

Screening for Obstructive Sleep Apnea in Veterans: A Quality Assessment Project

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Many guidelines recommend pre-procedural evaluation for obstructive sleep apnea (OSA) in order to decrease the risk of sedation related morbidity and mortality. We aimed to identify the compliance rate OSA screening as per the Society of Anesthesia and Sleep Medicine (SASM) guidelines published in 2016 at the East Orange Veterans Affairs Hospital (EOVA) in New Jersey.

Data from randomly selected patients undergoing general anesthesia at EOVA from April 25, 2019 to May 17, 2019 was used in order to collect demographic and clinical information including preprocedural documentation and post-procedural complications.

A total of 131 patients (mean age 65.04 years; 93% Males) had been screened prior to general anesthesia. The following pre-procedural documentation and frequencies were noted: past medical history (100%), active medication list (99%), physical exam including nasopharyngeal anatomy (97.7%), "snoring or apneic episodes" (20.6%), "morning headaches" (8.4%), daytime somnolence (16.7%), and "nighttime arousal frequency" (8.4%). Only 25.9% had an official diagnosis of OSA confirmed via sleep study.

Of those screened, 12.9% of patients (mean age 71.5 years; 100% Males) had suffered complications up to 2-weeks post-procedure with the average event occurring at 2.06 days. Of those affected, 76.4% of them had underlying cardiopulmonary disease and had an average Mallampatti score 5.02% higher than that of the patients without complications. In addition, 11.7% required transfer to the intensive care unit. The following events with corresponding frequencies were observed: hypoxia (29.8%), delirium (41%), arrhythmia (11.7%), myocardial ischemia (5.8%), and pneumonia (11.7%).

Current data shows that OSA is an independent risk factor for many comorbidities and has been shown to increase the risk of complications in patients undergoing general anesthesia. Objective history including underlying conditions, medication lists, and physical exam/airway anatomy was in accordance with the SASM guidelines however, subjective screening questions to assess for underlying OSA were not consistently documented.