

# Preoperative Obstructive Sleep Apnoea (OSA) Screening in Preassessment



<b>TARGET AUDIENCE</b>	Preassessment nurses and Anaesthetists
<b>PATIENT GROUP</b>	Preoperative Patients

## Clinical Guidelines Summary

CPOC (Centre for Perioperative Care) has a comprehensive guideline on the Perioperative Management of OSA in Adults. That should be referred to when using this guidance.

For **nursing staff**, key points are that patients with Epworth scores of >10 require Anaesthetic review.

The key messages for **medical staff** are as follows;

- 1) Do not delay urgent surgery to obtain sleep studies
- 2) In those patients who do get preoperative continuous positive airway pressure (CPAP) pre op aim for 4-6 weeks therapy prior to surgery
- 3) OSA does not preclude day surgery. If co-morbidities are controlled, with opioid-sparing/regional anaesthesia many can be safely performed as day cases. But HDU/IP beds should still be provisionally booked and either used or not used at list Anaesthetists discretion.
- 4) Other factors to consider when planning perioperative care of the high risk OSA patient;
  - Presence of heart failure/atrial fibrillation(AF)/hypertension(HTN)/Diabetes
  - Medium to high risk surgery not amenable to regional anaesthesia
  - Sleep disordered breathing/obesity hypoventilation syndrome in obese patient are a higher risk group (MP 3-4, neck >50cms, Sats <94%, Bic >28, FVC <3L or FEV1 <1.5L

***Insert Clinical Guideline Title***

## Guideline Body

This section will normally contain more detailed information to support summary and should have a **content** list to start with in this section.

Has anyone ever witnessed you stopping breathing while sleeping?

Do you snore loudly enough to be heard through a closed door?

Do you feel excessively sleepy throughout the day?



**If Yes to any of these perform Epworth**



**If Epworth >10 Anaesthetic Review**

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Version	1	Review Date	29.10.27

***Insert Clinical Guideline Title***

**Epworth >10**



**Can daytime sleepiness be explained by another cause?**



**No referral to respiratory**



**Onward referral to respiratory**

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## References/Evidence

[https://cpoc.org.uk/sites/cpoc/files/documents/2023-08/CPOC%20Sleep%20Apnoea%20Guidance%20printable%20version%20PDF\\_final.pdf](https://cpoc.org.uk/sites/cpoc/files/documents/2023-08/CPOC%20Sleep%20Apnoea%20Guidance%20printable%20version%20PDF_final.pdf)

<https://www.msmanuals.com/professional/multimedia/clinical-calculator/epworth-sleepiness-scale-ess>

## Appendices

### 1. Governance information for Guidance document

<b>Lead Author(s):</b>	Miriam Stephens
<b>Endorsing Body:</b>	Preassessment Cross Site working Group
<b>Version Number:</b>	1
<b>Approval date</b>	<b>29.10.24</b>
<b>Review Date:</b>	29.10.27
<b>Responsible Person (if different from lead author)</b>	

CONSULTATION AND DISTRIBUTION RECORD	
<b>Contributing Author / Authors</b>	Dr Shona McConnell
<b>Consultation Process / Stakeholders:</b>	Meetings with Respiratory Physiologists from 3 sites and respiratory physicians during the consultation process

<b>Lead Author</b>	M Stephens	<b>Date approved</b>	<b>29.10.24</b>
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<b>Distribution</b>	All preassessment nurses and doctors. Should be available on guidelines app for all.
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**CHANGE RECORD**

Date	Lead Author	Change	Version No.
			1
			2
			3
			4
			5

**2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.**

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance

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