SURGICAL SERVICES

Post Op Instructions

Patients with Obstructive Sleep Apnea (OSA)

What is Obstructive Sleep Apnea?

Obstructive Sleep Apnea (OSA) is a common condition that involves repeated episodes of partial or complete blockage of your breathing passage during sleep. This blockage occurs because when you are sleeping, the throat muscles relax, making your airway narrower than when you are awake. When this happens, your oxygen levels drop forcing your brain to wake up so it can tell your body to take a breath. These episodes are usually so brief that most people are not aware that they are happening. However, because they occur over and over throughout the night, they severely disturb the natural sleep cycle causing people with this condition to feel constantly tired during the day.

What are the signs and symptoms of Obstructive Sleep Apnea?

* Loud snoring
* Short episodes where you don’t breathe or struggle to breathe. This may feel like you are choking or sound that way to others that sleep near you.
* Excessive daytime sleepiness.
* Difficulty concentrating or focusing during the day.
* Morning headache.
* Waking up feeling tired and not refreshed most days.

Why is this condition a problem after surgery?

You are being given this pamphlet because you either have a diagnosis of OSA or your anesthesiologist strongly suspects you have this condition. Patients with OSA are very sensitive to anesthetics and pain medicine because of their constant state of sleep deprivation.

Patients with OSA who have surgery are at risk of having their condition worsen for several days after surgery. This is especially true in patients that had a general anesthetic and in patients that require opioid based pain medicine after surgery.

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This can lead to complications that result from not enough oxygen being delivered to the body including increased risk of irregular heartbeat, angina, heart attack, stroke, or respiratory arrest. It can also affect your body’s ability to heal after surgery and possibly increase your risk of infection.

What can I do to reduce my risk of complications?

The following is a list of things you can do to reduce your risk of complications from your OSA after surgery:

1. If you have a CPAP or BIPAP machine, use it every time you are resting or sleeping even during the day especially for the first few days after surgery.
2. Avoid/limit taking opioid pain medication**.** Opioid pain medicine that your surgeon may have prescribed (Dilaudid, morphine, tramadol) will make your breathing obstructions worse when resting/sleeping after surgery. Try taking only acetaminophen (Tylenol™) and an anti-inflammatory (Celebrex™ or Advil™) for pain, (as long as it is safe for take these, check with your pharmacist) as these will not affect your breathing. Add on the opioid pain medication (try taking ½ pill to start) only if required as directed by your surgeon/nurse. Discontinue the opioid medication as soon as possible and continue with the Tylenol™/Advil™ until directed.
3. Caution should be taken when using sedatives after surgery, as they will worsen your OSA. This includes prescription medication like benzodiazepines (Ativan™) and non-prescription medications like Gravol™, Benadryl™. In addition, alcohol should be avoided.
4. Avoid lying on your back and instead, try sleeping or resting in a seated position or on your side. When lying on your side place a tightly rolled towel behind your back to help prevent you from rolling over onto your back during sleep.
5. Have a family member or friend stay with you after your surgery. If they notice there are times when your breathing stops even briefly during sleep, **contact your family physician.**
6. If you have not been formally diagnosed with OSA, you should follow up with your family physician to arrange for a sleep study and potential treatment.

If you have any questions, please discuss these with the anesthesiologist, the staff of the preoperative assessment clinic, your nurse, or your surgeon when you are being discharged from the hospital after your surgery.

After discharge home, if you have any problems or are concerned about your condition for any reason, please contact your surgeon through his/her office or follow the directions on your surgeon’s message machine regarding reaching another surgeon.

If you are unable to contact your surgeon or the surgeon covering his/her practice and you remain concerned about your condition go to the nearest Emergency Department of the Hospital where an emergency physician will see you.

Reference:

1.Winnipeg Regional Health Authority Obstructive Sleep Apnea Patient Family Information Sheet, 07/11

2. <http://sasmhq.org/wp-content/uploads/2014/05/OSA-patient-information-handout-from-SASM-Clinical-Committee.pdf>

The information contained on this sheet is provided to you and your family to help you in your recovery from this procedure. This document is not intended to replace medical advice from your doctor or healthcare team. If you require more specific/additional medical advice, contact your doctor and healthcare team about your particular healthcare needs.

Protect yourself! Clean your hands frequently using soap and water or

hand sanitizer and ask that your healthcare providers and visitors do the same." Clean hands save lives.