use of a sole regional technique where possible, if the surgical procedure allows
- Avoid pre-operative sedative medications
- Consider antacid prophylaxis
- Avoidance of long-acting opioids
- Where GA is required, use regional analgesia as an adjunct (although caution with above clavicle block)
- Plan for difficult facemask ventilation and difficult intubation (8x risk of difficult airway)
- Full NMB reversal prior to awake extubation (consider sugammadex)
- If giving sedation, use capnography, supplemental oxygen as required and consider HFNO or CPAP
- Application of CPAP in recovery if patients have their own device
- Consider POCU admission or discuss with critical care regarding admission to HDU if risk factors
- Only discharge to an unmonitored environment when no longer at risk of respiratory depression

Postoperative Risk Factors

Risk factors for postoperative respiratory complications – consider HDU / POCU bed

Surgery: Body cavity / airway surgery	Prolonged / complex surgery
Anaesthetic: Long acting opioids required	Brachial plexus block above clavicle
Patient: Chest wall deformity	COPD Muscle weakness

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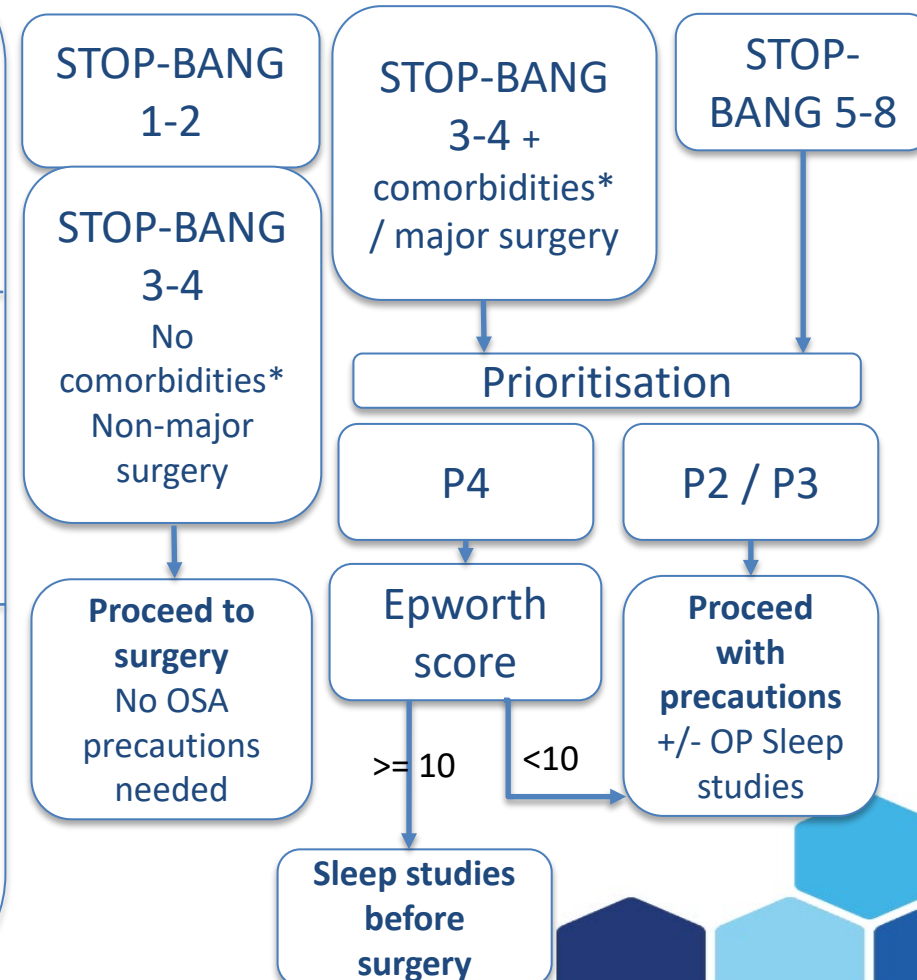
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- Audit / data analysis
- Feedback
- Ben.Chisnall@nhs.net
- Joanna.simpson@esneft.nhs.uk

Summary flowchart



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References



**East Suffolk and
North Essex**
NHS Foundation Trust

Opperer M et al. “Does Obstructive Sleep Apnea Influence Perioperative Outcome? A Qualitative Systematic Review for the Society of Anesthesia and Sleep Medicine Task Force on Preoperative Preparation of Patients with Sleep-Disordered Breathing”. *Anesthesia Analgesia* 2016 122;5

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“Recommendations for screening and management of Sleep Disordered Breathing (SDB) in patients undergoing bariatric surgery” SOBA UK

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