

What is my Risk?

Risk Factors for OSA

- **S—Snore** loudly (can be heard through closed doors)
- **T—Often feel tired**, fatigued, or sleepy during daytime
- **O—Someone has observed** you stop breathing during your sleep
- **P—High blood pressure**
- **B—Body Mass Index (BMI)** > 35 kg/m²
- **A—Age**—older than 50 years
- **N—Neck circumference** greater than 40 cm
- **G—Male gender**

Having 5 or more of these risk factors is considered high risk for OSA.

For 24 hour professional health advice and information, call:



What is Obstructive Sleep Apnea?

Obstructive sleep apnea (OSA) is a common condition that affects a person's breathing during sleep. OSA means that air cannot flow normally into the lungs during sleep at times. The block in airflow (obstruction) is caused by the relaxation and collapse of the soft tissues in the back of the throat (upper airway) and tongue during sleep. Patients with OSA have an increased risk of lung and heart complications after surgery.

How is my risk assessed?

If you have never been tested for OSA, your risk is assessed based on a series of questions related to risk factors, and is known as your STOPBANG score. This score helps determine if special precautions need to be taken during your surgery and recovery period. If you have been diagnosed with OSA and are not currently using a C-PAP device, you are at an increased risk for breathing complications after surgery.

Why is this important around the time of surgery?

The medications used around the time of surgery (those that keep you calm, asleep, or relieve pain) can worsen the effects of sleep apnea. They increase the relaxation of the throat muscles and can make it harder to wake up from sleep, which can increase the frequency and duration of poor breathing. Your anesthesiologist will choose your anesthetic plan and medications carefully to minimize your risk for breathing complications after surgery.

What does that mean for my recovery?

After surgery, you will be monitored for a total of 4 hours for any breathing issues. The last hour of stay should be a sleep-like environment. We will encourage you to lay down, with no phone or company. If breathing issues are identified during this 4 hour time period your anesthesiologist and surgeon will be notified.

Should I get tested for OSA?

It may be valuable to mention your concerns about sleep apnea to your family doctor and follow their direction if they feel testing would benefit you.

