Post-operative care after upper airway surgery in patients with sleep apnea

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DISCUSSION

INTRODUCTION

Objectives: 1) Evaluate the safety of sleep apnea surgery; 2) Compare the cost-effectiveness of this procedure to other studies.

METHODS AND MATERIALS

A retrospective chart review, which was approved by the DVAMC Institutional Review Board, was conducted for all patients who underwent sleep apnea surgery at the DVAMC between July 2008 and January 2012. A retrospective database review was performed for all patients who underwent sleep apnea surgery at the Durham VA Medical Center (DVAMC) between July 2008 and January 2012. The research protocol was reviewed and approved by the institutional review board. The retrospective database review was performed for all patients who underwent sleep apnea surgery at the DVAMC between July 2008 and January 2012. The research protocol was reviewed and approved by the institutional review board.

RESULTS

Of the five patients not triaged to the ICU, one patient had a history of unilateral vocal cord paralysis and had postoperative stridor necessitating transfer to the ICU for monitoring. A second patient had bilateral vocal cord paralysis and was managed conservatively with ice water gargles. The two final patients had inadequate oral intake.

We identified 115 patients who underwent sleep surgery between July 2008 and January 2012. Eleven patients were excluded from the final analysis, leaving 104 patients in the final analysis. The average follow-up was 3.6 months and overall complication rate was 12.5%. Eight complications occurred in the group triaged to intensive care, and 5 occurred in those triaged to less than intensive postoperative care. All serious complications occurred during the immediate postoperative period. Based on room charges, $125,275 was saved over the 3.6 years of this study. Conclusion: Select patients with sleep apnea can safely be triaged to less than intensive postoperative care in institutions like the Durham VA, where sleep apnea patients were routinely triaged to intensive care.

CONCLUSIONS

- Postoperative management of patients undergoing sleep apnea surgery is not uniform.
- Certain patients can be safely managed without intensive postoperative care.
- Serious complications tend to occur in the immediate postoperative period.

REFERENCES