SURVEY OF PERIOPERATIVE CARE OF PATIENTS WITH OBSTRUCTIVE SLEEP APNEA

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INTRODUCTION: At present, there are no guidelines and insufficient evidence to guide the decision making of anesthesiologists in the perioperative (periop) care of patients with Obstructive Sleep Apnea (OSA). The current periop care provided is unknown. The purpose of this study was to determine the current periop care provided and to obtain opinions from anesthesiologists regarding evidence/consensus based guidelines to assist them in providing care.

METHODS: Canadian anesthesiologists were sent a postal questionnaire that included two periop clinical scenarios. Each scenario was altered in five ways to reflect treatment of OSA, use of postoperative (postop) opioids, presence of morbid obesity and increased severity of OSA. Respondents were asked to indicate the postop care they would most likely select for each scenario, given the choice of differing levels of monitoring.

RESULTS: The survey had a response rate of 71% (767/1084). There were no significant differences between respondents and nonrespondents save that associated with being French speaking. 77% of respondents were male, 70% had been in practice for greater than 10 years, and 74% had not personally experienced complications with patients with OSA. 56% of respondents worked in teaching hospitals, 65% provided perioperative care to 1-5 patients with OSA/month, and 72% reported not having departmental policies for care of OSA patients. 91% of respondents reported asking patients about OSA preoperatively. There was >75% respondent agreement in only two of the five alterations of the general anesthesia case scenario and none of the alterations of the regional anesthesia case scenario. 82% of respondents responded that evidence/consensus based guidelines would assist them in caring for patients with OSA.

DISCUSSION: This study has demonstrated that there is variation among anesthesiologists in their postoperative care of patients with OSA. The majority surveyed did not have departmental policies for the perioperative care of patients with OSA and believed that evidence/consensus based guidelines would assist them in providing care to these patients.