

Review of multilevel surgery in patients with obstructive sleep apnea

March 19 2012

Patients with obstructive sleep apnea who undergo surgery for their condition should be closely monitored after their procedures are performed but may not need to be in an intensive care unit, according to a report published Online First by *Archives of Otolaryngology – Head & Neck Surgery*, one of the JAMA/Archives journals.

Surgical procedures in patients with [sleep apnea](#) (a sleep disorder characterized by pauses in breathing) have traditionally been considered dangerous and potentially life threatening if not monitored with caution because these patients are at higher risk for airway compromise postoperatively, the authors write in their study background.

Kenny P. Pang, F.R.C.S.Ed., F.R.C.S.I.(OTO), of the Pacific Sleep Centre, Singapore, and colleagues conducted a retrospective review of 487 patients with [obstructive sleep apnea](#) (OSA) who underwent surgical procedures from January 2007 to May 2010. Multilevel OSA surgery included nasal, palate and tongue procedures. The overall complication rate was 7.1 percent, the authors note.

"Patients with OSA typically have small retrognathic mandibles (lower jaw) with difficult airways and, hence, present as difficult intubations to the anesthesiologists," the authors comment. "In addition, respiratory depression from anesthetic agents like muscle relaxants and narcotics are well documented in these patients."

The authors note that while routine postoperative admission to the

[intensive care unit](#) for all patients with OSA might not be necessary, they suggest that all patients with OSA be closely monitored in the recovery or high-dependency area (step-down care from [intensive care](#) unit) for at least three hours after surgery.

"In conclusion, we strongly recommended that the clinician manage the patient with OSA with caution and prudence, with the understanding that these [patients](#) have a higher risk of airway compromise and respiratory depression intraoperatively and postoperatively," the authors conclude.

More information: *Arch Otolaryngol Head Neck Surg*. Published online March 19, 2012. [doi:10.1001/archoto.2012.130](https://doi.org/10.1001/archoto.2012.130)

Provided by JAMA and Archives Journals

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