Obstructive Sleep Apnea (OSA) is a condition where your breathing becomes blocked by the soft tissues in your upper airway. This can become most obvious while you are sedated or undergoing anesthesia. Often patients will have OSA and not even know it. It is important for us to identify those patients who may have OSA, before surgery, as it can lead to some post operative complications. These complications, however, can be avoided with the right precautions. Do you have sleep apnea?

Some common symptoms of OSA include snoring, restless and/or interrupted sleep as well as excessive fatigue during the day. Additionally, someone may tell you that you seem to stop breathing while you are sleeping (apnea). IF you experience any, or all, of these symptoms we encourage you to see your PCP so that they can evaluate you for this condition. In addition to post op complications, OSA can lead to other medical conditions like hypertension, acid reflux, heart disease, lung disease and stroke. It is important for your overall health to have these symptoms evaluated and treated when necessary.

If you have Obstructive Sleep Apnea (OSA) or you have the symptoms outlined above (Presumptive Sleep Apnea, PSA) we would encourage you to follow the **Sleep Apnea Post Op Precautions** that we have outlined for you. Our goal is for you to have both a safe surgery as well as a safe post op recovery when you return home.
Sleep Apnea Post Op Precautions

If you have Obstructive Sleep Apnea (OSA) or Presumptive Sleep Apnea (PSA), based on your current symptoms, please review and follow the recommendations and precautions outlined below:

**We recommend that you follow these precautions for 4-5 days after your surgery AND while you are on narcotic pain medication.

PRECAUTIONS:

1) **Avoid lying flat on your back**—Use pillows or a recliner to sleep/rest in a semi-sitting position. You can try lying on your side as well. Lying flat allows for the airway to be more easily obstructed by the upper airway soft tissues and should be avoided.

2) **Minimize narcotic use when possible**—Narcotic pain medications (Lortab, Percocet, Vicodin, Dilaudid, Morphine, Norco, oxycodone, hydrocodone, codeine etc) can increase the risk of apneic episodes (ie episodes of stopped breathing) in patients with OSA or PSA. Always check with your surgeon before you make any changes to the pain management plan that has been established for you. Your surgeon may recommend non-narcotic pain medications (acetaminophen/Tylenol, Advil/ibuprofen etc) alone or with your narcotic medications to try to minimize the amount of narcotics needed.

3) **Have someone with you, continuously, for the first 24 hrs after the surgery**—OSA, and PSA, can be worsened by recent sedation, anesthesia and narcotics. For this reason, we recommend that you have someone helping to care for you continuously for the first 24 hours after your surgery.

4) **If you have been diagnosed with OSA**—Use your CPAP machine, if prescribed, during ANY times of sleeping—not just at night. Use the CPAP machine for naps and rest periods during the day. Sleeping, even during the day, is the time at which you are at highest risk for obstruction of your airway from OSA.

**IF YOU FEEL LIKE YOU ARE HAVING BREATHING DIFFICULTY, AT ANY POINT, CALL 911 IMMEDIATELY.**