

Obstructive Sleep Apnoea and Your Operation

Information for patients

You have been given this information leaflet because you are scheduled for an operation and either already have a diagnosis of obstructive sleep apnoea (OSA) or have signs and symptoms that indicate that you may have the condition.

What is obstructive sleep apnoea?

Obstructive sleep apnoea means that the soft tissue at the back of your throat collapses and closes while you sleep, causing you to stop breathing. Your body restarts your breathing by waking you up. This cycle can happen many times - possibly hundreds - during the night.

OSA can lead to poor sleep, excessive tiredness during the day, high blood pressure, an increased risk of respiratory failure, impotence, and depression. It can also increase your risk of complications during or after an operation, particularly after a general anaesthetic.

What causes OSA?

Anyone can suffer from sleep apnoea, but it is most common in men over age 40 who are overweight. Conditions such as hypothyroidism and obstructions to the nose such as polyps may cause OSA, however the majority of cases of OSA are caused or worsened by one or more of the following factors:

- Smoking
- Obesity
- Drinking alcohol
- Sleeping on your back.

How will OSA affect my anaesthetic?

Your anaesthetist will discuss with you how to best care for you to minimise the risk of problems during or after your operation. This may include avoiding general anaesthetic by using spinal or local anaesthetics, using specific types of drugs during your anaesthetic, and monitoring you more closely during and after your operation, occasionally including caring for you in a high dependency unit (HDU) or intensive care unit (ICU) for a time after your operation.

What can I do to reduce my risk?

If you already have a diagnosis of OSA and use a continuous positive airway pressure (CPAP) machine it is important that you bring it with you into hospital when you come for your operation so that you can use it immediately after surgery.

If you have been told that you have signs and symptoms that indicate that you may have OSA, you should ask your GP to refer you to a specialist sleep clinic to assess if you would be suitable for a CPAP machine. This is a small pump that delivers a continuous supply of compressed air through a tight mask while you sleep, covering either your nose or your nose and mouth. The compressed air prevents your throat from closing. If used correctly, a CPAP machine can be life changing, both improving your symptoms and reducing your risk of longer-term problems.

Unfortunately, it can take a long time to be seen, assessed and (if appropriate) taught how to use a CPAP machine, so this is unlikely to happen before your operation. However, there are things that you can do while you wait for your operation that may help to reduce your symptoms and risk of problems:

Quit smoking

In addition to the many health benefits of stopping smoking, quitting has been shown to improve the symptoms of OSA.

If you would like support on ways in which to quit smoking you can ask your local pharmacist or GP practice, or visit NHS Inform (www.nhsinform.scot/healthy-living/stopping-smoking) for guidance and details of support in your area.

Weight loss

If your body mass index (BMI) is over 25, you should consider losing some weight. Even a 5-10% weight loss can result in a significant improvement in symptoms.

If you would like information and support for ways in which you could lose weight, the practice nurse at your GP practice should be able to help. You can also find resources and support online at www.nhsinform.scot/healthy-living/food-and-nutrition#healthy-eating-and-weight-loss and www.nhs.uk/better-health/lose-weight

Reduce or stop drinking alcohol

Alcohol is a mild muscle relaxant. When consumed before sleep, the effects added to the relaxant effect of sleep may worsen the symptoms of OSA. If you do not want to stop drinking alcohol, make sure that you do not consume it for at least 4 hours before bed and stay within the recommended limits which is no more than 14 units of alcohol per week spread evenly across the week. 1 unit is half a pint of normal strength beer, one small glass of wine, or one 25ml measure of spirits.

Changing your sleeping position

Sleeping on your side or front instead of your back can help to keep your throat open during sleep and may reduce the symptoms of OSA.

Mandible advancement devices

These devices are not normally available on the NHS, however many people find them beneficial if they can be tolerated. The small device fits into the mouth while you sleep and brings the jaw forwards, opening up the airway at the back of the throat.

More information can be found at:

www.nhsinform.scot/illnesses-and-conditions/lungs-and-airways/obstructive-sleep-apnoea

<https://sleep-apnoea-trust.org>

