

Obstructive Sleep Apnea & Surgery

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What is Obstructive Sleep Apnea (OSA)?

Obstructive sleep apnea (OSA) is a prevalent and potentially serious sleep condition where breathing repeatedly stops and starts during sleep. This happens when the airway located at the back of the nose, mouth, and throat collapses, narrowing the passage and temporarily blocking airflow to the lungs. As a result, the brain briefly wakes the person up to resume breathing, though these awakenings are often so short they aren't remembered. However, they can severely disrupt the quality of sleep. This breathing interruption can happen many times throughout the night. Often, a bed partner may notice loud snoring or frequent pauses in breathing. People with OSA may feel excessively tired during the day, struggle with focus, or unintentionally fall asleep. The repeated drops in oxygen levels can also put added strain on the heart and increase the risk of chronic conditions such as heart disease, hypertension, stroke, diabetes, and depression.

How Does OSA Lead to Complications With Surgery?

If obstructive sleep apnea (OSA) goes undiagnosed or untreated, it can increase the risk of complications during and shortly after surgery. These complications may involve breathing difficulties or heart-related issues. Several factors contribute to this risk:

Anesthesia — During certain surgeries, anesthesia is used to induce sleep and suppress the body's ability to breathe independently. Because of this, a breathing tube is inserted into the throat once the patient is unconscious. In individuals with OSA, placing this tube can be more challenging due to a narrower airway. Additionally, the procedure may cause throat swelling, which can worsen existing OSA symptoms.



Medications — Various medications administered before, during, or after surgery can affect your breathing. These drugs may overly relax the muscles in your throat or reduce your breathing rate and depth, which can make symptoms of OSA more severe. Some medications may also interfere with the brain's ability to wake you when your airway becomes blocked during sleep. This can result in serious complications such as low oxygen levels, increased blood pressure, fluid buildup in the lungs, heart issues, or even stroke.

Sleep Deprivation — Poor sleep before surgery, combined with discomfort, anxiety, or pain during recovery, can lead to sleep deprivation. Being overly tired may intensify OSA symptoms.

Sleep Position — Following surgery, you may need to lie on your back, a position that often worsens OSA. Gravity can cause the tongue to fall backward and further block the airway, increasing breathing difficulties during sleep. If you have been diagnosed with OSA or believe you may have it, it's crucial to inform your surgical team ahead of time. Doing so ensures that your care is tailored to reduce risks and improve your safety throughout the surgical process.

What Should I Do If I Am Exhibiting Signs of OSA?

Obstructive sleep apnea (OSA) is a serious condition that requires proper treatment. If you suspect you have OSA, it's important to consult a board-certified sleep medicine doctor at a sleep center accredited by the American Academy of Sleep Medicine. Your physician will review your symptoms and may suggest a sleep study to help diagnose the condition. They will also consider whether other factors, such as an underlying health issue or medication, might be contributing to your sleep difficulties. There are several treatment options for OSA, with the most common and effective being positive airway pressure (PAP) therapy. This treatment involves a machine that delivers a continuous flow of air to help keep your airway open while you sleep.

OSA Checklist

If you meet one or more of the following conditions, you may be at risk for OSA:

	YES	NO
Unintentional Daytime Sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Daytime Sleepiness	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfying Sleep	<input type="checkbox"/>	<input type="checkbox"/>
General Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
Waking from sleep while choking or gasping for breath	<input type="checkbox"/>	<input type="checkbox"/>
Bed partner noticing that you snore loudly or periodically stop breathing	<input type="checkbox"/>	<input type="checkbox"/>

Does the Type of Surgery I Have Make a Difference?

Some surgeries carry a higher risk of aggravating obstructive sleep apnea.

Procedures involving the chest, upper abdomen, or upper airway are especially likely to cause breathing difficulties that can intensify OSA symptoms. While surgeries involving the upper airway, chest, or abdomen are particularly concerning for individuals with obstructive sleep apnea, any surgical procedure can pose risks. This includes minor, outpatient procedures like colonoscopies or bronchoscopies that don't require an overnight hospital stay. Even during these less invasive procedures, medications used for relaxation or pain relief can affect your breathing in the same way as more extensive surgeries, potentially worsening OSA symptoms.

How Will My Doctor Manage My Sleep Apnea Before & After My Surgery?

Although obstructive sleep apnea (OSA) can raise the likelihood of complications during surgery, informing your healthcare team about your condition allows them to take important steps to reduce those risks. They will closely monitor your breathing and overall health throughout the surgical process. Additionally, your medical team will choose medications before, during, and after the procedure that are less likely to interfere with your breathing. Anesthesia and pain management options can also be tailored to minimize the impact on your OSA. After surgery, you'll continue to be carefully observed to ensure a safe recovery. This may include the use of additional monitoring devices to help ensure your breathing and oxygen levels remain stable and within a safe range.

What Should I Do If I Am Scheduled For Surgery?

If you have been diagnosed with OSA, it's crucial to inform your doctors before undergoing any surgery. If you're already using PAP therapy, bring your mask and PAP machine with you to the hospital, as you should be able to use it after your procedure.