

Is it worth treating obstructive sleep apnea before bariatric surgery?

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Introduction

Obesity affects 23% of Europeans and 25% of Poles. The most popular bariatric procedures are: laparoscopic sleeve gastrectomy (LSG) and laparoscopic Roux-en-Y gastric bypass (LRYGB).The prevalence of obstructive sleep apnoea (OSA) in patients undergoing bariatric surgery varies between 60% and 92%. The aim of this study was to assess the impact of treated OSA on short-term outcomes after bariatric surgery

Data and methodology

The study enrolled 131 patients meeting inclusion criteria to laparoscopic bariatric surgery. In Pulmonogy Department, patients underwent polysomnography. Patients diagnosed with OSA received preoperative treatment based on CPAP therapy.

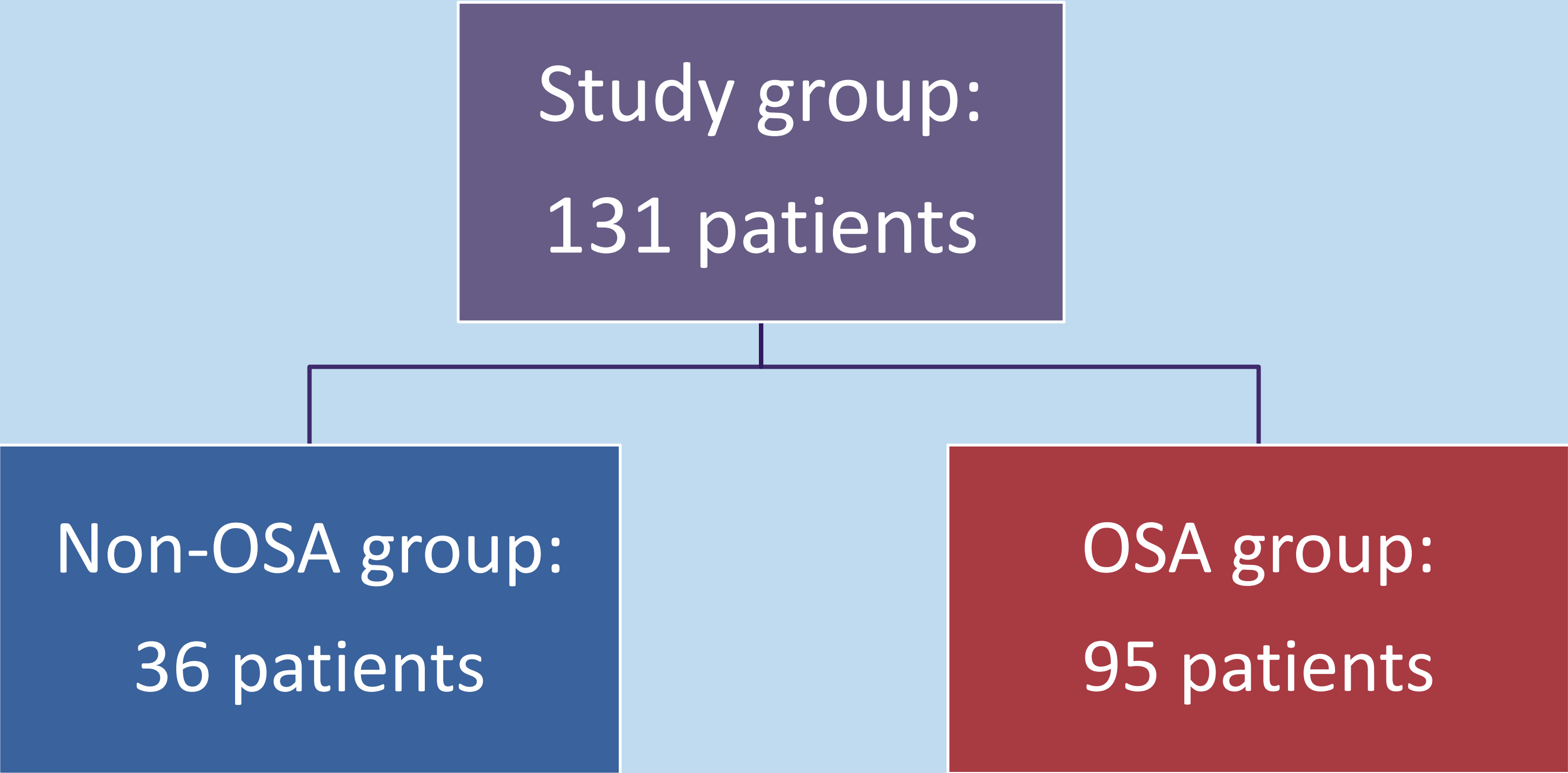


Table 1. Patients and groups baseline characteristics

Parameter	Group non-OSA (n=36)	Group OSA (n=95)	P
Females, n (%)	34 (94.4%)	60 (66.2%)	<0.001
Males, n (%)	2 (5.6%)	35 (36.8%)	
Mean age (years ± SD)	38.17 ± 8.78	46.69 ± 10.67	<0.001
Median BMI on a day of operation, kg/m ² (IQR)	42.51 (39.49-45.81)	44.51 (40.76-50.54)	0.082
Median preoperative weight loss, kg (IQR)	6 (2-11)	5 (1-10)	0.712
Cardiovascular diseases, n (%)	4 (11%)	14 (15%)	0.591
Hypertension, n (%)	13 (36%)	68 (72%)	<0.001
Diabetes mellitus, n (%)	6 (17%)	35 (37%)	0.026
Lipid disorders, n (%)	4 (11%)	33 (35%)	0.007
LSG, n (%)	32 (89%)	73 (77 %)	0.123
LRYGB, n (%)	4 (11%)	22 (23%)	

Table 2. Recovery parameters

	p
Postoperative nausea and vomiting, n (%)	0.779
Diuretic management, n (%)	0.976
Extra painkiller management, n (%)	0.203
Mobilization on the day of surgery, n (%)	0.379
Tolerating oral diet on the first postoperative day, n (%)	0.628
Postoperative complications, n (%)	0.818
Median lenght of hospital stay, day (IQR)	0.424
Readmisions, n (%)	0.544



Conclusion

Early diagnosis and appropriate treatment of OSA before LSG or LRYGB is very important to achieve similar postoperative results to the patients without OSA.