

Ambulatory Surgery and Obstructive Sleep Apnea—A Challenge and Opportunity for Patient Health Teaching

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THERE HAS BEEN AN ABUNDANCE of literature published highlighting the increased risk of postoperative complications for patients with obstructive sleep apnea (OSA).¹⁻³ Perianesthesia nurses are seeing a growing trend of patients with either “probable” or confirmed OSA.¹ Having a standardized approach to manage care in all the phases of perianesthesia care can help ensure an uneventful discharge home after surgery.

What Is OSA?

OSA is a common syndrome where recurrent partial or complete upper airway obstruction occurs during sleep. These obstructions last 10 seconds or longer and are associated with significant morbidity and mortality.⁴ Of particular concern is that most patients with OSA are undiagnosed, reinforcing the importance of clinicians to be on the alert for signs of OSA and screen appropriately. Considering the volumes of patients that are seen today in ambulatory surgery, this presents a great opportunity for us to identify the presence of undiagnosed OSA. While this at the same time creates a challenge, perianesthesia nurses are well-positioned to provide health teaching to patients and families on how to follow-up when there is suspicion of OSA and reinforce the benefits of securing a diagnosis and treatment. The patient who is unaware of the serious implications of unmanaged OSA may only understand this as an

annoyance to their sleep partner. However, education can help improve not only short-term outcomes such as having an uneventful surgery, but long-term outcomes such as cardiac health, regulation of blood pressure, and overall improved quality of life.^{2,3} Similar to smoking cessation programs, providing health teaching on OSA to patients and families who are at a stage of readiness can optimize postoperative recovery and over all health.

Patient Health Teaching

Health teaching to the patient and family need not be a huge burden to the perianesthesia nurse. By keeping instructions and health teaching simple and reinforcing with pamphlets and other resources for review at home, the patient is empowered with knowledge in how to manage their health and quality of life. See [Appendix 1](#) for an example of a patient information sheet.

Screening Tools

There are user-friendly screening tools to facilitate the patient assessment and identify patients with suspected OSA. The STOP-BANG tool is a resource commonly used in the perianesthesia specialty.⁵ Refer to [Appendix 2](#) for further information. Factors such as elevated body mass index, large neck circumference, and a history of loud snoring are considered red flags.² A score of ≥ 3 is considered high risk for the presence of OSA.⁶ Once the patient is identified as potentially having OSA, the perianesthesia team can implement their organization’s protocols to ensure that the patient is appropriately monitored, as per the type of surgery, analgesia required, presence of a continuous positive air pressure monitor, and other relevant factors.³ Establishing an OSA care protocol can facilitate consistency in care process.⁹ An example can be found in [Appendix 3](#).

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Conflict of interest: None to report.

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1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2016.04.001>

Conclusion

With the high prevalence of OSA, ideally all patients should be screened for its presence before surgery. However, there are times when a preoperative screening visit does not occur. This may be due to a number of factors such as access to a preoperative clinic, organizational resources, and other factors. The perianesthesia nurse can be the gatekeeper in these situations and identify pa-

tients who may have undiagnosed OSA. Patients who are undergoing surgery may be a captive audience to receive information about OSA and other relevant conditions, as they want to ensure a good postoperative recovery. Overall, providing some brief information on the syndrome of OSA may be well received and have a positive impact on many aspects of a patient's health and quality of life.

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