

Perioperative care of patients with obstructive sleep apnea

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Obstructive Sleep Apnea (OSA) is now a recognized breathing disorder that may affect up to 25% of the population. There is an increased incidence of OSA in overweight men of increasing age. OSA may also be associated with hypertension. The prevalence of OSA is more easily detected during or after procedures which involve the use of general anesthesia or opioids, hence it is important to diagnose OSA prior to use of general anesthesia and/or the use of opioids. While the gold standard for diagnosing obstructive sleep apnea is through sleep studies, recent studies have shown that by simple questions and a brief physical exam, the diagnosis of OSA can be made. This overview will present a review of how to make the diagnosis of OSA without a sleep study. It is believed that over 60% of patients with OSA are undiagnosed at the time of presentation for surgery or procedures requiring sedation. We will also review certain dental procedures which can be done as same day procedures as well as procedures where a longer post-operative course and possibly hospitalization is recommended for patients with OSA. With respect to sedation, we will discuss the use of medication that may provide sedation and analgesia with limited respiratory depression. Finally potential complications in the post-operative setting will be reviewed and well as post-operative analgesia.

Biography

Errol Lobo completed his MD and Ph.D. at the University of California San Francisco. He also completed a residency in Anesthesia and Perioperative Care at the University of California San Francisco. He is currently Professor and Vice-Chair of the Department of Anesthesia and Perioperative Care at the University of California San Francisco, and is the Medical Director for Perioperative Services at UCSF. His fields of expertise include Anesthesia for Bariatric Surgery, Anesthesia for Vascular Surgery and dealing with the difficult airway.

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