WEBVTT

NOTE duration:"00:52:27" NOTE recognizability:0.893

NOTE language:en-us

NOTE Confidence: 0.902902842941177

 $00:00:14.020 \longrightarrow 00:00:16.065$ Perfect so good afternoon everyone

NOTE Confidence: 0.902902842941177

00:00:16.065 --> 00:00:18.532 and welcome to sleep seminar and

NOTE Confidence: 0.902902842941177

 $00:00:18.532 \longrightarrow 00:00:20.644$ so just a couple of announcements.

NOTE Confidence: 0.902902842941177

 $00:00:20.650 \longrightarrow 00:00:22.360$ Remember this leap seminar lectures

NOTE Confidence: 0.902902842941177

 $00:00:22.360 \longrightarrow 00:00:24.349$ are available for CME credit and

NOTE Confidence: 0.902902842941177

 $00{:}00{:}24.349 \to 00{:}00{:}25.917$ to get credit just text the ID

NOTE Confidence: 0.902902842941177

 $00:00:25.917 \longrightarrow 00:00:27.600$ for the lecture to Yale Cloud.

NOTE Confidence: 0.902902842941177

 $00:00:27.600 \dashrightarrow 00:00:30.043$ See any that needs to be done within

NOTE Confidence: 0.902902842941177

 $00:00:30.043 \longrightarrow 00:00:31.458$ 15 minutes after the lecture.

NOTE Confidence: 0.902902842941177

 $00{:}00{:}31.460 \dashrightarrow 00{:}00{:}33.320$ Friends and information will show up

NOTE Confidence: 0.902902842941177

 $00{:}00{:}33.320 \dashrightarrow 00{:}00{:}35.432$ in the chat recordings of the lecture

NOTE Confidence: 0.902902842941177

 $00:00:35.432 \longrightarrow 00:00:37.070$ are available within two weeks at

NOTE Confidence: 0.902902842941177

 $00:00:37.070 \longrightarrow 00:00:39.162$ the site noted in the chat and if

00:00:39.162 --> 00:00:41.102 you have questions during the talk,

NOTE Confidence: 0.902902842941177

00:00:41.102 --> 00:00:42.678 use the chat feature.

NOTE Confidence: 0.902902842941177

 $00:00:42.680 \longrightarrow 00:00:44.036$ Feel free to use it throughout.

NOTE Confidence: 0.902902842941177

 $00:00:44.040 \longrightarrow 00:00:45.580$ I'll moderate the questions at the end

NOTE Confidence: 0.902902842941177

 $00:00:45.580 \longrightarrow 00:00:47.739$ and if you and also at the end I will

NOTE Confidence: 0.902902842941177

00:00:47.739 --> 00:00:49.260 give you permission to unmute yourself,

NOTE Confidence: 0.902902842941177

 $00:00:49.260 \longrightarrow 00:00:52.140$ so feel free to ask your own questions.

NOTE Confidence: 0.902902842941177

 $00{:}00{:}52.140 \dashrightarrow 00{:}00{:}54.289$ So now it's my pleasure to introduce

NOTE Confidence: 0.902902842941177

 $00{:}00{:}54.289 \dashrightarrow 00{:}00{:}55.608$ today's sleep seminar speaker

NOTE Confidence: 0.902902842941177

00:00:55.608 --> 00:00:57.772 Doctor Jamie ***** Dr ***** is an

NOTE Confidence: 0.902902842941177

 $00{:}00{:}57.772 \dashrightarrow 00{:}00{:}59.187$ associate professor in the Department

NOTE Confidence: 0.902902842941177

 $00:00:59.187 \longrightarrow 00:01:01.066$ of Anesthesia and also Division

NOTE Confidence: 0.902902842941177

 $00:01:01.066 \longrightarrow 00:01:02.610$ Chief of ambulatory anesthesia.

NOTE Confidence: 0.902902842941177

 $00:01:02.610 \longrightarrow 00:01:03.564$ Here at Yale,

NOTE Confidence: 0.902902842941177

 $00:01:03.564 \longrightarrow 00:01:05.472$ she received her MD from Albert

NOTE Confidence: 0.902902842941177

 $00{:}01{:}05.472 \dashrightarrow 00{:}01{:}07.343$ Einstein College of Medicine and

00:01:07.343 --> 00:01:09.208 her internship at Memorial Sloan,

NOTE Confidence: 0.902902842941177

 $00:01:09.210 \longrightarrow 00:01:12.325$ Kettering and her residency at Mount Sinai.

NOTE Confidence: 0.902902842941177

00:01:12.330 --> 00:01:14.010 She stayed on the faculty at Mount

NOTE Confidence: 0.902902842941177

 $00:01:14.010 \longrightarrow 00:01:16.006$ Sinai and there she served as clinical

NOTE Confidence: 0.902902842941177

00:01:16.006 --> 00:01:17.234 coordinator of the Perioperative

NOTE Confidence: 0.902902842941177

 $00{:}01{:}17.234 \dashrightarrow 00{:}01{:}18.810$ and Pain Management Service.

NOTE Confidence: 0.902902842941177

 $00:01:18.810 \longrightarrow 00:01:20.749$ The chair of the difficult Area Response

NOTE Confidence: 0.902902842941177

 $00:01:20.749 \longrightarrow 00:01:22.705$ Team and the Fellowship director of

NOTE Confidence: 0.902902842941177

00:01:22.705 --> 00:01:24.841 the head and Neck Anesthesiology and

NOTE Confidence: 0.902902842941177

00:01:24.841 --> 00:01:26.608 Advanced Airway Management program,

NOTE Confidence: 0.902902842941177

 $00:01:26.610 \longrightarrow 00:01:28.188$ she moved to Yale in 2020,

NOTE Confidence: 0.902902842941177

 $00{:}01{:}28.190 \dashrightarrow 00{:}01{:}29.470$ so still a relative new comer.

NOTE Confidence: 0.902902842941177

 $00:01:29.470 \longrightarrow 00:01:30.518$ As we were saying,

NOTE Confidence: 0.902902842941177

 $00:01:30.518 \longrightarrow 00:01:32.730$ and she's now division chief of ambulatory.

NOTE Confidence: 0.902902842941177

 $00:01:32.730 \longrightarrow 00:01:34.991$ Anesthesiology so she is an active member

00:01:34.991 --> 00:01:37.520 of the Society for Ambulatory Anesthesia.

NOTE Confidence: 0.902902842941177

00:01:37.520 --> 00:01:38.834 She Co chairs,

NOTE Confidence: 0.902902842941177

 $00:01:38.834 \longrightarrow 00:01:40.586$ the Anesthesia Education committee.

NOTE Confidence: 0.902902842941177

 $00:01:40.590 \longrightarrow 00:01:42.390$ She is also a member of the New York

NOTE Confidence: 0.902902842941177

 $00:01:42.390 \longrightarrow 00:01:44.601$ State Society of Anesthesiologist and the

NOTE Confidence: 0.902902842941177

00:01:44.601 --> 00:01:46.169 American Society of Anesthesiologists.

NOTE Confidence: 0.902902842941177

00:01:46.170 --> 00:01:47.810 She has received numerous awards

NOTE Confidence: 0.902902842941177

 $00:01:47.810 \longrightarrow 00:01:49.122$ really throughout her career,

NOTE Confidence: 0.902902842941177

 $00:01:49.130 \longrightarrow 00:01:49.720$ including intranet,

NOTE Confidence: 0.902902842941177

 $00:01:49.720 \longrightarrow 00:01:51.490$ the year resident of the Year,

NOTE Confidence: 0.902902842941177

 $00{:}01{:}51.490 \dashrightarrow 00{:}01{:}53.110$ Outstanding Mentor of the year,

NOTE Confidence: 0.902902842941177

00:01:53.110 --> 00:01:54.454 several Faculty research awards,

NOTE Confidence: 0.902902842941177

00:01:54.454 --> 00:01:56.960 and even during her time here at Yale,

NOTE Confidence: 0.902902842941177

 $00:01:56.960 \longrightarrow 00:01:59.198$ she received a faculty Award for

NOTE Confidence: 0.902902842941177

 $00:01:59.198 \longrightarrow 00:02:01.440$ Excellence in Education and Leadership.

NOTE Confidence: 0.902902842941177

 $00:02:01.440 \longrightarrow 00:02:03.305$ Her work has been published

 $00:02:03.305 \longrightarrow 00:02:04.797$ in diverse journals including

NOTE Confidence: 0.902902842941177

 $00:02:04.797 \longrightarrow 00:02:05.880$ anesthesiologist laryngoscope,

NOTE Confidence: 0.902902842941177

 $00:02:05.880 \longrightarrow 00:02:07.326$ anesthesiology and analgesia.

NOTE Confidence: 0.902902842941177

00:02:07.326 --> 00:02:09.254 Journal of Emergency Medicine,

NOTE Confidence: 0.902902842941177

00:02:09.260 --> 00:02:10.660 Journal of Quality Health.

NOTE Confidence: 0.902902842941177

 $00:02:10.660 \longrightarrow 00:02:12.060$ So really diverse group.

NOTE Confidence: 0.902902842941177

00:02:12.060 --> 00:02:14.146 She's currently a member of a combined

NOTE Confidence: 0.902902842941177

 $00:02:14.146 \longrightarrow 00:02:15.788$ writing group including members from

NOTE Confidence: 0.902902842941177

 $00:02:15.788 \longrightarrow 00:02:17.538$ the Society for Ambulatory Anesthesia,

NOTE Confidence: 0.902902842941177

 $00:02:17.540 \longrightarrow 00:02:19.736$ Society of Anesthesia and Sleep Medicine,

NOTE Confidence: 0.902902842941177

 $00:02:19.740 \longrightarrow 00:02:20.920$ and Society of Critical Care.

NOTE Confidence: 0.902902842941177

 $00:02:20.920 \longrightarrow 00:02:22.985$ Anesthesiologists who have been developing

NOTE Confidence: 0.902902842941177

 $00{:}02{:}22.985 \dashrightarrow 00{:}02{:}24.637$ guidelines for the perioperative

NOTE Confidence: 0.902902842941177

 $00:02:24.637 \longrightarrow 00:02:26.500$ management of patients with sleep apnea,

NOTE Confidence: 0.902902842941177

 $00:02:26.500 \longrightarrow 00:02:28.078$ so this is a really timely

00:02:28.078 --> 00:02:28.867 and important topic,

NOTE Confidence: 0.902902842941177

 $00{:}02{:}28.870 \dashrightarrow 00{:}02{:}30.262$ and I'm so pleased that Doctor

NOTE Confidence: 0.902902842941177

 $00:02:30.262 \longrightarrow 00:02:31.660$ ***** can join us today.

NOTE Confidence: 0.902902842941177 00:02:31.660 --> 00:02:32.240 So welcome. NOTE Confidence: 0.909297801818182

 $00:02:33.410 \longrightarrow 00:02:35.012$ Thank you so much Doctor Hilbert

NOTE Confidence: 0.909297801818182

 $00:02:35.012 \longrightarrow 00:02:36.790$ for that really kind introduction.

NOTE Confidence: 0.909297801818182

 $00:02:36.790 \longrightarrow 00:02:38.245$ I'm really thrilled with the

NOTE Confidence: 0.909297801818182

00:02:38.245 --> 00:02:39.409 opportunity to speak today,

NOTE Confidence: 0.909297801818182

 $00:02:39.410 \longrightarrow 00:02:42.378$ and I'm also humbled to be speaking to

NOTE Confidence: 0.909297801818182

 $00:02:42.378 \longrightarrow 00:02:45.049$ an audience that is so expert in OSA.

NOTE Confidence: 0.909297801818182

 $00{:}02{:}45.050 \dashrightarrow 00{:}02{:}47.360$ But hoping that I can provide some

NOTE Confidence: 0.909297801818182

00:02:47.360 --> 00:02:49.723 insight into our sort of everyday

NOTE Confidence: 0.909297801818182

 $00:02:49.723 \longrightarrow 00:02:51.467$ experience of as an esthesiologists

NOTE Confidence: 0.909297801818182

 $00:02:51.467 \longrightarrow 00:02:53.674$ in caring for and providing the best

NOTE Confidence: 0.909297801818182

 $00:02:53.674 \longrightarrow 00:02:55.540$ possible care for this challenging,

NOTE Confidence: 0.909297801818182

 $00{:}02{:}55.540 \dashrightarrow 00{:}02{:}57.028$ patient and population which

 $00:02:57.028 \longrightarrow 00:02:58.888$ you all know very well.

NOTE Confidence: 0.909297801818182

 $00{:}02{:}58.890 \dashrightarrow 00{:}03{:}01.125$ I have no disclosures related

NOTE Confidence: 0.909297801818182

 $00:03:01.125 \longrightarrow 00:03:04.159$ to the talk today and the CME.

NOTE Confidence: 0.909297801818182

 $00:03:04.160 \longrightarrow 00:03:08.440$ Voters here. So this will be well

NOTE Confidence: 0.909297801818182

 $00:03:08.440 \longrightarrow 00:03:10.140$ known to this audience today.

NOTE Confidence: 0.909297801818182

00:03:10.140 --> 00:03:11.499 But you know,

NOTE Confidence: 0.909297801818182

00:03:11.499 --> 00:03:14.217 OSA has a tremendous prevalence worldwide,

NOTE Confidence: 0.909297801818182

 $00:03:14.220 \longrightarrow 00:03:15.680$ with an estimated overall

NOTE Confidence: 0.909297801818182

00:03:15.680 --> 00:03:17.140 prevalence of 1 billion,

NOTE Confidence: 0.909297801818182

00:03:17.140 --> 00:03:19.780 with 425 million patients in the

NOTE Confidence: 0.909297801818182

 $00:03:19.780 \longrightarrow 00:03:22.023$ moderate to severe category based

NOTE Confidence: 0.909297801818182

 $00{:}03{:}22.023 \dashrightarrow 00{:}03{:}24.038$ on American Academy of Sleep

NOTE Confidence: 0.909297801818182

 $00{:}03{:}24.038 \dashrightarrow 00{:}03{:}26.540$ Medicine to the 2012 guidelines.

NOTE Confidence: 0.909297801818182

00:03:26.540 --> 00:03:28.646 And if you overlay that with

NOTE Confidence: 0.909297801818182

 $00:03:28.646 \longrightarrow 00:03:30.700$ the global volume of surgery,

 $00:03:30.700 \longrightarrow 00:03:32.488$ which is just tremendous,

NOTE Confidence: 0.909297801818182

 $00:03:32.488 \longrightarrow 00:03:34.276$ you know several 100,000,000.

NOTE Confidence: 0.909297801818182

 $00:03:34.280 \longrightarrow 00:03:36.810$ It just really speaks to.

NOTE Confidence: 0.909297801818182

 $00:03:36.810 \longrightarrow 00:03:39.210$ The volume of this problem of

NOTE Confidence: 0.909297801818182

 $00:03:39.210 \longrightarrow 00:03:40.810$ caring for these patients,

NOTE Confidence: 0.909297801818182

 $00:03:40.810 \longrightarrow 00:03:42.770$ who are as I'll discuss,

NOTE Confidence: 0.909297801818182

 $00:03:42.770 \longrightarrow 00:03:45.610$ at elevated risk of perioperative

NOTE Confidence: 0.909297801818182

 $00:03:45.610 \longrightarrow 00:03:46.178$ complications.

NOTE Confidence: 0.8984026

00:03:48.270 --> 00:03:50.606 And because of the volume of the problem,

NOTE Confidence: 0.8984026

 $00:03:50.610 \longrightarrow 00:03:52.164$ there is quite a volume of

NOTE Confidence: 0.8984026

00:03:52.164 --> 00:03:53.200 literature on the topic,

NOTE Confidence: 0.8984026

 $00:03:53.200 \longrightarrow 00:03:55.013$ and it was a challenge to figure

NOTE Confidence: 0.8984026

 $00:03:55.013 \longrightarrow 00:03:57.017$ out exactly what to focus in on in

NOTE Confidence: 0.8984026

 $00{:}03{:}57.017 \dashrightarrow 00{:}03{:}59.138$ preparing for the talk for all of you today.

NOTE Confidence: 0.8984026

 $00:03:59.140 \longrightarrow 00:04:00.805$ So before I get into the bulk of it,

NOTE Confidence: 0.8984026

 $00:04:00.810 \longrightarrow 00:04:02.442$ I just want to give this disclaimer and

 $00:04:02.442 \longrightarrow 00:04:04.551$ it's a quote from a recent review article

NOTE Confidence: 0.8984026

 $00{:}04{:}04{:}551 \dashrightarrow 00{:}04{:}06.150$ published in an esthesia and Analgesia.

NOTE Confidence: 0.8984026

 $00:04:06.150 \longrightarrow 00:04:08.362$ One of our main journals on the

NOTE Confidence: 0.8984026

00:04:08.362 --> 00:04:09.749 topic of perioperative management

NOTE Confidence: 0.8984026

 $00:04:09.749 \longrightarrow 00:04:11.249$ of patients with OSA,

NOTE Confidence: 0.8984026

 $00:04:11.250 \longrightarrow 00:04:13.539$ and that is that despite a plethora

NOTE Confidence: 0.8984026

 $00:04:13.539 \longrightarrow 00:04:15.501$ of clinical evidence delineating the

NOTE Confidence: 0.8984026

 $00:04:15.501 \longrightarrow 00:04:17.796$ perioperative risk associated with OSA,

NOTE Confidence: 0.8984026

00:04:17.800 --> 00:04:19.627 much of which I'll go over today.

NOTE Confidence: 0.8984026

00:04:19.630 --> 00:04:21.485 Scientific data on the efficacy

NOTE Confidence: 0.8984026

 $00{:}04{:}21.485 \dashrightarrow 00{:}04{:}22.969$ of perioperative safety measures

NOTE Confidence: 0.8984026

 $00:04:22.969 \longrightarrow 00:04:24.269$ are largely lacking,

NOTE Confidence: 0.8984026

 $00{:}04{:}24.270 \dashrightarrow 00{:}04{:}26.172$ so a lot of those recommendations

NOTE Confidence: 0.8984026

 $00{:}04{:}26.172 \dashrightarrow 00{:}04{:}28.122$ are really still based on expert

NOTE Confidence: 0.8984026

00:04:28.122 --> 00:04:29.988 opinion for maybe lower levels of

 $00:04:29.988 \longrightarrow 00:04:32.071$ evidence at this point and then also

NOTE Confidence: 0.8984026

 $00:04:32.071 \longrightarrow 00:04:33.733$ of interest to the audience today.

NOTE Confidence: 0.8984026

00:04:33.740 --> 00:04:34.081 Moreover,

NOTE Confidence: 0.8984026

 $00:04:34.081 \longrightarrow 00:04:35.786$ OSA is increasingly acknowledged as

NOTE Confidence: 0.8984026

 $00:04:35.786 \longrightarrow 00:04:37.582$ a complex condition with significant

NOTE Confidence: 0.8984026

00:04:37.582 --> 00:04:39.874 heterogeneity in terms of disease severity,

NOTE Confidence: 0.8984026

00:04:39.880 --> 00:04:40.310 comorbidity,

NOTE Confidence: 0.8984026

 $00:04:40.310 \longrightarrow 00:04:42.030$ burden and complication risks.

NOTE Confidence: 0.8984026

 $00:04:42.030 \longrightarrow 00:04:43.620$ So, as you all know,

NOTE Confidence: 0.8984026

 $00:04:43.620 \longrightarrow 00:04:44.996$ far in far more detail than I do.

NOTE Confidence: 0.8984026

 $00{:}04{:}45.000 \dashrightarrow 00{:}04{:}46.470$ There are many phenotypes of OSA

NOTE Confidence: 0.8984026

 $00:04:46.470 \longrightarrow 00:04:48.367$ and so that makes the study of

NOTE Confidence: 0.8984026

 $00:04:48.367 \longrightarrow 00:04:49.807$ this problem in the perioperative.

NOTE Confidence: 0.8984026

 $00:04:49.810 \longrightarrow 00:04:50.122$ Period,

NOTE Confidence: 0.8984026

00:04:50.122 --> 00:04:51.994 you know ever more complex and

NOTE Confidence: 0.8984026

 $00:04:51.994 \longrightarrow 00:04:53.300$ and something that's gonna,

 $00{:}04{:}53.300 --> 00{:}04{:}53.952 \ \mathrm{you} \ \mathrm{know},$

NOTE Confidence: 0.8984026

00:04:53.952 --> 00:04:56.484 take a lot more you know body

NOTE Confidence: 0.8984026

 $00:04:56.484 \longrightarrow 00:04:58.524$ of literature in the future.

NOTE Confidence: 0.8984026

00:04:58.530 --> 00:05:00.866 So with that sort of disclaimer in mind,

NOTE Confidence: 0.8984026

 $00:05:00.870 \longrightarrow 00:05:02.700$ the learning objectives for the next

NOTE Confidence: 0.8984026

 $00:05:02.700 \longrightarrow 00:05:05.127$ 40 minutes or so of this talk for

NOTE Confidence: 0.8984026

 $00:05:05.127 \longrightarrow 00:05:06.849$ you are to lift the perioperative

NOTE Confidence: 0.8984026

 $00{:}05{:}06.915 \dashrightarrow 00{:}05{:}08.930$ adverse events associated with OSA.

NOTE Confidence: 0.8984026

 $00:05:08.930 \longrightarrow 00:05:10.698$ Review recommendations for the

NOTE Confidence: 0.8984026

 $00:05:10.698 \longrightarrow 00:05:12.908$ perative management of OSA patients,

NOTE Confidence: 0.8984026

 $00{:}05{:}12.910 \dashrightarrow 00{:}05{:}15.164$ identify gaps in evidence for the rabbit.

NOTE Confidence: 0.8984026

 $00:05:15.170 \longrightarrow 00:05:17.240$ If management OSA patients that warrant

NOTE Confidence: 0.8984026

 $00:05:17.240 \longrightarrow 00:05:19.112$ research and then possibly inspire one

NOTE Confidence: 0.8984026

 $00:05:19.112 \longrightarrow 00:05:21.549$ or more of you who are here at Yale to see.

NOTE Confidence: 0.8984026

 $00:05:21.550 \longrightarrow 00:05:24.525$ How we can work within our institution

 $00:05:24.525 \longrightarrow 00:05:27.176$ to possibly improve the pathways for

NOTE Confidence: 0.8984026

 $00:05:27.176 \longrightarrow 00:05:29.768$ perative care for our patients here?

NOTE Confidence: 0.8984026

 $00:05:29.770 \longrightarrow 00:05:30.662$ So as I said,

NOTE Confidence: 0.8984026

 $00:05:30.662 \longrightarrow 00:05:31.777$ there's a plethora of literature

NOTE Confidence: 0.8984026

 $00:05:31.777 \longrightarrow 00:05:32.549$ on this topic,

NOTE Confidence: 0.8984026

 $00:05:32.550 \longrightarrow 00:05:34.038$ and there are a plethora of

NOTE Confidence: 0.8984026

 $00:05:34.038 \longrightarrow 00:05:35.030$ guidelines on this topic,

NOTE Confidence: 0.8984026

 $00:05:35.030 \longrightarrow 00:05:37.140$ probably because of the just

NOTE Confidence: 0.8984026

 $00{:}05{:}37.140 \dashrightarrow 00{:}05{:}38.828$ magnitude of the problem.

NOTE Confidence: 0.8984026

 $00:05:38.830 \longrightarrow 00:05:40.666$ So these are the available guidelines

NOTE Confidence: 0.8984026

 $00{:}05{:}40.666 \dashrightarrow 00{:}05{:}42.375$ right now for the perioperative

NOTE Confidence: 0.8984026

 $00{:}05{:}42.375 \dashrightarrow 00{:}05{:}44.510$ management of patients with OSA,

NOTE Confidence: 0.8984026

 $00:05:44.510 \longrightarrow 00:05:46.562$ and they all really do still have a place,

NOTE Confidence: 0.8984026

 $00{:}05{:}46.570 \dashrightarrow 00{:}05{:}47.536$ despite some of them being a

NOTE Confidence: 0.8984026

 $00:05:47.536 \longrightarrow 00:05:48.609$ little bit on the older side.

NOTE Confidence: 0.8984026

 $00:05:48.610 \longrightarrow 00:05:50.810$ So the Society of ambulatory

 $00:05:50.810 \longrightarrow 00:05:52.570$ anesthesia guidelines or Samba

NOTE Confidence: 0.8984026

 $00:05:52.570 \longrightarrow 00:05:54.190$ guidelines are now a decade old,

NOTE Confidence: 0.8984026

 $00:05:54.190 \longrightarrow 00:05:56.549$ but are still really do inform my

NOTE Confidence: 0.8984026

 $00:05:56.549 \longrightarrow 00:05:58.609$ clinical decision making on a daily basis.

NOTE Confidence: 0.8984026

 $00{:}05{:}58.610 \dashrightarrow 00{:}06{:}00.164$ And I will be touching upon those.

NOTE Confidence: 0.8984026

 $00:06:00.170 \longrightarrow 00:06:02.780$ Abet as an inventory anesthesiologist

NOTE Confidence: 0.8984026

00:06:02.780 --> 00:06:04.664 our main professional society,

NOTE Confidence: 0.8984026

 $00:06:04.664 \longrightarrow 00:06:07.019$ the American Society of Anesthesiologists

NOTE Confidence: 0.8984026

00:06:07.019 --> 00:06:08.993 guidelines were last updated in 2013

NOTE Confidence: 0.8984026

 $00:06:08.993 \longrightarrow 00:06:11.425$ and are probably the most well known

NOTE Confidence: 0.8984026

 $00:06:11.425 \longrightarrow 00:06:13.277$ among clinical anesthesiologist sasom,

NOTE Confidence: 0.8984026

 $00{:}06{:}13.280 \dashrightarrow 00{:}06{:}15.638$ the Society of Anesthesia and Sleep

NOTE Confidence: 0.8984026

 $00{:}06{:}15.638 \dashrightarrow 00{:}06{:}17.210$ Medicine has preoperative guidelines

NOTE Confidence: 0.8984026

 $00:06:17.271 \longrightarrow 00:06:19.434$ from 2016 as well as intra operative

NOTE Confidence: 0.8984026

 $00:06:19.434 \longrightarrow 00:06:21.172$ guidelines for 2018 and the work

 $00:06:21.172 \longrightarrow 00:06:22.840$ in progress that I'm part of.

NOTE Confidence: 0.8984026

 $00{:}06{:}22.840 \dashrightarrow 00{:}06{:}25.018$ The writing group is for the

NOTE Confidence: 0.8984026

00:06:25.018 --> 00:06:26.107 post operative guidelines,

NOTE Confidence: 0.8984026

00:06:26.110 --> 00:06:27.450 which will hopefully be published

NOTE Confidence: 0.8984026

 $00:06:27.450 \longrightarrow 00:06:28.790$ in the next year or

NOTE Confidence: 0.891997541818182

 $00:06:28.848 \longrightarrow 00:06:30.053$ so. There are guidelines

NOTE Confidence: 0.891997541818182

 $00:06:30.053 \longrightarrow 00:06:31.808$ specific to patients with OSA.

NOTE Confidence: 0.891997541818182

 $00:06:31.810 \longrightarrow 00:06:33.485$ Having bariatric surgery since it's

NOTE Confidence: 0.891997541818182

 $00{:}06{:}33.485 \dashrightarrow 00{:}06{:}35.160$ obviously going to be prevalent

NOTE Confidence: 0.891997541818182

 $00:06:35.216 \longrightarrow 00:06:36.751$ problem in that patient population

NOTE Confidence: 0.891997541818182

 $00{:}06{:}36.751 \dashrightarrow 00{:}06{:}38.336$ and then also of interest.

NOTE Confidence: 0.891997541818182

 $00:06:38.336 \longrightarrow 00:06:39.946$ The most recent guidelines to

NOTE Confidence: 0.891997541818182

 $00:06:39.946 \longrightarrow 00:06:41.766$ be published back in 2019 are

NOTE Confidence: 0.891997541818182

 $00{:}06{:}41.766 \dashrightarrow 00{:}06{:}43.166$ specific to patients with OSA.

NOTE Confidence: 0.891997541818182

00:06:43.170 --> 00:06:44.330 Have been having upper airway

NOTE Confidence: 0.891997541818182

 $00:06:44.330 \longrightarrow 00:06:45.773$ surgery and I'm going to highlight

 $00:06:45.773 \longrightarrow 00:06:47.397$ these a little bit because of my

NOTE Confidence: 0.891997541818182

 $00{:}06{:}47.397 \dashrightarrow 00{:}06{:}48.988$ interest in head and neck an esthesia.

NOTE Confidence: 0.891997541818182

 $00:06:48.990 \longrightarrow 00:06:50.698$ So I care for these patients pretty

NOTE Confidence: 0.891997541818182

00:06:50.698 --> 00:06:51.903 frequently and also because I

NOTE Confidence: 0.891997541818182

 $00:06:51.903 \longrightarrow 00:06:53.394$ thought it would be of interest to

NOTE Confidence: 0.891997541818182

 $00:06:53.394 \longrightarrow 00:06:54.942$ you as Sleep Medicine specialists

NOTE Confidence: 0.891997541818182

00:06:54.942 --> 00:06:56.230 today because your patients,

NOTE Confidence: 0.891997541818182

 $00{:}06{:}56.230 \dashrightarrow 00{:}06{:}58.805$ you know obviously present for

NOTE Confidence: 0.891997541818182

 $00:06:58.805 \longrightarrow 00:06:59.835$ these surgeries.

NOTE Confidence: 0.891997541818182

 $00:06:59.840 \longrightarrow 00:07:01.460$ So the for the first portion

NOTE Confidence: 0.891997541818182

00:07:01.460 --> 00:07:03.800 of the talk I'll focus in on an

NOTE Confidence: 0.891997541818182

 $00:07:03.800 \longrightarrow 00:07:05.300$ adverse events and the evidence

NOTE Confidence: 0.891997541818182

 $00{:}07{:}05.300 \dashrightarrow 00{:}07{:}07.676$ for our patients with OSA being at

NOTE Confidence: 0.891997541818182

 $00:07:07.676 \longrightarrow 00:07:09.460$ elevated risk for adverse events

NOTE Confidence: 0.891997541818182

 $00:07:09.460 \longrightarrow 00:07:11.220$ in the perioperative period.

 $00:07:11.220 \longrightarrow 00:07:13.159$ So the literature and this is heterogeneous.

NOTE Confidence: 0.891997541818182

 $00{:}07{:}13.160 \dashrightarrow 00{:}07{:}15.610$ We do have a meta analysis that

NOTE Confidence: 0.891997541818182

 $00:07:15.610 \longrightarrow 00:07:18.035$ I'd like to highlight here that's

NOTE Confidence: 0.891997541818182

 $00:07:18.035 \longrightarrow 00:07:20.440$ has a series of cohort studies

NOTE Confidence: 0.891997541818182

 $00:07:20.440 \longrightarrow 00:07:21.800$ and case control studies.

NOTE Confidence: 0.891997541818182

00:07:21.800 --> 00:07:23.204 17 studies in all,

NOTE Confidence: 0.891997541818182

 $00:07:23.204 \longrightarrow 00:07:25.980$ and when these studies were pooled together,

NOTE Confidence: 0.891997541818182

 $00{:}07{:}25.980 \dashrightarrow 00{:}07{:}28.284$ there was an increased risk of

NOTE Confidence: 0.891997541818182

 $00:07:28.284 \longrightarrow 00:07:30.292$ respiratory failure found for patients

NOTE Confidence: 0.891997541818182

 $00{:}07{:}30.292 \dashrightarrow 00{:}07{:}32.704$ with OSA relative to those without.

NOTE Confidence: 0.891997541818182

 $00{:}07{:}32.710 \dashrightarrow 00{:}07{:}34.378$ That includes reactivation,

NOTE Confidence: 0.891997541818182

 $00:07:34.378 \longrightarrow 00:07:36.046$ prolonged mechanical ventilation,

NOTE Confidence: 0.891997541818182

 $00:07:36.050 \longrightarrow 00:07:36.581$ etc,

NOTE Confidence: 0.891997541818182

00:07:36.581 --> 00:07:39.767 as well as cardiac events including

NOTE Confidence: 0.891997541818182

00:07:39.767 --> 00:07:41.360 acute myocardial infarction.

NOTE Confidence: 0.891997541818182

 $00:07:41.360 \longrightarrow 00:07:43.320$ Arrhythmia is cardiac arrests

 $00:07:43.320 \longrightarrow 00:07:45.770$ as well as icing transfer,

NOTE Confidence: 0.891997541818182

 $00:07:45.770 \longrightarrow 00:07:47.288$ so the overall risk is elevated,

NOTE Confidence: 0.891997541818182

00:07:47.290 --> 00:07:49.066 but when you look at the individual studies,

NOTE Confidence: 0.891997541818182

 $00:07:49.070 \longrightarrow 00:07:51.104$ the results are really quite heterogeneous

NOTE Confidence: 0.891997541818182

00:07:51.104 --> 00:07:53.271 and it probably speaks to the fact

NOTE Confidence: 0.891997541818182

00:07:53.271 --> 00:07:55.021 that the method of diagnosis of OSA,

NOTE Confidence: 0.891997541818182

00:07:55.030 --> 00:07:56.445 whether the gold standard price

NOTE Confidence: 0.891997541818182

00:07:56.445 --> 00:07:57.856 ******** versus screening,

NOTE Confidence: 0.891997541818182

 $00:07:57.856 \longrightarrow 00:08:01.964$ is variable between studies as well as.

NOTE Confidence: 0.891997541818182

 $00:08:01.964 \longrightarrow 00:08:04.436$ The adherence to prescribed

NOTE Confidence: 0.891997541818182

 $00:08:04.436 \longrightarrow 00:08:07.919$ treatment is variable across studies.

NOTE Confidence: 0.891997541818182

00:08:07.920 --> 00:08:09.560 So just to really drive home this point,

NOTE Confidence: 0.891997541818182

 $00{:}08{:}09.560 \dashrightarrow 00{:}08{:}12.430$ I wanted to share this table from

NOTE Confidence: 0.891997541818182

 $00:08:12.430 \longrightarrow 00:08:13.660$ Sassins preoperative guidelines,

NOTE Confidence: 0.891997541818182

 $00:08:13.660 \longrightarrow 00:08:16.084$ which summarizes the literature on the

 $00:08:16.084 \longrightarrow 00:08:18.139$ elevated risk of complications from

NOTE Confidence: 0.891997541818182

 $00:08:18.139 \longrightarrow 00:08:20.395$ patients having OSA in aperitive period.

NOTE Confidence: 0.891997541818182

00:08:20.400 --> 00:08:22.626 And if you look in at pulmonary

NOTE Confidence: 0.891997541818182

00:08:22.626 --> 00:08:23.580 complications in particular,

NOTE Confidence: 0.891997541818182

 $00:08:23.580 \longrightarrow 00:08:24.625$ really all the studies looked

NOTE Confidence: 0.891997541818182

 $00:08:24.625 \longrightarrow 00:08:26.040$ at that as a possible outcome,

NOTE Confidence: 0.891997541818182

 $00:08:26.040 \longrightarrow 00:08:28.025$ which makes sense given the

NOTE Confidence: 0.891997541818182

00:08:28.025 --> 00:08:29.216 pathophysiology of OSA.

NOTE Confidence: 0.891997541818182

00:08:29.220 --> 00:08:30.756 Of those 17 studies,

NOTE Confidence: 0.891997541818182

00:08:30.756 --> 00:08:33.680 11 found that OSA was predictive of

NOTE Confidence: 0.891997541818182

00:08:33.680 --> 00:08:36.400 increased risk of pulmonary complications,

NOTE Confidence: 0.891997541818182

 $00:08:36.400 \longrightarrow 00:08:37.501$ but six phones.

NOTE Confidence: 0.891997541818182

00:08:37.501 --> 00:08:39.703 No impact of OSA on increased

NOTE Confidence: 0.891997541818182

00:08:39.703 --> 00:08:42.139 risk of pulmonary complications.

NOTE Confidence: 0.891997541818182

 $00:08:42.140 \longrightarrow 00:08:44.520$ When it comes to a cardiac complications,

NOTE Confidence: 0.891997541818182

 $00:08:44.520 \longrightarrow 00:08:46.536$ 2 of the 11 studies did show

 $00:08:46.536 \longrightarrow 00:08:48.079$ that there was a doctor.

NOTE Confidence: 0.891997541818182

 $00:08:48.080 \longrightarrow 00:08:50.108$ Mental impact of OSA on the

NOTE Confidence: 0.891997541818182

00:08:50.108 --> 00:08:51.460 risk of cardiac complications,

NOTE Confidence: 0.891997541818182

 $00:08:51.460 \longrightarrow 00:08:54.820$ but nine found no significant difference

NOTE Confidence: 0.891997541818182

 $00:08:54.820 \longrightarrow 00:08:56.588$ and then really, interestingly,

NOTE Confidence: 0.891997541818182

 $00:08:56.588 \longrightarrow 00:08:58.798$ when it comes to mortality,

NOTE Confidence: 0.891997541818182

 $00:08:58.800 \longrightarrow 00:09:01.019$ there have been 13 studies that have

NOTE Confidence: 0.891997541818182

 $00{:}09{:}01.019 \dashrightarrow 00{:}09{:}03.146$ reported on whether OSA increases the

NOTE Confidence: 0.891997541818182

 $00:09:03.146 \longrightarrow 00:09:04.638$ risk for mortality perioperatively

NOTE Confidence: 0.891997541818182

 $00:09:04.638 \longrightarrow 00:09:06.499$ and one found that it did.

NOTE Confidence: 0.891997541818182

 $00:09:06.500 \longrightarrow 00:09:08.402$ Nine found that there was no

NOTE Confidence: 0.891997541818182

00:09:08.402 --> 00:09:09.036 significant impact,

NOTE Confidence: 0.891997541818182

 $00{:}09{:}09.040 \dashrightarrow 00{:}09{:}11.050$ and three studies actually found a

NOTE Confidence: 0.891997541818182

 $00:09:11.050 \longrightarrow 00:09:13.050$ beneficial impact of obstructive sleep apnea.

NOTE Confidence: 0.891997541818182

 $00:09:13.050 \longrightarrow 00:09:15.130$ On patients mortality after surgery,

00:09:15.130 --> 00:09:16.888 which probably speaks to the fact

NOTE Confidence: 0.891997541818182

 $00:09:16.888 \longrightarrow 00:09:18.499$ that maybe these patients underwent

NOTE Confidence: 0.891997541818182

00:09:18.499 --> 00:09:20.047 greater levels of monitoring,

NOTE Confidence: 0.891997541818182

 $00:09:20.050 \longrightarrow 00:09:21.782$ there was heightened vigilance

NOTE Confidence: 0.891997541818182

00:09:21.782 --> 00:09:23.947 surrounding their care or possibly

NOTE Confidence: 0.891997541818182

 $00{:}09{:}23.950 \dashrightarrow 00{:}09{:}25.602$ positive area pressure treatment.

NOTE Confidence: 0.891997541818182

 $00:09:25.602 \longrightarrow 00:09:27.667$ But this doesn't mean that

NOTE Confidence: 0.891997541818182

 $00:09:27.667 \longrightarrow 00:09:29.270$ as an esthesiologist,

NOTE Confidence: 0.737679468461539

00:09:29.270 --> 00:09:30.682 as para poder physicians,

NOTE Confidence: 0.737679468461539

 $00:09:30.682 \longrightarrow 00:09:32.447$ we don't worry about mortality

NOTE Confidence: 0.737679468461539

 $00{:}09{:}32.447 --> 00{:}09{:}33.859$ for our OSA patients.

NOTE Confidence: 0.737679468461539

 $00:09:33.860 \longrightarrow 00:09:36.044$ Of course, we do think it's just

NOTE Confidence: 0.737679468461539

00:09:36.044 --> 00:09:38.380 luckily a rare complication due to,

NOTE Confidence: 0.737679468461539

 $00{:}09{:}38.380 \dashrightarrow 00{:}09{:}39.704$ you know, heightened vigilance.

NOTE Confidence: 0.737679468461539

 $00:09:39.704 \longrightarrow 00:09:41.028$ But that being said,

NOTE Confidence: 0.737679468461539

 $00:09:41.030 \longrightarrow 00:09:43.010$ there are definitely reports of

 $00:09:43.010 \longrightarrow 00:09:44.990$ mismanagement of OSA patients in

NOTE Confidence: 0.737679468461539

 $00:09:45.060 \longrightarrow 00:09:47.050$ the perioperative period leading to

NOTE Confidence: 0.737679468461539

 $00{:}09{:}47.050 \dashrightarrow 00{:}09{:}49.134$ what this editorial author writes.

NOTE Confidence: 0.737679468461539

 $00:09:49.134 \longrightarrow 00:09:50.520$ So bluntly, those patients

NOTE Confidence: 0.737679468461539

 $00:09:50.520 \longrightarrow 00:09:51.845$ being found dead in bed.

NOTE Confidence: 0.737679468461539

 $00:09:51.850 \longrightarrow 00:09:53.474$ And I think this is the kind of

NOTE Confidence: 0.737679468461539

 $00:09:53.474 \longrightarrow 00:09:54.836$ scenario that really keeps you

NOTE Confidence: 0.737679468461539

 $00:09:54.836 \longrightarrow 00:09:56.048$ up at night anesthesiologists.

NOTE Confidence: 0.737679468461539

 $00:09:56.050 \longrightarrow 00:09:59.200$ If we miss the diagnosis if.

NOTE Confidence: 0.737679468461539

 $00:09:59.200 \longrightarrow 00:10:01.587$ Don't don't plan for an elevated level

NOTE Confidence: 0.737679468461539

00:10:01.587 --> 00:10:03.186 of monitoring postoperatively in a

NOTE Confidence: 0.737679468461539

 $00:10:03.186 \longrightarrow 00:10:05.020$ patient that would have benefited from it.

NOTE Confidence: 0.737679468461539

 $00{:}10{:}05.020 \dashrightarrow 00{:}10{:}06.100$ Could one of our patients

NOTE Confidence: 0.737679468461539

 $00:10:06.100 \longrightarrow 00:10:07.180$ be found dead in bed?

NOTE Confidence: 0.737679468461539

 $00:10:07.180 \longrightarrow 00:10:09.608$ And in this editorial

 $00:10:10.200 \longrightarrow 00:10:11.688$ the author highlighted 12

NOTE Confidence: 0.837486471428571

 $00:10:12.140 \longrightarrow 00:10:13.553$ closed claims analysis

NOTE Confidence: 0.837486471428571

 $00:10:13.553 \longrightarrow 00:10:15.899$ closed claim study is closed,

NOTE Confidence: 0.837486471428571

 $00:10:15.899 \longrightarrow 00:10:19.112$ claims cases rather of the patients with

NOTE Confidence: 0.837486471428571

 $00:10:19.112 \longrightarrow 00:10:22.699$ OSA were just that exactly that happened.

NOTE Confidence: 0.837486471428571

 $00:10:22.700 \longrightarrow 00:10:24.638$ So because death is so rare,

NOTE Confidence: 0.837486471428571

 $00:10:24.640 \longrightarrow 00:10:26.362$ the best way to study it really

NOTE Confidence: 0.837486471428571

 $00:10:26.362 \longrightarrow 00:10:28.219$ is going to be through case

NOTE Confidence: 0.837486471428571

00:10:28.219 --> 00:10:29.974 series and medical legal reports.

NOTE Confidence: 0.837486471428571

00:10:29.980 --> 00:10:33.816 And this study of 60 patients total

NOTE Confidence: 0.837486471428571

 $00{:}10{:}33.816 \dashrightarrow 00{:}10{:}37.619$ looked at those who died related to

NOTE Confidence: 0.837486471428571

 $00:10:37.620 \longrightarrow 00:10:39.720$ OSA in the postoperative period or

NOTE Confidence: 0.837486471428571

 $00:10:39.720 \longrightarrow 00:10:42.214$ had a noxic brain injury as well

NOTE Confidence: 0.837486471428571

 $00:10:42.214 \longrightarrow 00:10:44.056$ as those who had very critical

NOTE Confidence: 0.837486471428571

 $00:10:44.056 \longrightarrow 00:10:45.683$ respiratory events are near death

NOTE Confidence: 0.837486471428571

 $00{:}10{:}45.683 \dashrightarrow 00{:}10{:}47.268$ patients who had cardiac arrest.

 $00:10:47.270 \longrightarrow 00:10:49.573$ But where we citated in patients with

NOTE Confidence: 0.837486471428571

 $00{:}10{:}49.573 \dashrightarrow 00{:}10{:}52.262$ heart block also related to OSA and.

NOTE Confidence: 0.837486471428571

 $00:10:52.262 \longrightarrow 00:10:53.284$ Interestingly importantly,

NOTE Confidence: 0.837486471428571

 $00:10:53.284 \longrightarrow 00:10:56.350$ the vast majority of events were

NOTE Confidence: 0.837486471428571

 $00:10:56.432 \longrightarrow 00:10:58.987$ in the 1st 24 hours after surgery,

NOTE Confidence: 0.837486471428571

 $00:10:58.990 \longrightarrow 00:11:00.565$ so that seems to be the really

NOTE Confidence: 0.837486471428571

00:11:00.565 --> 00:11:01.972 critical time period and the majority

NOTE Confidence: 0.837486471428571

 $00{:}11{:}01.972 \dashrightarrow 00{:}11{:}03.575$ happened on the floor as opposed to

NOTE Confidence: 0.837486471428571

 $00:11:03.624 \longrightarrow 00:11:05.080$ in operating room or in the pacu,

NOTE Confidence: 0.837486471428571

 $00:11:05.080 \longrightarrow 00:11:07.018$ where there's higher levels of monitoring.

NOTE Confidence: 0.891966842941176

 $00:11:09.420 \longrightarrow 00:11:13.200$ There can also be lessons learned from

NOTE Confidence: 0.891966842941176

 $00:11:13.200 \longrightarrow 00:11:16.234$ comparing those patients who had death

NOTE Confidence: 0.891966842941176

 $00{:}11{:}16.234 \dashrightarrow 00{:}11{:}19.800$ or an oxic brain injury to those who

NOTE Confidence: 0.891966842941176

00:11:19.800 --> 00:11:22.800 who had respiratory adverse events,

NOTE Confidence: 0.891966842941176

 $00:11:22.800 \longrightarrow 00:11:26.591$ to see which ones end to

 $00:11:26.591 \longrightarrow 00:11:29.546$ see which factors may have.

NOTE Confidence: 0.891966842941176

 $00{:}11{:}29.550 \dashrightarrow 00{:}11{:}31.554$ Increase their risk for actual death

NOTE Confidence: 0.891966842941176

 $00:11:31.554 \longrightarrow 00:11:33.589$ and a future study. I'll show next.

NOTE Confidence: 0.891966842941176

 $00:11:33.589 \longrightarrow 00:11:35.450$ Will will elaborate on that a little bit,

NOTE Confidence: 0.891966842941176

 $00:11:35.450 \longrightarrow 00:11:38.132$ but I also just briefly wanted to point out

NOTE Confidence: 0.891966842941176

00:11:38.132 --> 00:11:40.665 that of those 60 patients in this study,

NOTE Confidence: 0.891966842941176

 $00:11:40.670 \longrightarrow 00:11:44.086$ 35 of them had diagnosed OSA preoperatively.

NOTE Confidence: 0.891966842941176

00:11:44.090 --> 00:11:48.086 11 of those 35 were on preoperative C Pap.

NOTE Confidence: 0.891966842941176

 $00:11:48.090 \longrightarrow 00:11:49.002$ The remaining were not,

NOTE Confidence: 0.891966842941176

 $00:11:49.002 \longrightarrow 00:11:50.929$ and then only four of those eleven were

NOTE Confidence: 0.891966842941176

 $00{:}11{:}50.929 \to 00{:}11{:}52.714$ on who are on preoperative have actually

NOTE Confidence: 0.891966842941176

00:11:52.714 --> 00:11:54.268 used their seat post operatively,

NOTE Confidence: 0.891966842941176

00:11:54.270 --> 00:11:57.784 so not using CPAP or you know,

NOTE Confidence: 0.891966842941176

 $00{:}11{:}57.790 \to 00{:}11{:}59.407$ not using it in the postoperative period.

NOTE Confidence: 0.891966842941176

00:11:59.410 --> 00:12:00.620 When I was prescribed Preoperatively

NOTE Confidence: 0.891966842941176

 $00:12:00.620 \longrightarrow 00:12:01.830$ could have been risk factors.

 $00:12:01.830 \longrightarrow 00:12:02.586$ For those patients,

NOTE Confidence: 0.891966842941176

 $00:12:02.586 \longrightarrow 00:12:03.846$ and then also of note,

NOTE Confidence: 0.891966842941176

 $00:12:03.850 \longrightarrow 00:12:06.034$ the majority of patients and with these

NOTE Confidence: 0.891966842941176

00:12:06.034 --> 00:12:07.605 really critical adverse events and

NOTE Confidence: 0.891966842941176

 $00{:}12{:}07.605 \dashrightarrow 00{:}12{:}09.357$ deaths we're receiving less than 10

NOTE Confidence: 0.891966842941176

00:12:09.357 --> 00:12:11.429 milligram of morphine equivalents per day,

NOTE Confidence: 0.891966842941176

00:12:11.430 --> 00:12:13.320 which suggests that it's a very modest

NOTE Confidence: 0.891966842941176

 $00{:}12{:}13.320 \dashrightarrow 00{:}12{:}15.649$ dose of suggests that you know opioid

NOTE Confidence: 0.891966842941176

 $00:12:15.649 \longrightarrow 00:12:16.744$ induced respiratory depression,

NOTE Confidence: 0.891966842941176

 $00:12:16.750 \longrightarrow 00:12:17.998$ while contributory was probably

NOTE Confidence: 0.891966842941176

 $00:12:17.998 \longrightarrow 00:12:19.246$ not the whole picture,

NOTE Confidence: 0.891966842941176

00:12:19.250 --> 00:12:21.446 and what led to death and oxyc brain injury

NOTE Confidence: 0.891966842941176

 $00{:}12{:}21.446 \dashrightarrow 00{:}12{:}23.875$ or other critical events in these patients.

NOTE Confidence: 0.891966842941176

 $00:12:23.880 \longrightarrow 00:12:25.416$ So lessons can also be learned from the

NOTE Confidence: 0.891966842941176

00:12:25.416 --> 00:12:26.990 Society of anesthesia and Sleep Medicine,

00:12:26.990 --> 00:12:29.450 death and near Miss Miss Registry.

NOTE Confidence: 0.891966842941176

00:12:29.450 --> 00:12:31.840 This registry study included 60.

NOTE Confidence: 0.891966842941176

00:12:31.840 --> 00:12:33.996 Six patients who died had an accident,

NOTE Confidence: 0.891966842941176

 $00:12:34.000 \longrightarrow 00:12:35.968$ brain injury or a handful that

NOTE Confidence: 0.891966842941176

 $00:12:35.968 \longrightarrow 00:12:37.280$ had other critical events.

NOTE Confidence: 0.891966842941176 00:12:37.280 --> 00:12:37.968 And again, NOTE Confidence: 0.891966842941176

 $00:12:37.968 \longrightarrow 00:12:40.376$ most of the events were on the

NOTE Confidence: 0.891966842941176

 $00:12:40.376 \longrightarrow 00:12:42.650$ hospital floor as opposed to

NOTE Confidence: 0.891966842941176

 $00{:}12{:}42.650 \dashrightarrow 00{:}12{:}44.039$ higher monitored locations,

NOTE Confidence: 0.891966842941176

 $00:12:44.040 \longrightarrow 00:12:45.348$ although some did occur in the

NOTE Confidence: 0.891966842941176

00:12:45.348 --> 00:12:46.220 ICU or step down,

NOTE Confidence: 0.891966842941176

 $00:12:46.220 \longrightarrow 00:12:48.280$ so that's important to note.

NOTE Confidence: 0.891966842941176 00:12:48.280 --> 00:12:48.757 And for me, NOTE Confidence: 0.891966842941176

 $00{:}12{:}48.757 \dashrightarrow 00{:}12{:}49.870$ as some one who does a lot of

NOTE Confidence: 0.891966842941176

 $00:12:49.914 \longrightarrow 00:12:50.950$ ambulatory anesthesiology,

NOTE Confidence: 0.891966842941176

 $00{:}12{:}50.950 \dashrightarrow 00{:}12{:}52.930$ I'm of course you know concerned

 $00:12:52.930 \longrightarrow 00:12:54.852$ about the 14 patients who died

NOTE Confidence: 0.891966842941176

00:12:54.852 --> 00:12:56.735 or had a noxic brain injury at

NOTE Confidence: 0.891966842941176

 $00:12:56.735 \longrightarrow 00:12:58.780$ home after ambulatory anesthesia.

NOTE Confidence: 0.891966842941176

00:12:58.780 --> 00:12:59.936 So that's particularly concerning.

NOTE Confidence: 0.891966842941176

 $00:12:59.936 \longrightarrow 00:13:01.993$ And when you look at the patients

NOTE Confidence: 0.891966842941176

00:13:01.993 --> 00:13:03.876 who had death or brain damage versus

NOTE Confidence: 0.891966842941176

 $00:13:03.876 \longrightarrow 00:13:05.568$ those who had other critical events

NOTE Confidence: 0.891966842941176

 $00:13:05.568 \longrightarrow 00:13:07.525$ but were rescued for that from them.

NOTE Confidence: 0.891966842941176

 $00{:}13{:}07.525 \dashrightarrow 00{:}13{:}09.660$ Death and brain damage were less common

NOTE Confidence: 0.891966842941176

00:13:09.660 --> 00:13:11.919 when the event was witnessed less

NOTE Confidence: 0.891966842941176

00:13:11.919 --> 00:13:14.295 common when supplemental oxygen was utilized.

NOTE Confidence: 0.891966842941176

00:13:14.300 --> 00:13:15.900 Less common when respiratory

NOTE Confidence: 0.891966842941176

 $00{:}13{:}15.900 \dashrightarrow 00{:}13{:}17.100$ monitoring was utilized.

NOTE Confidence: 0.891966842941176

 $00{:}13{:}17.100 \dashrightarrow 00{:}13{:}19.602$ More common when opioids and sedatives

NOTE Confidence: 0.891966842941176

 $00:13:19.602 \longrightarrow 00:13:23.290$ were given compared to just opioids alone.

00:13:23.290 --> 00:13:25.666 And in this small registry study,

NOTE Confidence: 0.891966842941176

 $00{:}13{:}25.670 \dashrightarrow 00{:}13{:}27.973$ there was no evidence for an association

NOTE Confidence: 0.891966842941176

 $00:13:27.973 \longrightarrow 00:13:30.499$ with OSA severity or cumulative opioid dose,

NOTE Confidence: 0.891966842941176

 $00:13:30.500 \longrightarrow 00:13:32.082$ and the risk of death or bearing

NOTE Confidence: 0.891966842941176

00:13:32.082 --> 00:13:33.180 damage being the outcome,

NOTE Confidence: 0.891966842941176

 $00:13:33.180 \longrightarrow 00:13:35.208$ with the caveat that it's obviously

NOTE Confidence: 0.891966842941176

 $00:13:35.208 \longrightarrow 00:13:36.930$ a very small sample size,

NOTE Confidence: 0.891966842941176

 $00:13:36.930 \longrightarrow 00:13:37.980$ so I don't know what conclusions

NOTE Confidence: 0.891966842941176

 $00{:}13{:}37.980 \dashrightarrow 00{:}13{:}39.060$ we can really draw from that.

NOTE Confidence: 0.91016224

00:13:42.130 --> 00:13:44.410 So now that I've touched upon the risks

NOTE Confidence: 0.91016224

 $00{:}13{:}44.410 \dashrightarrow 00{:}13{:}46.518$ of adverse events in terms of cardio,

NOTE Confidence: 0.91016224

00:13:46.520 --> 00:13:47.350 pulmonary complications,

NOTE Confidence: 0.91016224

 $00:13:47.350 \longrightarrow 00:13:49.764$ and the rare but really feared

NOTE Confidence: 0.91016224

00:13:49.764 --> 00:13:52.026 risk of death or not sticker,

NOTE Confidence: 0.91016224

00:13:52.030 --> 00:13:54.358 brain and brain damage and our

NOTE Confidence: 0.91016224

00:13:54.358 --> 00:13:56.145 patients with OSA perioperatively,

 $00:13:56.145 \longrightarrow 00:13:59.835$ how can we approach preoperative risk

NOTE Confidence: 0.91016224

 $00{:}13{:}59.835 \dashrightarrow 00{:}14{:}03.757$ assessment and then planning to reduce risk?

NOTE Confidence: 0.91016224

 $00:14:03.760 \longrightarrow 00:14:05.356$ We have robust guidelines from the

NOTE Confidence: 0.91016224

 $00:14:05.356 \longrightarrow 00:14:07.139$ Society of Anesthesia and Sleep Medicine.

NOTE Confidence: 0.91016224

 $00:14:07.140 \longrightarrow 00:14:08.796$ As I mentioned at the outset.

NOTE Confidence: 0.91016224

 $00:14:08.800 \longrightarrow 00:14:11.512$ And of course the gold standard

NOTE Confidence: 0.91016224

00:14:11.512 --> 00:14:13.320 for diagnosis is polysomnography.

NOTE Confidence: 0.91016224

 $00{:}14{:}13.320 \dashrightarrow 00{:}14{:}15.420$ But a lot of our patients present

NOTE Confidence: 0.91016224

 $00:14:15.420 \longrightarrow 00:14:18.596$ to us for surgery and have not had

NOTE Confidence: 0.91016224

00:14:18.596 --> 00:14:20.796 polysomnography to diagnose their OSA.

NOTE Confidence: 0.91016224

 $00{:}14{:}20.800 \dashrightarrow 00{:}14{:}21.860$ And of course, many,

NOTE Confidence: 0.91016224

 $00:14:21.860 \longrightarrow 00:14:24.110$ many patients present to us with undiagnosed.

NOTE Confidence: 0.91016224

 $00{:}14{:}24.110 \dashrightarrow 00{:}14{:}27.687$ So, in the absence of formal testing,

NOTE Confidence: 0.91016224

 $00:14:27.690 \longrightarrow 00:14:29.140$ we're left with screening questionnaires.

NOTE Confidence: 0.91016224

00:14:29.140 --> 00:14:31.528 My name, which have been validated

 $00:14:31.528 \longrightarrow 00:14:33.490$ and the most popular one.

NOTE Confidence: 0.91016224

 $00:14:33.490 \longrightarrow 00:14:35.566$ Is certainly the Stop Bang score

NOTE Confidence: 0.91016224

 $00:14:35.570 \longrightarrow 00:14:37.122$ and there's currently insufficient

NOTE Confidence: 0.91016224

 $00:14:37.122 \longrightarrow 00:14:39.062$ evidence to suggest that for

NOTE Confidence: 0.91016224

00:14:39.062 --> 00:14:41.017 the vast majority of patients,

NOTE Confidence: 0.91016224

00:14:41.020 --> 00:14:42.868 presenting for the vast majority of

NOTE Confidence: 0.91016224

00:14:42.868 --> 00:14:45.592 types of surgery that you know delaying

NOTE Confidence: 0.91016224

00:14:45.592 --> 00:14:48.909 surgery that isn't urgent in order to

NOTE Confidence: 0.91016224

 $00{:}14{:}48.909 \dashrightarrow 00{:}14{:}51.901$ get formal testing with polysomnography is,

NOTE Confidence: 0.91016224

 $00:14:51.901 \longrightarrow 00:14:53.829$ you know is not the best way to

NOTE Confidence: 0.91016224

 $00:14:53.829 \longrightarrow 00:14:55.597$ utilize resources for for our

NOTE Confidence: 0.91016224

00:14:55.597 --> 00:14:57.432 perioperative patients at this point,

NOTE Confidence: 0.91016224

 $00:14:57.440 \longrightarrow 00:15:00.715$ which leaves us with these

NOTE Confidence: 0.91016224

 $00:15:00.715 \longrightarrow 00:15:02.025$ screening questionnaires.

NOTE Confidence: 0.91016224

 $00:15:02.030 \longrightarrow 00:15:03.730$ So on a daily basis,

NOTE Confidence: 0.91016224

 $00:15:03.730 \longrightarrow 00:15:05.685$ we are then confronted with

00:15:05.685 --> 00:15:07.249 diagnosed patients with OSA,

NOTE Confidence: 0.91016224

 $00:15:07.250 \longrightarrow 00:15:09.474$ who are treated which is our favorite type.

NOTE Confidence: 0.91016224

 $00:15:09.480 \longrightarrow 00:15:11.290$ Those with OSA that's diagnosed

NOTE Confidence: 0.91016224

00:15:11.290 --> 00:15:13.100 but are either partially treated

NOTE Confidence: 0.91016224

 $00:15:13.163 \longrightarrow 00:15:15.335$ or untreated or maybe not adherent

NOTE Confidence: 0.91016224

 $00:15:15.335 \longrightarrow 00:15:17.215$ to their prescribed treatment and

NOTE Confidence: 0.91016224

00:15:17.215 --> 00:15:19.423 then those with suspected OSA based

NOTE Confidence: 0.91016224

 $00{:}15{:}19.423 \dashrightarrow 00{:}15{:}21.042$ on preoperative screening tools

NOTE Confidence: 0.91016224

 $00:15:21.042 \longrightarrow 00:15:22.578$ such as stopping.

NOTE Confidence: 0.888116942222222

 $00:15:24.920 \longrightarrow 00:15:27.368$ And here at Yale in our

NOTE Confidence: 0.888116942222222

 $00:15:27.368 \longrightarrow 00:15:28.592$ preanesthesia evaluation note,

NOTE Confidence: 0.888116942222222

 $00:15:28.600 \longrightarrow 00:15:30.555$ which is standard throughout the

NOTE Confidence: 0.888116942222222

 $00{:}15{:}30.555 \dashrightarrow 00{:}15{:}32.351$ health system, we do document

NOTE Confidence: 0.888116942222222

 $00{:}15{:}32.351 \dashrightarrow 00{:}15{:}34.373$ unknown diagnosis of OSA and then

NOTE Confidence: 0.888116942222222

00:15:34.373 --> 00:15:36.398 whether or not the patient is on C.

 $00:15:36.400 \longrightarrow 00:15:38.367$ Pap and then in the absence of

NOTE Confidence: 0.888116942222222

 $00{:}15{:}38.367 \dashrightarrow 00{:}15{:}41.061$ that we can document using a pre op

NOTE Confidence: 0.888116942222222

00:15:41.061 --> 00:15:43.380 screening tool section of our pre op.

NOTE Confidence: 0.888116942222222

 $00:15:43.380 \longrightarrow 00:15:44.540$ Note whether we used,

NOTE Confidence: 0.888116942222222

 $00:15:44.540 \longrightarrow 00:15:47.507$ we did a stop bang score and then if the

NOTE Confidence: 0.888116942222222

 $00:15:47.507 \longrightarrow 00:15:49.820$ patient has three or more risk factors,

NOTE Confidence: 0.888116942222222

 $00:15:49.820 \dashrightarrow 00:15:51.927$ whether they are at risk for OSA.

NOTE Confidence: 0.974904794

 $00:15:54.620 \longrightarrow 00:15:55.920$ So that begs the question,

NOTE Confidence: 0.974904794

00:15:55.920 --> 00:15:58.290 if we're frequently taking care of

NOTE Confidence: 0.974904794

00:15:58.290 --> 00:16:00.340 patients who screen positive for

NOTE Confidence: 0.974904794

 $00{:}16{:}00.340 \dashrightarrow 00{:}16{:}02.330$ OSA and aren't formally diagnosed,

NOTE Confidence: 0.974904794

 $00:16:02.330 \longrightarrow 00:16:04.328$ and therefore of course don't have

NOTE Confidence: 0.974904794

00:16:04.328 --> 00:16:05.660 any treatment, they're not going

NOTE Confidence: 0.974904794

 $00{:}16{:}05.660 \dashrightarrow 00{:}16{:}06.980$ to be in positive area pressure.

NOTE Confidence: 0.974904794

 $00:16:06.980 \longrightarrow 00:16:10.500$ And what is the impact of positive air

NOTE Confidence: 0.974904794

 $00:16:10.500 \longrightarrow 00:16:14.198$ pressure on adverse outcomes after surgery?

 $00:16:14.200 \longrightarrow 00:16:15.488$ Well, there's a bit of literature on it.

NOTE Confidence: 0.974904794

00:16:15.490 --> 00:16:17.422 It's hard to study and really

NOTE Confidence: 0.974904794

 $00:16:17.422 \longrightarrow 00:16:19.519$ tease out what the benefit is,

NOTE Confidence: 0.974904794

 $00:16:19.520 \longrightarrow 00:16:23.072$ but here there is a meta

NOTE Confidence: 0.974904794

 $00:16:23.072 \longrightarrow 00:16:24.860$ analysis of six studies.

NOTE Confidence: 0.974904794

 $00:16:24.860 \longrightarrow 00:16:26.960$ Two of them are randomized controlled trials.

NOTE Confidence: 0.974904794

 $00:16:26.960 \longrightarrow 00:16:28.720$ The remaining were observation,

NOTE Confidence: 0.974904794

 $00:16:28.720 \longrightarrow 00:16:31.724$ ULL that included almost 1000 patients and

NOTE Confidence: 0.974904794

 $00:16:31.724 \longrightarrow 00:16:34.636$ in terms of the impact on adverse outcomes,

NOTE Confidence: 0.974904794

 $00:16:34.640 \longrightarrow 00:16:37.448$ I'll give go over that in just a moment.

NOTE Confidence: 0.974904794

 $00{:}16{:}37.450 \to 00{:}16{:}39.826$ But I first wanted to point out that

NOTE Confidence: 0.974904794

 $00:16:39.826 \longrightarrow 00:16:42.447$ of the patients who were in the see

NOTE Confidence: 0.974904794

 $00{:}16{:}42.447 \dashrightarrow 00{:}16{:}44.859$ PAP group in these pooled studies,

NOTE Confidence: 0.974904794

 $00:16:44.860 \longrightarrow 00:16:46.135$ the vast majority of them

NOTE Confidence: 0.974904794

00:16:46.135 --> 00:16:47.155 around preoperative C PAP.

00:16:47.160 --> 00:16:47.439 However,

NOTE Confidence: 0.974904794

 $00:16:47.439 \longrightarrow 00:16:48.834$ fewer than half actually used

NOTE Confidence: 0.974904794

00:16:48.834 --> 00:16:50.658 their C PAP in the postoperative

NOTE Confidence: 0.974904794

 $00:16:50.658 \longrightarrow 00:16:52.278$ period and that could be,

NOTE Confidence: 0.974904794

 $00:16:52.280 \longrightarrow 00:16:54.200$ for various reasons,

NOTE Confidence: 0.974904794

 $00:16:54.200 \longrightarrow 00:16:55.480$ noncompliance clinicians.

NOTE Confidence: 0.974904794

 $00:16:55.480 \longrightarrow 00:16:57.508$ Didn't prescribe it and no protocols

NOTE Confidence: 0.974904794

 $00:16:57.508 \longrightarrow 00:16:59.748$ in the hospitals that they were at

NOTE Confidence: 0.974904794

 $00{:}16{:}59.748 \dashrightarrow 00{:}17{:}01.666$ in order to make sure the patients

NOTE Confidence: 0.974904794

00:17:01.729 --> 00:17:03.537 got their CPAP postoperatively.

NOTE Confidence: 0.974904794

 $00{:}17{:}03.540 \dashrightarrow 00{:}17{:}06.795$ So with that cave at that the postoperative

NOTE Confidence: 0.974904794

 $00:17:06.795 \longrightarrow 00:17:09.030$ adherence was only about 50%.

NOTE Confidence: 0.974904794

 $00:17:09.030 \longrightarrow 00:17:11.413$ This meta analysis found that there was

NOTE Confidence: 0.974904794

 $00:17:11.413 \longrightarrow 00:17:13.318$ no significant difference in adverse

NOTE Confidence: 0.974904794

 $00:17:13.318 \longrightarrow 00:17:14.699$ events postoperatively in patients

NOTE Confidence: 0.974904794

 $00{:}17{:}14.700 \dashrightarrow 00{:}17{:}16.608$ who were on positive air pressure

00:17:16.608 --> 00:17:18.419 therapy versus those that were not.

NOTE Confidence: 0.931978999166667

00:17:21.740 --> 00:17:23.858 Another kind of creative study designed

NOTE Confidence: 0.931978999166667

 $00{:}17{:}23.858 \dashrightarrow 00{:}17{:}26.745$ to try to answer this question comes

NOTE Confidence: 0.931978999166667

 $00:17:26.745 \longrightarrow 00:17:30.542$ from this match cohort study where where

NOTE Confidence: 0.931978999166667

 $00:17:30.542 \longrightarrow 00:17:32.516$ patients were divided up into three groups,

NOTE Confidence: 0.931978999166667

 $00:17:32.520 \longrightarrow 00:17:34.790$ those that had diagnosed OSA

NOTE Confidence: 0.931978999166667

00:17:34.790 --> 00:17:37.060 prior to presenting to surgery.

NOTE Confidence: 0.931978999166667

 $00:17:37.060 \longrightarrow 00:17:42.226$ Those that had OSA diagnosed and.

NOTE Confidence: 0.931978999166667

 $00:17:42.230 \longrightarrow 00:17:43.778$ After their surgery within

NOTE Confidence: 0.931978999166667

 $00:17:43.778 \longrightarrow 00:17:45.326$ the next five years,

NOTE Confidence: 0.931978999166667

 $00:17:45.330 \longrightarrow 00:17:47.424$ with the presumption that they probably

NOTE Confidence: 0.931978999166667

00:17:47.424 --> 00:17:50.307 had OSA at the time of their surgery,

NOTE Confidence: 0.931978999166667

 $00{:}17{:}50.310 \dashrightarrow 00{:}17{:}52.557$ it just wasn't diagnosed yet and so

NOTE Confidence: 0.931978999166667

 $00:17:52.557 \longrightarrow 00:17:54.748$ therefore they weren't on any treatment yet.

NOTE Confidence: 0.931978999166667

 $00:17:54.750 \longrightarrow 00:17:56.850$ And then those matched controls that

 $00:17:56.850 \longrightarrow 00:17:59.810$ did not have an elevated risk for OSA.

NOTE Confidence: 0.931978999166667

 $00{:}17{:}59.810 \dashrightarrow 00{:}18{:}02.342$ And when you pulled together the

NOTE Confidence: 0.931978999166667

00:18:02.342 --> 00:18:04.949 patients with diagnosed and treated OSA,

NOTE Confidence: 0.931978999166667

00:18:04.950 --> 00:18:06.924 undiagnosed OSA at the time of surgery

NOTE Confidence: 0.931978999166667

 $00:18:06.924 \longrightarrow 00:18:08.930$ and compared them to the match controls,

NOTE Confidence: 0.931978999166667

00:18:08.930 --> 00:18:11.030 OSA, whether diagnosed or undiagnosed,

NOTE Confidence: 0.931978999166667

 $00{:}18{:}11.030 \dashrightarrow 00{:}18{:}13.274$ did lead to an increased risk

NOTE Confidence: 0.931978999166667

 $00:18:13.274 \longrightarrow 00:18:14.396$ of respiratory complications.

NOTE Confidence: 0.931978999166667

 $00:18:14.400 \longrightarrow 00:18:16.880$ For all patients with OSA.

NOTE Confidence: 0.93197899916666700:18:16.880 --> 00:18:17.444 Interestingly,

NOTE Confidence: 0.931978999166667

00:18:17.444 --> 00:18:19.700 the cardiac comma cardiova
scular

NOTE Confidence: 0.931978999166667

 $00:18:19.700 \longrightarrow 00:18:21.392$ complications including cardiac

NOTE Confidence: 0.931978999166667

 $00:18:21.392 \longrightarrow 00:18:22.960$ arrest and shock.

NOTE Confidence: 0.931978999166667

00:18:22.960 --> 00:18:25.516 The patients who had undiagnosed OSA,

NOTE Confidence: 0.931978999166667

 $00:18:25.520 \longrightarrow 00:18:27.284$ meaning that they ended up getting diagnosed

NOTE Confidence: 0.931978999166667

00:18:27.284 --> 00:18:29.260 in the five years after their surgery,

00:18:29.260 --> 00:18:32.314 had nearly had over twice increased

NOTE Confidence: 0.931978999166667

 $00{:}18{:}32.314 \dashrightarrow 00{:}18{:}35.060$ risk of having cardiac arrests

NOTE Confidence: 0.931978999166667

 $00:18:35.060 \longrightarrow 00:18:37.520$ and or shock in the postoperative

NOTE Confidence: 0.931978999166667

 $00:18:37.520 \longrightarrow 00:18:40.016$ period compared to those that were

NOTE Confidence: 0.931978999166667

 $00:18:40.016 \longrightarrow 00:18:41.961$ diagnosed with OSA and prescribed

NOTE Confidence: 0.931978999166667

00:18:41.961 --> 00:18:44.620 CPAP in the preoperative period,

NOTE Confidence: 0.931978999166667

 $00:18:44.620 \longrightarrow 00:18:46.645$ suggesting that it may be

NOTE Confidence: 0.931978999166667

 $00{:}18{:}46.645 \dashrightarrow 00{:}18{:}47.455$ cardiovascular complications.

NOTE Confidence: 0.931978999166667

 $00:18:47.460 \longrightarrow 00:18:50.850$ That CPAP use and adherence could

NOTE Confidence: 0.931978999166667

 $00:18:50.850 \longrightarrow 00:18:53.110$ be particularly beneficial for.

NOTE Confidence: 0.931978999166667

 $00:18:53.110 \longrightarrow 00:18:54.699$ And then one final study that I

NOTE Confidence: 0.931978999166667

 $00:18:54.699 \longrightarrow 00:18:56.459$ wanted to share trying to delve into

NOTE Confidence: 0.931978999166667

 $00{:}18{:}56.459 \dashrightarrow 00{:}18{:}57.995$ this question of whether kpap is

NOTE Confidence: 0.931978999166667

 $00:18:58.051 \longrightarrow 00:18:59.766$ protective in the perioperative period

NOTE Confidence: 0.931978999166667

 $00:18:59.766 \longrightarrow 00:19:01.481$ comes from the Michigan Surgical

 $00{:}19{:}01.490 \dashrightarrow 00{:}19{:}05.408$ Quality Collaborative 2646 patients

NOTE Confidence: 0.931978999166667

 $00{:}19{:}05.408 \dashrightarrow 00{:}19{:}07.853$ were extracted from this database

NOTE Confidence: 0.931978999166667

 $00{:}19{:}07.853 \dashrightarrow 00{:}19{:}10.507$ that had diagnosed or suspected OSA

NOTE Confidence: 0.931978999166667

 $00{:}19{:}10.507 \dashrightarrow 00{:}19{:}12.818$ based on clinician documentation

NOTE Confidence: 0.931978999166667

00:19:12.818 --> 00:19:16.822 of preoperative screening and of

NOTE Confidence: 0.931978999166667

 $00:19:16.822 \longrightarrow 00:19:18.703$ those 26155.4% were untreated.

NOTE Confidence: 0.931978999166667

00:19:18.703 --> 00:19:20.809 So either because they just screen

NOTE Confidence: 0.931978999166667

00:19:20.809 --> 00:19:22.421 positive or they had diagnosed

NOTE Confidence: 0.931978999166667

 $00:19:22.421 \longrightarrow 00:19:23.327$ but were untreated.

NOTE Confidence: 0.931978999166667

00:19:23.330 --> 00:19:25.255 And when you compare the two groups,

NOTE Confidence: 0.931978999166667

 $00{:}19{:}25.260 \mathrel{--}{>} 00{:}19{:}26.995$ the untreated patients with OSA

NOTE Confidence: 0.931978999166667

 $00:19:26.995 \longrightarrow 00:19:29.202$ or suspected OSA had an increased

NOTE Confidence: 0.931978999166667

 $00:19:29.202 \longrightarrow 00:19:30.818$ risk of pooled cardio,

NOTE Confidence: 0.931978999166667

 $00{:}19{:}30.820 \dashrightarrow 00{:}19{:}32.156$ pulmonary complications,

NOTE Confidence: 0.931978999166667

 $00:19:32.156 \longrightarrow 00:19:33.492$ unplanned reintubation's,

NOTE Confidence: 0.931978999166667

 $00:19:33.492 \longrightarrow 00:19:35.496$ and postoperative MI's.

 $00:19:39.720 \longrightarrow 00:19:42.331$ So, given that we don't yet have

NOTE Confidence: 0.915130083157895

 $00{:}19{:}42.331 \dashrightarrow 00{:}19{:}45.086$ enough evidence to refer to all of

NOTE Confidence: 0.915130083157895

00:19:45.086 --> 00:19:47.036 our patients for Sleep Medicine,

NOTE Confidence: 0.915130083157895

00:19:47.040 --> 00:19:48.165 consultation and treatment,

NOTE Confidence: 0.915130083157895

00:19:48.165 --> 00:19:50.790 and we are going to be taking

NOTE Confidence: 0.915130083157895

00:19:50.862 --> 00:19:53.076 care of patients you know with

NOTE Confidence: 0.915130083157895

00:19:53.076 --> 00:19:55.079 just a presumed diagnosis of OSA,

NOTE Confidence: 0.915130083157895

 $00{:}19{:}55.080 \dashrightarrow 00{:}19{:}57.066$ which patient should we not go

NOTE Confidence: 0.915130083157895

 $00:19:57.066 \dashrightarrow 00:19:59.083$ ahead with that plan and actually

NOTE Confidence: 0.915130083157895

 $00:19:59.083 \longrightarrow 00:20:01.253$ pause in the case of you know,

NOTE Confidence: 0.915130083157895

00:20:01.260 --> 00:20:03.576 non urgent surgery and send our

NOTE Confidence: 0.915130083157895

00:20:03.576 --> 00:20:05.120 patients for Sleep Medicine,

NOTE Confidence: 0.915130083157895

 $00{:}20{:}05.120 \dashrightarrow 00{:}20{:}06.932$ consultation and possible

NOTE Confidence: 0.915130083157895

00:20:06.932 --> 00:20:08.140 treatment preoperatively?

NOTE Confidence: 0.915130083157895

 $00:20:08.140 \longrightarrow 00:20:08.848$ Well, pretty much.

 $00:20:08.848 \longrightarrow 00:20:10.924$ All of the guidelines I share at the

NOTE Confidence: 0.915130083157895

 $00{:}20{:}10.924 \dashrightarrow 00{:}20{:}12.408$ outset have similar recommendations,

NOTE Confidence: 0.915130083157895

 $00:20:12.410 \longrightarrow 00:20:14.145$ which is those patients with

NOTE Confidence: 0.915130083157895

00:20:14.145 --> 00:20:14.839 particular comorbidities,

NOTE Confidence: 0.915130083157895

00:20:14.840 --> 00:20:16.958 including hypoventilation syndromes,

NOTE Confidence: 0.915130083157895

00:20:16.958 --> 00:20:18.370 pulmonary hypertension,

NOTE Confidence: 0.915130083157895

 $00:20:18.370 \longrightarrow 00:20:21.370$ and resting hypoxemia diagnosed

NOTE Confidence: 0.915130083157895

 $00:20:21.370 \longrightarrow 00:20:23.554$ preoperatively most certainly will

NOTE Confidence: 0.915130083157895

 $00{:}20{:}23.554 \dashrightarrow 00{:}20{:}25.466$ benefit from preoperative Sleep

NOTE Confidence: 0.915130083157895

00:20:25.466 --> 00:20:27.404 Medicine consultation and possibly

NOTE Confidence: 0.915130083157895

 $00:20:27.404 \longrightarrow 00:20:29.144$ initiating positive air pressure

NOTE Confidence: 0.915130083157895

00:20:29.144 --> 00:20:32.190 therapy prior to going ahead with surgery,

NOTE Confidence: 0.915130083157895

 $00:20:32.190 \longrightarrow 00:20:35.214$ and so that's that's a pretty consistent

NOTE Confidence: 0.915130083157895

 $00:20:35.214 \longrightarrow 00:20:36.510$ recommendation across guidelines.

NOTE Confidence: 0.906437991851852

 $00:20:38.990 \longrightarrow 00:20:40.695$ Another clinical decision that we're

NOTE Confidence: 0.906437991851852

 $00:20:40.695 \longrightarrow 00:20:43.136$ faced with when we do ambulatory surgery

 $00:20:43.136 \longrightarrow 00:20:45.481$ on a daily basis is which patients

NOTE Confidence: 0.906437991851852

 $00:20:45.481 \longrightarrow 00:20:47.647$ are safe to send home and this is,

NOTE Confidence: 0.906437991851852

 $00:20:47.650 \longrightarrow 00:20:50.009$ you know, the the low clinical location.

NOTE Confidence: 0.906437991851852

 $00:20:50.010 \longrightarrow 00:20:51.816$ I work in most commonly the

NOTE Confidence: 0.906437991851852

 $00:20:51.816 \longrightarrow 00:20:53.758$ East pavilion here at the York

NOTE Confidence: 0.906437991851852

00:20:53.758 --> 00:20:55.428 Street Street campus of Yale,

NOTE Confidence: 0.906437991851852

 $00:20:55.430 \longrightarrow 00:20:56.165$ New Haven Hospital.

NOTE Confidence: 0.906437991851852

 $00{:}20{:}56.165 \dashrightarrow 00{:}20{:}57.880$ There really isn't a day that goes

NOTE Confidence: 0.906437991851852

00:20:57.926 --> 00:20:59.669 by where I don't have a patient

NOTE Confidence: 0.906437991851852

 $00{:}20{:}59.669 \dashrightarrow 00{:}21{:}00.830$ scheduled for inventory surgery.

NOTE Confidence: 0.906437991851852

 $00:21:00.830 \longrightarrow 00:21:02.302$ Who has a diagnosis of OSA and I

NOTE Confidence: 0.906437991851852

 $00{:}21{:}02.302 \dashrightarrow 00{:}21{:}04.187$ have to decide whether or not it's safe.

NOTE Confidence: 0.906437991851852

 $00:21:04.190 \longrightarrow 00:21:05.326$ So as I mentioned,

NOTE Confidence: 0.906437991851852

00:21:05.326 --> 00:21:07.534 the 2012 Samba Guidelines Society

NOTE Confidence: 0.906437991851852

00:21:07.534 --> 00:21:08.977 of Ambulatory Anesthesia.

 $00:21:08.980 \longrightarrow 00:21:10.984$ Really do still guide our decision

NOTE Confidence: 0.906437991851852

 $00{:}21{:}10.984 \dashrightarrow 00{:}21{:}12.990$ making and despite the age of

NOTE Confidence: 0.906437991851852

 $00:21:12.990 \longrightarrow 00:21:14.500$ the guidelines at this point,

NOTE Confidence: 0.906437991851852

 $00:21:14.500 \longrightarrow 00:21:16.048$ and like other guidelines,

NOTE Confidence: 0.906437991851852

 $00:21:16.048 \longrightarrow 00:21:18.370$ it divides patients into known OSA

NOTE Confidence: 0.906437991851852

 $00{:}21{:}18.437 \dashrightarrow 00{:}21{:}20.417$ versus presumed OSA and those with

NOTE Confidence: 0.906437991851852

 $00:21:20.417 \longrightarrow 00:21:22.942$ known OSA who are compliant with C PAP

NOTE Confidence: 0.906437991851852

00:21:22.942 --> 00:21:25.158 at home have their C PAP machine at

NOTE Confidence: 0.906437991851852

 $00{:}21{:}25.158 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}21{:}27.498$ home and are going to be able to use

NOTE Confidence: 0.906437991851852

 $00:21:27.498 \longrightarrow 00:21:29.479$ it and here to it post operatively.

NOTE Confidence: 0.906437991851852

00:21:29.480 --> 00:21:32.644 It's safe to proceed with ambulatory surgery.

NOTE Confidence: 0.906437991851852

 $00:21:32.650 \longrightarrow 00:21:35.723$ Patients who either don't use CPAP or

NOTE Confidence: 0.906437991851852

 $00{:}21{:}35.723 \dashrightarrow 00{:}21{:}38.026$ haven't been prescribed but but are

NOTE Confidence: 0.906437991851852

 $00:21:38.026 \longrightarrow 00:21:40.810$ going to be able to have their pain

NOTE Confidence: 0.906437991851852

00:21:40.810 --> 00:21:43.618 mostly controlled by non opioid techniques,

NOTE Confidence: 0.906437991851852

 $00:21:43.620 \longrightarrow 00:21:45.280$ probably also safe to proceed

 $00:21:45.280 \longrightarrow 00:21:46.276$ with ambulatory surgery,

NOTE Confidence: 0.906437991851852

00:21:46.280 --> 00:21:48.128 but it's those patients without paper,

NOTE Confidence: 0.906437991851852

00:21:48.130 --> 00:21:49.570 certainly with non optimized

NOTE Confidence: 0.906437991851852

00:21:49.570 --> 00:21:50.290 comorbid conditions,

NOTE Confidence: 0.906437991851852

00:21:50.290 --> 00:21:51.742 and in particular if they're going

NOTE Confidence: 0.906437991851852

00:21:51.742 --> 00:21:53.074 to be using opioids postoperatively

NOTE Confidence: 0.906437991851852

 $00:21:53.074 \longrightarrow 00:21:54.982$ that are not suitable for ambulatory

NOTE Confidence: 0.906437991851852

 $00:21:54.982 \longrightarrow 00:21:56.627$ surgery and should be done in a

NOTE Confidence: 0.906437991851852

 $00{:}21{:}56.627 \dashrightarrow 00{:}21{:}58.113$ place where in patient admission

NOTE Confidence: 0.906437991851852

00:21:58.113 --> 00:21:59.877 afterwards is is possible.

NOTE Confidence: 0.846571955

 $00:22:04.480 \longrightarrow 00:22:07.016$ So both the Samba guidelines and also the

NOTE Confidence: 0.846571955

 $00:22:07.016 \longrightarrow 00:22:09.523$ saw some guidelines recommend that CPAP

NOTE Confidence: 0.846571955

 $00:22:09.523 \longrightarrow 00:22:12.229$ should be available in the perioperative

NOTE Confidence: 0.846571955

00:22:12.292 --> 00:22:14.956 period and for ambulatory surgery centers,

NOTE Confidence: 0.846571955

 $00:22:14.960 \longrightarrow 00:22:17.151$ which unlike a hospital setting like here

00:22:17.151 --> 00:22:19.406 at Yale, are not going to have respiratory

NOTE Confidence: 0.846571955

 $00{:}22{:}19.406 \dashrightarrow 00{:}22{:}20.980$ therapists and CPAP machines available.

NOTE Confidence: 0.846571955

 $00:22:20.980 \longrightarrow 00:22:22.700$ The recommendation is for patients

NOTE Confidence: 0.846571955

 $00:22:22.700 \longrightarrow 00:22:25.045$ to bring their own CPAP machines on

NOTE Confidence: 0.846571955

00:22:25.045 --> 00:22:27.277 the day of surgery so that they can

NOTE Confidence: 0.846571955

 $00:22:27.340 \longrightarrow 00:22:29.416$ use it in the postoperative period.

NOTE Confidence: 0.846571955

00:22:29.420 --> 00:22:32.647 A recent survey of ambulatory Surgery center

NOTE Confidence: 0.846571955

 $00:22:32.647 \longrightarrow 00:22:34.978$ medical directors found that only 60.

NOTE Confidence: 0.846571955

 $00:22:34.980 \longrightarrow 00:22:36.982$ Present facilities did have a policy that

NOTE Confidence: 0.846571955

00:22:36.982 --> 00:22:38.744 required their patients to bring their CPAP

NOTE Confidence: 0.846571955

 $00:22:38.744 \longrightarrow 00:22:40.958$ devices in the day of surgery and only a

NOTE Confidence: 0.846571955

00:22:40.958 --> 00:22:42.794 quarter of facility facility is reported.

NOTE Confidence: 0.846571955

00:22:42.800 --> 00:22:44.612 Patients actually using their C PAP

NOTE Confidence: 0.846571955

00:22:44.612 --> 00:22:46.559 machines at some point in their AFC.

NOTE Confidence: 0.846571955

 $00:22:46.560 \longrightarrow 00:22:48.820$ Within the past two years.

NOTE Confidence: 0.846571955

 $00:22:48.820 \longrightarrow 00:22:51.909$ So in all, this means that 40% of ASD

 $00:22:51.909 \longrightarrow 00:22:54.030$ in the United States are likely not

NOTE Confidence: 0.846571955

 $00{:}22{:}54.102 \dashrightarrow 00{:}22{:}56.556$ compliant with Samba and saw some

NOTE Confidence: 0.846571955

 $00:22:56.556 \longrightarrow 00:22:58.920$ recommendations to have CPAP available.

NOTE Confidence: 0.846571955

 $00:22:58.920 \longrightarrow 00:22:59.500$ Despite that,

NOTE Confidence: 0.846571955

 $00{:}22{:}59.500 \dashrightarrow 00{:}23{:}01.240$ none of the medical directors did

NOTE Confidence: 0.846571955

 $00:23:01.240 \longrightarrow 00:23:03.178$ report any adverse outcomes or adverse

NOTE Confidence: 0.846571955

 $00:23:03.178 \longrightarrow 00:23:04.813$ events that to their knowledge,

NOTE Confidence: 0.846571955

 $00:23:04.820 \longrightarrow 00:23:06.500$ in patients with OSA at their ASC.

NOTE Confidence: 0.846571955

 $00:23:06.500 \longrightarrow 00:23:07.912$ Which may reflect pay,

NOTE Confidence: 0.846571955

 $00:23:07.912 \longrightarrow 00:23:09.677$ careful patient selection as opposed

NOTE Confidence: 0.846571955

 $00:23:09.677 \longrightarrow 00:23:11.853$ to the fact that you know the idea

NOTE Confidence: 0.846571955

 $00{:}23{:}11.853 \dashrightarrow 00{:}23{:}13.799$ that our OSA patients don't need

NOTE Confidence: 0.846571955

 $00{:}23{:}13.799 \dashrightarrow 00{:}23{:}15.689$ CPAP in the perioperative period.

NOTE Confidence: 0.924928207222222

00:23:19.040 --> 00:23:21.375 As promised, I'm going to

NOTE Confidence: 0.924928207222222

00:23:21.375 --> 00:23:23.243 briefly highlight some specific

 $00:23:23.243 \longrightarrow 00:23:25.434$ recommendations from the upper airway

NOTE Confidence: 0.924928207222222

 $00{:}23{:}25.434 \dashrightarrow 00{:}23{:}27.094$ surgery guidelines and namely,

NOTE Confidence: 0.924928207222222

 $00:23:27.100 \longrightarrow 00:23:28.258$ I wanted to point out here.

NOTE Confidence: 0.924928207222222

 $00:23:28.260 \longrightarrow 00:23:29.940$ These are more statements than

NOTE Confidence: 0.924928207222222

 $00:23:29.940 \longrightarrow 00:23:32.236$ recommendations, but when you look at every

NOTE Confidence: 0.924928207222222

00:23:32.236 --> 00:23:34.720 type of upper airway surgery that is,

NOTE Confidence: 0.924928207222222

00:23:34.720 --> 00:23:37.180 you know common in current practice,

NOTE Confidence: 0.924928207222222

00:23:37.180 --> 00:23:38.520 bleeding is, you know,

NOTE Confidence: 0.924928207222222

 $00:23:38.520 \longrightarrow 00:23:40.530$ the main risk factor for complications

NOTE Confidence: 0.924928207222222

 $00:23:40.593 \longrightarrow 00:23:42.297$ post-op really for all of them.

NOTE Confidence: 0.924928207222222

 $00:23:42.300 \longrightarrow 00:23:43.720$ And as you can imagine,

NOTE Confidence: 0.924928207222222

 $00:23:43.720 \longrightarrow 00:23:45.516$ bleeding Airways in patients

NOTE Confidence: 0.924928207222222

 $00:23:45.516 \longrightarrow 00:23:47.761$ with OSA is definitely something

NOTE Confidence: 0.924928207222222

00:23:47.761 --> 00:23:50.792 that presents a challenge from a

NOTE Confidence: 0.924928207222222

 $00:23:50.792 \longrightarrow 00:23:52.298$ clinical management standpoint.

NOTE Confidence: 0.924928207222222

 $00:23:52.300 \longrightarrow 00:23:54.183$ And then when it comes to a

 $00:23:54.183 \longrightarrow 00:23:55.660$ couple of recommendations for the

NOTE Confidence: 0.924928207222222

 $00{:}23{:}55.660 {\:{\mbox{--}}}{>}\ 00{:}23{:}57.185$ preoperative phase of care for

NOTE Confidence: 0.924928207222222

00:23:57.185 --> 00:23:58.920 patients having upper airway surgery,

NOTE Confidence: 0.924928207222222

00:23:58.920 --> 00:24:00.160 you know there's some soft

NOTE Confidence: 0.924928207222222

 $00:24:00.160 \longrightarrow 00:24:01.152$ recommendations for if patients

NOTE Confidence: 0.924928207222222

 $00:24:01.152 \longrightarrow 00:24:02.440$ are in positive air pressure.

NOTE Confidence: 0.924928207222222

00:24:02.440 --> 00:24:03.676 It should be.

NOTE Confidence: 0.924928207222222

 $00:24:03.676 \longrightarrow 00:24:05.890$ It should be continued in the

NOTE Confidence: 0.924928207222222

00:24:05.890 --> 00:24:06.450 perioperative period.

NOTE Confidence: 0.924928207222222

 $00:24:06.450 \longrightarrow 00:24:08.130$ But of course patients are presenting

NOTE Confidence: 0.924928207222222

 $00{:}24{:}08.178 \dashrightarrow 00{:}24{:}09.238$ for upper airway surgery.

NOTE Confidence: 0.924928207222222

 $00:24:09.240 \longrightarrow 00:24:10.696$ Often we're not able to tolerate or

NOTE Confidence: 0.924928207222222

 $00{:}24{:}10.696 \dashrightarrow 00{:}24{:}12.259$ adhere to their positive air pressure,

NOTE Confidence: 0.924928207222222

 $00:24:12.260 \longrightarrow 00:24:14.040$ hence the plan for surgery.

NOTE Confidence: 0.924928207222222

 $00:24:14.040 \longrightarrow 00:24:16.776$ So maybe potentially not as relevant

 $00:24:16.776 \longrightarrow 00:24:18.600$ in this patient population.

NOTE Confidence: 0.924928207222222

 $00{:}24{:}18.600 \dashrightarrow 00{:}24{:}21.736$ So moving on to intra operative management,

NOTE Confidence: 0.924928207222222

00:24:21.740 --> 00:24:23.980 I'm I'm gonna go through this section,

NOTE Confidence: 0.924928207222222 00:24:23.980 --> 00:24:24.464 you know, NOTE Confidence: 0.924928207222222

 $00:24:24.464 \longrightarrow 00:24:25.916$ not the greatest of detail because

NOTE Confidence: 0.924928207222222

 $00:24:25.916 \longrightarrow 00:24:27.709$ it's more relevant to an anesthesiology

NOTE Confidence: 0.924928207222222

 $00:24:27.709 \longrightarrow 00:24:29.593$ audience than a Sleep Medicine audience.

NOTE Confidence: 0.924928207222222

 $00:24:29.600 \longrightarrow 00:24:31.088$ But I did want to highlight

NOTE Confidence: 0.924928207222222

 $00:24:31.088 \longrightarrow 00:24:32.817$ the literature on OSA and its

NOTE Confidence: 0.924928207222222

 $00:24:32.817 \longrightarrow 00:24:34.177$ association with difficult airway

NOTE Confidence: 0.924928207222222

 $00{:}24{:}34.177 \dashrightarrow 00{:}24{:}36.145$ management because I know there are

NOTE Confidence: 0.924928207222222

00:24:36.145 --> 00:24:37.819 of course a lot of pulmonologists,

NOTE Confidence: 0.924928207222222 00:24:37.820 --> 00:24:38.254 intensivists, NOTE Confidence: 0.924928207222222

 $00:24:38.254 \longrightarrow 00:24:40.858$ and respiratory therapists in the audience.

NOTE Confidence: 0.924928207222222

 $00:24:40.860 \longrightarrow 00:24:43.835$ And today there are six studies that

NOTE Confidence: 0.924928207222222

00:24:43.835 --> 00:24:45.688 evaluate the association between

00:24:45.688 --> 00:24:48.188 OSA and difficult mask ventilation,

NOTE Confidence: 0.924928207222222

 $00:24:48.190 \longrightarrow 00:24:49.710$ five of which so that.

NOTE Confidence: 0.924928207222222

00:24:49.710 --> 00:24:52.190 OSA does have a significant impact on OSA,

NOTE Confidence: 0.924928207222222

 $00:24:52.190 \longrightarrow 00:24:54.514$ one which did not when it comes

NOTE Confidence: 0.924928207222222

 $00:24:54.514 \longrightarrow 00:24:55.510$ to tracheal intubation,

NOTE Confidence: 0.924928207222222

00:24:55.510 --> 00:24:57.070 12 studies have examined this,

NOTE Confidence: 0.924928207222222

00:24:57.070 --> 00:24:59.618 and seven of them found a significant

NOTE Confidence: 0.924928207222222

00:24:59.618 --> 00:25:02.198 impact of OSA, whereas 5 did not.

NOTE Confidence: 0.924928207222222

 $00{:}25{:}02.198 \dashrightarrow 00{:}25{:}03.686$ The dreaded combined difficult

NOTE Confidence: 0.924928207222222

 $00:25:03.686 \longrightarrow 00:25:05.210$ ventilation and intubation has

NOTE Confidence: 0.924928207222222

 $00:25:05.210 \longrightarrow 00:25:07.010$ been examined in two studies,

NOTE Confidence: 0.924928207222222

 $00{:}25{:}07.010 \dashrightarrow 00{:}25{:}09.285$ and both did find that OSA was

NOTE Confidence: 0.924928207222222

 $00{:}25{:}09.285 \dashrightarrow 00{:}25{:}11.212$ a significant predictor of this

NOTE Confidence: 0.924928207222222

 $00:25:11.212 \longrightarrow 00:25:12.547$ airway management difficulty.

NOTE Confidence: 0.92492820722222200:25:12.550 --> 00:25:13.174 So far,

 $00:25:13.174 \longrightarrow 00:25:14.734$ there's been two studies on

NOTE Confidence: 0.924928207222222

 $00{:}25{:}14.734 \dashrightarrow 00{:}25{:}15.670$ supraglottic airway insertion,

NOTE Confidence: 0.924928207222222

 $00:25:15.670 \longrightarrow 00:25:17.440$ and neither of them found that

NOTE Confidence: 0.924928207222222

 $00:25:17.440 \longrightarrow 00:25:18.977$ OSA predicted increased risk with

NOTE Confidence: 0.924928207222222

00:25:18.977 --> 00:25:19.877 Super Matic airway.

NOTE Confidence: 0.924928207222222

00:25:19.880 --> 00:25:21.326 Management and to my knowledge no

NOTE Confidence: 0.924928207222222

 $00:25:21.326 \longrightarrow 00:25:23.282$ one has done a study of whether

NOTE Confidence: 0.924928207222222

 $00{:}25{:}23.282 \rightarrow 00{:}25{:}24.842$ surgical airway is more difficult

NOTE Confidence: 0.924928207222222

 $00:25:24.842 \longrightarrow 00:25:25.969$ in patients with OSA.

NOTE Confidence: 0.84657051125

00:25:28.820 --> 00:25:30.360 I wanted to briefly bring up the

NOTE Confidence: 0.84657051125

 $00:25:30.360 \longrightarrow 00:25:32.313$ idea of the rostral fluid shift which

NOTE Confidence: 0.84657051125

 $00:25:32.313 \longrightarrow 00:25:34.173$ has not received very much attention

NOTE Confidence: 0.84657051125

 $00:25:34.228 \longrightarrow 00:25:35.880$ in the anesthesiology literature.

NOTE Confidence: 0.84657051125

 $00:25:35.880 \longrightarrow 00:25:38.760$ But my understanding is that it has been

NOTE Confidence: 0.84657051125

00:25:38.760 --> 00:25:41.220 covered in the Sleep Medicine literature,

NOTE Confidence: 0.84657051125

 $00:25:41.220 \longrightarrow 00:25:42.942$ and you know with the idea being

 $00:25:42.942 \longrightarrow 00:25:44.599$ that when patients lie down at night,

NOTE Confidence: 0.84657051125

 $00{:}25{:}44.600 \dashrightarrow 00{:}25{:}46.562$ the fluid shifts from the lower

NOTE Confidence: 0.84657051125

00:25:46.562 --> 00:25:48.781 extremities up to the neck and and

NOTE Confidence: 0.84657051125

00:25:48.781 --> 00:25:50.887 upper airway can increase upper airway

NOTE Confidence: 0.84657051125

 $00:25:50.887 \longrightarrow 00:25:53.128$ collapsibility as well as neck fluid volume,

NOTE Confidence: 0.84657051125

 $00:25:53.130 \longrightarrow 00:25:56.357$ leading to you know one of the

NOTE Confidence: 0.84657051125

 $00:25:56.357 \longrightarrow 00:25:58.430$ pathophysiologic mechanisms of OSA and.

NOTE Confidence: 0.84657051125

 $00:25:58.430 \longrightarrow 00:26:00.110$ Certainly there could be, you know,

NOTE Confidence: 0.84657051125

 $00:26:00.110 \longrightarrow 00:26:02.273$ a component of this relevant to the

NOTE Confidence: 0.84657051125

 $00{:}26{:}02.273 \dashrightarrow 00{:}26{:}03.610$ interop and postoperative period.

NOTE Confidence: 0.84657051125

 $00{:}26{:}03.610 \dashrightarrow 00{:}26{:}05.612$ Our patients do tend to be supine

NOTE Confidence: 0.84657051125

 $00{:}26{:}05.612 \dashrightarrow 00{:}26{:}08.251$ and you tend to get fluid and salt

NOTE Confidence: 0.84657051125

 $00:26:08.251 \longrightarrow 00:26:09.961$ loads in response to hypotension.

NOTE Confidence: 0.84657051125

 $00{:}26{:}09.970 \dashrightarrow 00{:}26{:}12.560$ After induction you know blood loss in

NOTE Confidence: 0.84657051125

 $00:26:12.560 \longrightarrow 00:26:15.430$ the operating room medication administration,

 $00:26:15.430 \longrightarrow 00:26:18.455$ so the implication being that

NOTE Confidence: 0.84657051125

 $00:26:18.455 \longrightarrow 00:26:20.668$ potentially management could include

NOTE Confidence: 0.84657051125

00:26:20.668 --> 00:26:22.276 judicious fluid administration,

NOTE Confidence: 0.84657051125

00:26:22.280 --> 00:26:24.548 giving fluids with less salt content and

NOTE Confidence: 0.84657051125

 $00:26:24.548 \longrightarrow 00:26:26.850$ putting our patients in the head up position.

NOTE Confidence: 0.84657051125

00:26:26.850 --> 00:26:28.690 After surgery when possible,

NOTE Confidence: 0.84657051125

00:26:28.690 --> 00:26:31.450 wanted to briefly touch upon regional

NOTE Confidence: 0.84657051125

 $00:26:31.523 \longrightarrow 00:26:32.290$ anesthesia.

NOTE Confidence: 0.84657051125

 $00:26:32.290 \longrightarrow 00:26:34.257$ You know there are some types of

NOTE Confidence: 0.84657051125

 $00:26:34.257 \longrightarrow 00:26:35.408$ surgery as an esthesiologists where

NOTE Confidence: 0.84657051125

 $00:26:35.408 \longrightarrow 00:26:37.186$ we have the option to do either

NOTE Confidence: 0.84657051125

 $00:26:37.186 \longrightarrow 00:26:38.653$ complete regional or primary regional

NOTE Confidence: 0.84657051125

 $00:26:38.653 \longrightarrow 00:26:40.173$ technique as opposed to general

NOTE Confidence: 0.84657051125

00:26:40.173 --> 00:26:41.962 anesthesia and it make you know.

NOTE Confidence: 0.84657051125

 $00:26:41.962 \longrightarrow 00:26:43.427$ Seems like common sense that

NOTE Confidence: 0.84657051125

 $00:26:43.427 \longrightarrow 00:26:45.136$ avoiding airway instrumentation and

 $00:26:45.136 \longrightarrow 00:26:46.948$ sedative medications and potentially

NOTE Confidence: 0.84657051125

 $00:26:46.948 \longrightarrow 00:26:48.768$ sparing opioids would improve

NOTE Confidence: 0.84657051125

00:26:48.768 --> 00:26:50.388 outcomes for patients overall.

NOTE Confidence: 0.84657051125

00:26:50.390 --> 00:26:52.679 But particularly with OSA and this large

NOTE Confidence: 0.84657051125

00:26:52.679 --> 00:26:55.248 database study in the total joint population,

NOTE Confidence: 0.84657051125

00:26:55.250 --> 00:26:56.746 including over 400 hospitals.

NOTE Confidence: 0.84657051125

 $00:26:56.746 \longrightarrow 00:26:59.509$ Did show that the adjusted risk of

NOTE Confidence: 0.84657051125

00:26:59.509 --> 00:27:01.112 major complications for patients

NOTE Confidence: 0.84657051125

 $00{:}27{:}01.112 \dashrightarrow 00{:}27{:}03.218$ having total joint with OSA was

NOTE Confidence: 0.84657051125

 $00{:}27{:}03.218 \dashrightarrow 00{:}27{:}05.173$ lower when neuraxial anesthesia

NOTE Confidence: 0.84657051125

 $00{:}27{:}05.173 \dashrightarrow 00{:}27{:}06.511$ meaning spinal's or epidurals,

NOTE Confidence: 0.84657051125

 $00{:}27{:}06.511 \dashrightarrow 00{:}27{:}08.585$ or a combination of the two were used

NOTE Confidence: 0.84657051125

 $00{:}27{:}08.585 \dashrightarrow 00{:}27{:}10.045$ as compared to general an esthesia.

NOTE Confidence: 0.84657051125

 $00:27:10.050 \longrightarrow 00:27:12.372$ So there was a modest reduction

NOTE Confidence: 0.84657051125

 $00:27:12.372 \longrightarrow 00:27:13.620$ in adverse events.

 $00:27:16.120 \longrightarrow 00:27:17.895$ And finally circling back again

NOTE Confidence: 0.898136451538462

00:27:17.895 --> 00:27:19.670 to our upper airway surgery

NOTE Confidence: 0.898136451538462

 $00:27:19.734 \longrightarrow 00:27:21.360$ intra operative guidelines.

NOTE Confidence: 0.898136451538462

00:27:21.360 --> 00:27:24.500 Now there's some, you know,

NOTE Confidence: 0.898136451538462

 $00:27:24.500 \longrightarrow 00:27:25.348$ strong recommendations,

NOTE Confidence: 0.898136451538462

 $00{:}27{:}25.348 \dashrightarrow 00{:}27{:}28.316$ but based on pretty low levels of

NOTE Confidence: 0.898136451538462

 $00:27:28.316 \longrightarrow 00:27:30.110$ evidence that premedication that

NOTE Confidence: 0.898136451538462

 $00:27:30.110 \longrightarrow 00:27:32.280$ is sedative should be avoided,

NOTE Confidence: 0.898136451538462

 $00:27:32.280 \longrightarrow 00:27:34.524$ that opioids should be minimized when

NOTE Confidence: 0.898136451538462

 $00:27:34.524 \longrightarrow 00:27:36.020$ possible and multimodal energies

NOTE Confidence: 0.898136451538462

 $00{:}27{:}36.082 \dashrightarrow 00{:}27{:}37.826$ that should be used when possible.

NOTE Confidence: 0.898136451538462

 $00:27:37.826 \longrightarrow 00:27:40.004$ And these guidelines do do mention

NOTE Confidence: 0.898136451538462

00:27:40.004 --> 00:27:42.708 that OSA is a risk factor for

NOTE Confidence: 0.898136451538462

 $00:27:42.708 \longrightarrow 00:27:43.857$ difficult airway management.

NOTE Confidence: 0.93749946

00:27:46.840 --> 00:27:50.656 So moving on to postoperative management,

NOTE Confidence: 0.93749946

 $00:27:50.660 \longrightarrow 00:27:53.700$ which is where you know a lot of

00:27:53.700 --> 00:27:56.012 our complications or most of the

NOTE Confidence: 0.93749946

 $00{:}27{:}56.012 \dashrightarrow 00{:}27{:}58.152$ complications of of OSA happen

NOTE Confidence: 0.93749946

 $00:27:58.152 \longrightarrow 00:28:00.216$ in the perioperative period.

NOTE Confidence: 0.93749946

 $00:28:00.220 \longrightarrow 00:28:01.795$ So obviously, opioids have to

NOTE Confidence: 0.93749946

 $00{:}28{:}01.795 \dashrightarrow 00{:}28{:}03.756$ factor into the discussion and it

NOTE Confidence: 0.93749946

 $00:28:03.756 \longrightarrow 00:28:05.416$ really is a complicated discussion.

NOTE Confidence: 0.93749946

00:28:05.420 --> 00:28:07.324 Opioids have gotten kind of a bad

NOTE Confidence: 0.93749946

 $00{:}28{:}07.324 \dashrightarrow 00{:}28{:}09.130$ rap over the last several years

NOTE Confidence: 0.93749946

00:28:09.130 --> 00:28:11.286 due to the opioid epidemic and of

NOTE Confidence: 0.93749946

 $00:28:11.348 \longrightarrow 00:28:12.912$ course opioid induced respiratory

NOTE Confidence: 0.93749946

 $00{:}28{:}12.912 \dashrightarrow 00{:}28{:}15.258$ depression is a major problem in

NOTE Confidence: 0.93749946

 $00{:}28{:}15.260 \dashrightarrow 00{:}28{:}17.620$ hospital patients as well as.

NOTE Confidence: 0.93749946

 $00{:}28{:}17.620 \dashrightarrow 00{:}28{:}19.160$ Post operative patients and

NOTE Confidence: 0.93749946

00:28:19.160 --> 00:28:20.700 OSA patients in particular,

NOTE Confidence: 0.93749946

 $00:28:20.700 \longrightarrow 00:28:22.665$ but it's complicated because they're

 $00:28:22.665 \longrightarrow 00:28:24.630$ also very effective pain medications.

NOTE Confidence: 0.93749946

 $00:28:24.630 \longrightarrow 00:28:26.260$ And there's of course acute

NOTE Confidence: 0.93749946

 $00:28:26.260 \longrightarrow 00:28:27.238$ pain after surgery,

NOTE Confidence: 0.93749946

 $00:28:27.240 \longrightarrow 00:28:29.256$ and they're titratable and they're effective.

NOTE Confidence: 0.93749946

 $00:28:29.260 \longrightarrow 00:28:32.076$ So so we're kind of stuck with them.

NOTE Confidence: 0.93749946

 $00:28:32.080 \longrightarrow 00:28:32.935$ For, you know,

NOTE Confidence: 0.93749946

 $00:28:32.935 \longrightarrow 00:28:34.930$ multiple types of surgeries and it is

NOTE Confidence: 0.93749946

 $00:28:34.988 \longrightarrow 00:28:36.853$ a complicated picture of observational

NOTE Confidence: 0.93749946

 $00{:}28{:}36.853 \dashrightarrow 00{:}28{:}38.718$ studies of patients with OSA.

NOTE Confidence: 0.93749946

00:28:38.720 --> 00:28:40.904 Do suggest an association between opioids

NOTE Confidence: 0.93749946

 $00:28:40.904 \longrightarrow 00:28:43.320$ and opioid dose and adverse events,

NOTE Confidence: 0.93749946

 $00:28:43.320 \longrightarrow 00:28:44.682$ but not consistently.

NOTE Confidence: 0.93749946

 $00:28:44.682 \longrightarrow 00:28:47.406$ And it's possible that mitigating measures.

NOTE Confidence: 0.93749946

 $00{:}28{:}47.410 \dashrightarrow 00{:}28{:}48.650$ Such as increased monitoring

NOTE Confidence: 0.93749946

00:28:48.650 --> 00:28:49.890 or positive air pressure,

NOTE Confidence: 0.93749946

 $00:28:49.890 \longrightarrow 00:28:53.327$ do overcome some of those those risks,

 $00:28:53.330 \longrightarrow 00:28:54.430$ and for what it's worth,

NOTE Confidence: 0.93749946

 $00{:}28{:}54.430 \dashrightarrow 00{:}28{:}56.656$ you know there's not much that's

NOTE Confidence: 0.93749946

 $00:28:56.656 \longrightarrow 00:28:58.140$ prospective but one randomized

NOTE Confidence: 0.93749946

00:28:58.204 --> 00:28:59.852 controlled trial that randomized

NOTE Confidence: 0.93749946

 $00{:}28{:}59.852 \dashrightarrow 00{:}29{:}01.500$ patients either morphine PCA

NOTE Confidence: 0.93749946

00:29:01.500 --> 00:29:03.752 versus a multimodal opioid sparing

NOTE Confidence: 0.93749946

00:29:03.752 --> 00:29:06.022 technique didn't find a significant

NOTE Confidence: 0.93749946

 $00{:}29{:}06.022 \dashrightarrow 00{:}29{:}08.091$ difference with the opioid sparing

NOTE Confidence: 0.93749946

 $00:29:08.091 \longrightarrow 00:29:10.026$ technique in terms of apneas,

NOTE Confidence: 0.93749946

 $00:29:10.030 \longrightarrow 00:29:12.510$ hypopneas or overall respiratory events.

NOTE Confidence: 0.933739643333333

 $00:29:15.060 \longrightarrow 00:29:18.196$ But what we are kind of more

NOTE Confidence: 0.933739643333333

 $00:29:18.196 \longrightarrow 00:29:20.656$ confident in is that patients who

NOTE Confidence: 0.933739643333333

 $00{:}29{:}20.656 \dashrightarrow 00{:}29{:}22.601$ do have respiratory events apneas

NOTE Confidence: 0.933739643333333

 $00{:}29{:}22.601 \dashrightarrow 00{:}29{:}25.131$ high pop me as desaturations early

NOTE Confidence: 0.933739643333333

00:29:25.131 --> 00:29:27.206 on in their postoperative course,

 $00:29:27.210 \longrightarrow 00:29:29.210$ are likely to have them later on in

NOTE Confidence: 0.933739643333333

 $00{:}29{:}29.210 \dashrightarrow 00{:}29{:}30.439$ their postoperative course as well.

NOTE Confidence: 0.933739643333333

 $00:29:30.440 \longrightarrow 00:29:31.544$ So this observation,

NOTE Confidence: 0.933739643333333

00:29:31.544 --> 00:29:33.752 ULL study of patients who screened

NOTE Confidence: 0.933739643333333

 $00:29:33.752 \longrightarrow 00:29:36.146$ as being highly likely to be at risk

NOTE Confidence: 0.933739643333333

00:29:36.146 --> 00:29:38.141 for OSA in the preoperative period

NOTE Confidence: 0.933739643333333

 $00:29:38.141 \longrightarrow 00:29:40.675$ were observed in the pacu and the

NOTE Confidence: 0.933739643333333

 $00:29:40.680 \longrightarrow 00:29:42.288$ patients who were observed who were

NOTE Confidence: 0.933739643333333

 $00{:}29{:}42.288 \to 00{:}29{:}44.307$ thought to be high risk and then had.

NOTE Confidence: 0.933739643333333

00:29:44.310 --> 00:29:46.830 Pack you index events such as

NOTE Confidence: 0.933739643333333

 $00{:}29{:}46.830 \dashrightarrow 00{:}29{:}48.510$ hypoxemia or witnessed apnea.

NOTE Confidence: 0.933739643333333

00:29:48.510 --> 00:29:50.148 Went on later on in their hospital

NOTE Confidence: 0.933739643333333

00:29:50.148 --> 00:29:51.428 course to have a you know,

NOTE Confidence: 0.933739643333333

 $00:29:51.430 \longrightarrow 00:29:53.762$ tremendously increased odds of

NOTE Confidence: 0.933739643333333

00:29:53.762 --> 00:29:56.094 having further respiratory events,

NOTE Confidence: 0.933739643333333

 $00:29:56.100 \longrightarrow 00:29:57.500$ which suggests that this is

 $00:29:57.500 \longrightarrow 00:29:59.280$ where really you know we could.

NOTE Confidence: 0.933739643333333

 $00{:}29{:}59.280 \dashrightarrow 00{:}30{:}02.466$ We could focus our expensive resources

NOTE Confidence: 0.933739643333333

 $00:30:02.466 \longrightarrow 00:30:05.170$ in terms of specialized pathways

NOTE Confidence: 0.933739643333333

00:30:05.170 --> 00:30:07.610 in terms of increased monitoring

NOTE Confidence: 0.933739643333333

 $00:30:07.610 \longrightarrow 00:30:10.256$ and in terms of possibly initiating

NOTE Confidence: 0.933739643333333

00:30:10.256 --> 00:30:11.628 positive airway pressure when

NOTE Confidence: 0.933739643333333

00:30:11.628 --> 00:30:13.529 someone hasn't been on it before.

NOTE Confidence: 0.784598908

00:30:17.640 --> 00:30:19.932 And a quick plug too. That's awesome.

NOTE Confidence: 0.784598908

 $00{:}30{:}19.932 \dashrightarrow 00{:}30{:}21.556$ Soca and Samba postoperative

NOTE Confidence: 0.784598908

 $00{:}30{:}21.556 \dashrightarrow 00{:}30{:}24.485$ guidelines that are a work in progress

NOTE Confidence: 0.784598908

 $00:30:24.485 \longrightarrow 00:30:26.137$ that doctor Hilbert mentioned.

NOTE Confidence: 0.784598908

 $00:30:26.140 \longrightarrow 00:30:27.140$ It's been, you know,

NOTE Confidence: 0.784598908

 $00:30:27.140 \longrightarrow 00:30:28.970$ a real honor to be part of

NOTE Confidence: 0.784598908

 $00:30:28.970 \longrightarrow 00:30:30.300$ the writing group so far.

NOTE Confidence: 0.784598908

 $00{:}30{:}30{:}30{:}30{:}32{:}562$ We're currently in the data extraction

 $00:30:32.562 \longrightarrow 00:30:34.738$ phase and the methodology for this

NOTE Confidence: 0.784598908

 $00:30:34.738 \longrightarrow 00:30:36.845$ guideline is really state of the art.

NOTE Confidence: 0.784598908

 $00:30:36.850 \longrightarrow 00:30:38.338$ All this awesome guidelines were but

NOTE Confidence: 0.784598908

 $00:30:38.338 \longrightarrow 00:30:40.059$ this one we're trying to even approve,

NOTE Confidence: 0.784598908

 $00:30:40.060 \longrightarrow 00:30:43.846$ improve upon further with having patient

NOTE Confidence: 0.784598908

 $00:30:43.846 \longrightarrow 00:30:45.620$ representatives as well as you know,

NOTE Confidence: 0.784598908

 $00:30:45.620 \longrightarrow 00:30:47.700$ other other aspects of.

NOTE Confidence: 0.784598908

 $00:30:47.700 \longrightarrow 00:30:51.099$ Really state of the art guideline formation,

NOTE Confidence: 0.784598908

 $00:30:51.099 \longrightarrow 00:30:53.331$ and so we're hoping to be able to

NOTE Confidence: 0.784598908

 $00:30:53.331 \longrightarrow 00:30:54.988$ make recommendations on as many

NOTE Confidence: 0.784598908

 $00:30:54.988 \longrightarrow 00:30:56.968$ of these topics that are really

NOTE Confidence: 0.784598908

 $00:30:57.028 \longrightarrow 00:30:58.508$ important for the postoperative

NOTE Confidence: 0.784598908

 $00:30:58.508 \longrightarrow 00:31:00.728$ care of OSA patients as possible.

NOTE Confidence: 0.784598908

 $00:31:00.730 \longrightarrow 00:31:02.978$ So hopefully stay tuned within the next year.

NOTE Confidence: 0.784598908

 $00:31:02.980 \longrightarrow 00:31:05.479$ So we published in anesthesia and analgesia.

NOTE Confidence: 0.92626429125

 $00:31:08.330 \longrightarrow 00:31:10.440$ Going back to our upper

00:31:10.440 --> 00:31:11.706 airway surgery guidelines,

NOTE Confidence: 0.92626429125

 $00:31:11.710 \longrightarrow 00:31:14.160$ there's you know multiple recommendations

NOTE Confidence: 0.92626429125

 $00:31:14.160 \longrightarrow 00:31:16.610$ for the postoperative period which

NOTE Confidence: 0.92626429125

 $00:31:16.684 \longrightarrow 00:31:18.880$ speaks to the tenuous time period.

NOTE Confidence: 0.92626429125

00:31:18.880 --> 00:31:20.987 This is for our patients with OSA,

NOTE Confidence: 0.92626429125

00:31:20.990 --> 00:31:24.104 a couple of kind of weak recommendations,

NOTE Confidence: 0.92626429125

00:31:24.104 --> 00:31:26.909 but not too hard to to follow to avoid

NOTE Confidence: 0.92626429125

 $00:31:26.909 \longrightarrow 00:31:29.153$ the supine position in the postoperative

NOTE Confidence: 0.92626429125

 $00:31:29.153 \longrightarrow 00:31:31.430$ setting and elevating the head of the bed,

NOTE Confidence: 0.92626429125

 $00:31:31.430 \longrightarrow 00:31:34.218$ which makes good sense.

NOTE Confidence: 0.92626429125

 $00:31:34.220 \longrightarrow 00:31:36.134$ And then there's a recommendation for

NOTE Confidence: 0.92626429125

 $00:31:36.134 \longrightarrow 00:31:38.052$ in addition to standard monitoring in

NOTE Confidence: 0.92626429125

 $00{:}31{:}38.052 \dashrightarrow 00{:}31{:}40.103$ the pack you that patients with OSA

NOTE Confidence: 0.92626429125

 $00:31:40.103 \longrightarrow 00:31:41.790$ having upper airway surgery should

NOTE Confidence: 0.92626429125

00:31:41.790 --> 00:31:43.800 have breathing monitoring as well be

 $00:31:43.800 \longrightarrow 00:31:47.256$ entitled CL two or impedance monitoring.

NOTE Confidence: 0.92626429125

 $00:31:47.260 \longrightarrow 00:31:48.708$ There's a recommendation specifically

NOTE Confidence: 0.92626429125

 $00:31:48.708 \longrightarrow 00:31:50.518$ about which patients are candidates

NOTE Confidence: 0.92626429125

 $00:31:50.518 \longrightarrow 00:31:52.487$ for positive air pressure afterwards,

NOTE Confidence: 0.92626429125

 $00:31:52.490 \longrightarrow 00:31:54.070$ and it's recommended versus those

NOTE Confidence: 0.92626429125

 $00:31:54.070 \longrightarrow 00:31:56.414$ where you may want to avoid it

NOTE Confidence: 0.92626429125

 $00:31:56.414 \longrightarrow 00:31:58.169$ due to possibly disrupting tissue

NOTE Confidence: 0.92626429125

00:31:58.169 --> 00:31:59.740 planes right after surgery.

NOTE Confidence: 0.92626429125

 $00{:}31{:}59.740 \dashrightarrow 00{:}32{:}01.588$ And a recommendation that OSA severity

NOTE Confidence: 0.92626429125

 $00:32:01.588 \longrightarrow 00:32:03.733$ should be one factor in the decision

NOTE Confidence: 0.92626429125

 $00:32:03.733 \longrightarrow 00:32:05.490$ making regarding whether a patient can

NOTE Confidence: 0.92626429125

 $00:32:05.490 \longrightarrow 00:32:08.238$ go home on the same day as their surgery.

NOTE Confidence: 0.92626429125

 $00:32:08.240 \longrightarrow 00:32:09.944$ There's some specific recommendations

NOTE Confidence: 0.92626429125

 $00:32:09.944 \longrightarrow 00:32:12.491$ I wanted to highlight about nasal

NOTE Confidence: 0.92626429125

00:32:12.491 --> 00:32:14.546 surgery in particular and minimally

NOTE Confidence: 0.92626429125

 $00:32:14.546 \longrightarrow 00:32:16.700$ invasive surgery in the pallet,

 $00:32:16.700 \longrightarrow 00:32:19.210$ and whether those patients need

NOTE Confidence: 0.92626429125

 $00{:}32{:}19.210 \dashrightarrow 00{:}32{:}21.218$ prolonged monitoring versus are

NOTE Confidence: 0.92626429125

00:32:21.218 --> 00:32:23.799 able to have ambulatory surgery,

NOTE Confidence: 0.92626429125

 $00:32:23.800 \longrightarrow 00:32:25.652$ and specifically the patients

NOTE Confidence: 0.92626429125

 $00{:}32{:}25.652 \dashrightarrow 00{:}32{:}27.967$ having invasive palatal surgery do

NOTE Confidence: 0.92626429125

 $00:32:27.967 \longrightarrow 00:32:30.267$ not need to receive prolonged.

NOTE Confidence: 0.92626429125

 $00:32:30.270 \longrightarrow 00:32:31.671$ Postoperative monitoring and

NOTE Confidence: 0.92626429125

00:32:31.671 --> 00:32:33.539 potentially could be appropriate

NOTE Confidence: 0.92626429125

 $00:32:33.539 \longrightarrow 00:32:36.305$ for a floor bed if if the surgeon

NOTE Confidence: 0.92626429125

 $00:32:36.305 \longrightarrow 00:32:37.525$ in the anesthesiologist degree,

NOTE Confidence: 0.92626429125

 $00:32:37.530 \dashrightarrow 00:32:39.525$ however patients with invasive lower

NOTE Confidence: 0.92626429125

 $00:32:39.525 \longrightarrow 00:32:41.520$ pharyngeal airway surgery should have

NOTE Confidence: 0.92626429125

 $00{:}32{:}41.580 \dashrightarrow 00{:}32{:}43.470$ prolonged postoperative monitoring.

NOTE Confidence: 0.89681443

 $00:32:46.940 \longrightarrow 00:32:49.748$ So given the plethora of guidelines

NOTE Confidence: 0.89681443

 $00:32:49.748 \longrightarrow 00:32:52.100$ for this complicated problem of the

00:32:52.172 --> 00:32:54.200 perioperative management of OSA,

NOTE Confidence: 0.89681443

 $00:32:54.200 \longrightarrow 00:32:56.640$ how are we doing at following the guidelines?

NOTE Confidence: 0.89681443

 $00:32:56.640 \longrightarrow 00:32:58.835$ As you know, perioperative physicians

NOTE Confidence: 0.89681443

 $00:32:58.835 \longrightarrow 00:33:01.872$ and physicians involved in the care of

NOTE Confidence: 0.89681443

00:33:01.872 --> 00:33:04.194 patients with OSA either Sleep Medicine,

NOTE Confidence: 0.89681443

 $00:33:04.200 \longrightarrow 00:33:05.452$ specialist surgeons,

NOTE Confidence: 0.89681443

 $00:33:05.452 \longrightarrow 00:33:07.330$ or family practitioners,

NOTE Confidence: 0.89681443

 $00:33:07.330 \longrightarrow 00:33:08.878$ or primary care provider as well.

NOTE Confidence: 0.89681443

 $00{:}33{:}08.880 \to 00{:}33{:}11.085$ This is a large survey study of

NOTE Confidence: 0.89681443

00:33:11.085 --> 00:33:12.779 USA physicians involved in the

NOTE Confidence: 0.89681443

00:33:12.779 --> 00:33:14.499 perioperative care of OSA patients,

NOTE Confidence: 0.89681443

 $00{:}33{:}14.500 \dashrightarrow 00{:}33{:}16.990$ and unfortunately, only 27% reported that

NOTE Confidence: 0.89681443

 $00:33:16.990 \longrightarrow 00:33:19.789$ their hospital had a specific policy.

NOTE Confidence: 0.89681443

00:33:19.790 --> 00:33:21.446 For the pre operative care of OSA patients,

NOTE Confidence: 0.89681443

 $00:33:21.450 \longrightarrow 00:33:23.774$ there's definitely still work to be done.

NOTE Confidence: 0.89681443

 $00:33:23.780 \longrightarrow 00:33:25.555$ And then the survey respondents

 $00:33:25.555 \longrightarrow 00:33:27.330$ were asked with a hypothetical

NOTE Confidence: 0.89681443

 $00{:}33{:}27.389 \to 00{:}33{:}29.049$ patient who presents to them,

NOTE Confidence: 0.89681443

 $00:33:29.050 \longrightarrow 00:33:31.205$ and they suspect the patient

NOTE Confidence: 0.89681443

 $00:33:31.205 \longrightarrow 00:33:33.720$ probably has moderate to severe OSA.

NOTE Confidence: 0.89681443

 $00{:}33{:}33.720 \dashrightarrow 00{:}33{:}35.620$ What would their recommendation be

NOTE Confidence: 0.89681443

 $00{:}33{:}35.620 \to 00{:}33{:}37.944$ in terms of proceeding with surgery

NOTE Confidence: 0.89681443

00:33:37.944 --> 00:33:40.098 versus doing further work up and?

NOTE Confidence: 0.89681443

 $00:33:40.100 \longrightarrow 00:33:41.365$ Anesthesiologist the majority said that

NOTE Confidence: 0.89681443

 $00:33:41.365 \longrightarrow 00:33:43.518$ they would go ahead and proceed with surgery,

NOTE Confidence: 0.89681443

00:33:43.520 --> 00:33:46.698 but manage the patients as if they

NOTE Confidence: 0.89681443

00:33:46.698 --> 00:33:48.832 had suspected OSA Sleep Medicine

NOTE Confidence: 0.89681443

 $00:33:48.832 \longrightarrow 00:33:51.148$ specialists said either the same or

NOTE Confidence: 0.89681443

 $00{:}33{:}51.148 \dashrightarrow 00{:}33{:}53.247$ that they would delay surgery to

NOTE Confidence: 0.89681443

 $00:33:53.247 \longrightarrow 00:33:55.720$ get a sleep study prior to surgery.

NOTE Confidence: 0.89681443

00:33:55.720 --> 00:33:57.184 Surgeons were kind of split in

 $00:33:57.184 \longrightarrow 00:33:58.160$ terms of their response.

NOTE Confidence: 0.89681443

00:33:58.160 --> 00:33:59.434 A good number of them said that

NOTE Confidence: 0.89681443

 $00:33:59.434 \longrightarrow 00:34:00.794$ they would just proceed to surgery

NOTE Confidence: 0.89681443

 $00:34:00.794 \longrightarrow 00:34:02.079$ with no special measures measures.

NOTE Confidence: 0.89681443

 $00:34:02.080 \longrightarrow 00:34:03.598$ Some said that they would proceed

NOTE Confidence: 0.89681443

 $00:34:03.598 \longrightarrow 00:34:05.119$ and assume the patient had OSA

NOTE Confidence: 0.89681443

 $00{:}34{:}05.119 \dashrightarrow 00{:}34{:}06.505$ and others said they would refer.

NOTE Confidence: 0.89681443

00:34:06.510 --> 00:34:08.795 But primary care physicians for

NOTE Confidence: 0.89681443

 $00{:}34{:}08.795 \dashrightarrow 00{:}34{:}12.070$ the most part, you know.

NOTE Confidence: 0.89681443

 $00:34:12.070 \longrightarrow 00:34:13.790$ Which said that they would,

NOTE Confidence: 0.89681443

00:34:13.790 --> 00:34:14.418 you know,

NOTE Confidence: 0.89681443

 $00:34:14.418 \longrightarrow 00:34:15.988$ proceed to surgery without any

NOTE Confidence: 0.89681443

 $00:34:15.988 \longrightarrow 00:34:16.616$ particular recommendations.

NOTE Confidence: 0.945555182857143

 $00:34:20.900 \longrightarrow 00:34:22.524$ How are we doing here at Yale?

NOTE Confidence: 0.945555182857143

 $00:34:22.530 \longrightarrow 00:34:25.780$ Well, we have some.

NOTE Confidence: 0.945555182857143

 $00:34:25.780 \longrightarrow 00:34:27.436$ I wouldn't say protocols in place,

00:34:27.440 --> 00:34:30.576 but some in addition to, you know,

NOTE Confidence: 0.945555182857143

 $00:34:30.576 \longrightarrow 00:34:32.094$ recognizing in our pre operative note

NOTE Confidence: 0.945555182857143

 $00:34:32.094 \longrightarrow 00:34:34.115$ whether a patient has OSA or suspected OSA.

NOTE Confidence: 0.945555182857143

 $00:34:34.120 \longrightarrow 00:34:36.542$ We do have a modification to our

NOTE Confidence: 0.945555182857143

 $00:34:36.542 \longrightarrow 00:34:39.419$ pack you order set that is relevant

NOTE Confidence: 0.945555182857143

 $00:34:39.419 \longrightarrow 00:34:41.183$ to this patient population.

NOTE Confidence: 0.945555182857143

00:34:41.190 --> 00:34:42.434 So just for comparison,

NOTE Confidence: 0.945555182857143

 $00:34:42.434 \longrightarrow 00:34:44.300$ this is what our regular pacu

NOTE Confidence: 0.945555182857143

00:34:44.362 --> 00:34:46.297 discharge orders that looks like,

NOTE Confidence: 0.945555182857143

 $00:34:46.300 \longrightarrow 00:34:48.226$ or as a component of it.

NOTE Confidence: 0.945555182857143

00:34:48.230 --> 00:34:49.690 It's not the whole thing, but in while

NOTE Confidence: 0.945555182857143

 $00:34:49.690 \longrightarrow 00:34:51.690$ in the packet the patients vital signs are.

NOTE Confidence: 0.945555182857143

 $00{:}34{:}51.690 \dashrightarrow 00{:}34{:}54.026$ Monitored rich in every 15 minutes and then

NOTE Confidence: 0.945555182857143

 $00:34:54.026 \longrightarrow 00:34:56.127$ patients can be discharged from the pack.

NOTE Confidence: 0.945555182857143

 $00:34:56.130 \longrightarrow 00:34:57.544$ You either to the floor or it's

 $00:34:57.544 \longrightarrow 00:34:59.169$ a home for ambulatory patients.

NOTE Confidence: 0.945555182857143

 $00{:}34{:}59.170 \dashrightarrow 00{:}35{:}01.335$ Once they've met certain packet

NOTE Confidence: 0.945555182857143

 $00:35:01.335 \longrightarrow 00:35:03.600$ criteria known as the aldready criteria,

NOTE Confidence: 0.945555182857143

 $00:35:03.600 \longrightarrow 00:35:04.810$ but it's really a nurse,

NOTE Confidence: 0.945555182857143

 $00:35:04.810 \longrightarrow 00:35:06.602$ a nursing driven decision.

NOTE Confidence: 0.945555182857143

 $00:35:06.602 \longrightarrow 00:35:09.290$ There's a special section of the

NOTE Confidence: 0.945555182857143

 $00:35:09.375 \longrightarrow 00:35:12.189$ discharge order set for OSA patients.

NOTE Confidence: 0.945555182857143

 $00{:}35{:}12.190 \dashrightarrow 00{:}35{:}14.926$ Which one clicked will provide an

NOTE Confidence: 0.945555182857143

 $00:35:14.926 \longrightarrow 00:35:16.750$ order specifically for ambulatory

NOTE Confidence: 0.945555182857143

00:35:16.818 --> 00:35:19.140 patients with known or suspected OSA

NOTE Confidence: 0.945555182857143

 $00{:}35{:}19.140 \dashrightarrow 00{:}35{:}21.649$ to be observed prior to discharge.

NOTE Confidence: 0.945555182857143

00:35:21.650 --> 00:35:23.426 Home in a quiet, you know,

NOTE Confidence: 0.945555182857143

 $00:35:23.430 \longrightarrow 00:35:26.041$ setting on room air to make sure

NOTE Confidence: 0.945555182857143

 $00:35:26.041 \longrightarrow 00:35:28.792$ that they don't have signs of of

NOTE Confidence: 0.945555182857143

 $00:35:28.792 \longrightarrow 00:35:30.388$ desaturation or hypoventilation.

NOTE Confidence: 0.945555182857143

 $00:35:30.388 \longrightarrow 00:35:34.207$ And then after that could be considered

00:35:34.207 --> 00:35:36.798 OK to discharge a special order for

NOTE Confidence: 0.945555182857143

00:35:36.798 --> 00:35:38.450 patients own CPAP if they have it.

NOTE Confidence: 0.945555182857143

 $00:35:38.450 \longrightarrow 00:35:40.175$ And then importantly that the

NOTE Confidence: 0.945555182857143

00:35:40.175 --> 00:35:41.900 patient should be discharged from

NOTE Confidence: 0.945555182857143

 $00:35:41.959 \longrightarrow 00:35:44.063$ the pack you either to home or to

NOTE Confidence: 0.945555182857143

 $00:35:44.063 \longrightarrow 00:35:46.081$ an unmonitored floor bed only after

NOTE Confidence: 0.945555182857143

 $00:35:46.081 \longrightarrow 00:35:47.876$ evaluation by an anesthesia attending.

NOTE Confidence: 0.945555182857143

 $00:35:47.880 \longrightarrow 00:35:49.553$ I think the use of this is

NOTE Confidence: 0.945555182857143

 $00{:}35{:}49.553 \dashrightarrow 00{:}35{:}50.713$ pretty variable among different

NOTE Confidence: 0.945555182857143

 $00{:}35{:}50.713 \dashrightarrow 00{:}35{:}52.269$ anesthesiologists as well as.

NOTE Confidence: 0.945555182857143

00:35:52.270 --> 00:35:54.022 Got different delivery networks

NOTE Confidence: 0.945555182857143

 $00{:}35{:}54.022 \dashrightarrow 00{:}35{:}56.650$ within the Yale New Haven Health

NOTE Confidence: 0.945555182857143

 $00{:}35{:}56.719 \dashrightarrow 00{:}35{:}59.146$ system and a side from this I only know

NOTE Confidence: 0.945555182857143

 $00{:}35{:}59.146 \dashrightarrow 00{:}36{:}01.311$ of one other OSA related specific

NOTE Confidence: 0.945555182857143

 $00:36:01.311 \longrightarrow 00:36:02.959$ perioperative pathway which is

 $00:36:02.959 \longrightarrow 00:36:05.655$ used at the Saint Rayfield campus

NOTE Confidence: 0.945555182857143

 $00:36:05.655 \longrightarrow 00:36:07.975$ specifically for patients having spine

NOTE Confidence: 0.945555182857143

 $00:36:07.975 \longrightarrow 00:36:10.131$ surgery or total joint replacement,

NOTE Confidence: 0.945555182857143

 $00{:}36{:}10.131 \dashrightarrow 00{:}36{:}12.166$ but definitely room for improvement

NOTE Confidence: 0.945555182857143

00:36:12.166 --> 00:36:14.008 in perioperative pathways of patients

NOTE Confidence: 0.945555182857143

00:36:14.008 --> 00:36:15.946 with OSA within the health system.

NOTE Confidence: 0.945555182857143

 $00:36:15.950 \longrightarrow 00:36:17.854$ So if anyone is interested in partnering

NOTE Confidence: 0.945555182857143

 $00:36:17.854 \longrightarrow 00:36:20.890$ on that note, please do reach out.

NOTE Confidence: 0.945555182857143

 $00:36:20.890 \longrightarrow 00:36:21.871$ And then finally,

NOTE Confidence: 0.945555182857143

00:36:21.871 --> 00:36:24.160 before I give a summary and open

NOTE Confidence: 0.945555182857143

 $00{:}36{:}24.228 \operatorname{--}{>} 00{:}36{:}26.335$ it up for questions I wanted to

NOTE Confidence: 0.945555182857143

 $00:36:26.335 \longrightarrow 00:36:28.433$ talk about the public health impact

NOTE Confidence: 0.945555182857143

 $00{:}36{:}28.433 \dashrightarrow 00{:}36{:}30.835$ of screening patients for OSA in

NOTE Confidence: 0.945555182857143

 $00{:}36{:}30.835 \dashrightarrow 00{:}36{:}32.050$ the perioperative period,

NOTE Confidence: 0.945555182857143

 $00:36:32.050 \longrightarrow 00:36:33.832$ getting them safely through surgery and

NOTE Confidence: 0.945555182857143

 $00:36:33.832 \longrightarrow 00:36:35.713$ then referring them to Sleep Medicine

00:36:35.713 --> 00:36:37.318 for Poly sonography and potential

NOTE Confidence: 0.945555182857143

 $00:36:37.318 \longrightarrow 00:36:39.289$ treatment of their OSA postoperatively.

NOTE Confidence: 0.945555182857143

 $00:36:39.290 \longrightarrow 00:36:41.005$ So this is a study that followed

NOTE Confidence: 0.945555182857143

00:36:41.005 --> 00:36:42.284 patients who screen positive for

NOTE Confidence: 0.945555182857143

 $00{:}36{:}42.284 \dashrightarrow 00{:}36{:}43.999$ OSA in a preoperative clinic and of

NOTE Confidence: 0.945555182857143

 $00:36:43.999 \longrightarrow 00:36:45.642$ the couple thousand patients over a

NOTE Confidence: 0.945555182857143

00:36:45.642 --> 00:36:48.690 few year period of screen positive.

NOTE Confidence: 0.945555182857143

 $00:36:48.690 \longrightarrow 00:36:50.510$ They were able to follow up with

NOTE Confidence: 0.945555182857143

 $00:36:50.510 \longrightarrow 00:36:52.535$ 211 of them who went on to have Poly

NOTE Confidence: 0.945555182857143

 $00:36:52.535 \longrightarrow 00:36:54.350$ sonography and a official diagnosis of OSA.

NOTE Confidence: 0.945555182857143

 $00:36:54.350 \longrightarrow 00:36:55.706$ And of those 211,

NOTE Confidence: 0.945555182857143

 $00:36:55.706 \longrightarrow 00:36:57.401$ eighty 8 received a prescription

NOTE Confidence: 0.945555182857143

 $00{:}36{:}57.401 \dashrightarrow 00{:}36{:}59.506$ for CPAP and answered a survey,

NOTE Confidence: 0.945555182857143

00:36:59.510 --> 00:37:02.836 and of those 8855% were non compliant

NOTE Confidence: 0.945555182857143

 $00:37:02.836 \longrightarrow 00:37:05.645$ and 45% were compliant with their

00:37:05.645 --> 00:37:07.106 C PAP treatment.

NOTE Confidence: 0.945555182857143

 $00{:}37{:}07.110 \dashrightarrow 00{:}37{:}09.750$ For those 40 patients they did

NOTE Confidence: 0.945555182857143

00:37:09.750 --> 00:37:11.070 report improved snoring,

NOTE Confidence: 0.945555182857143

00:37:11.070 --> 00:37:12.995 sleep quality and daytime sleep

NOTE Confidence: 0.945555182857143

00:37:12.995 --> 00:37:14.535 sleepiness relative to those

NOTE Confidence: 0.945555182857143

00:37:14.535 --> 00:37:16.709 who are not compliant with C PAP

NOTE Confidence: 0.945555182857143

 $00:37:16.709 \longrightarrow 00:37:17.861$ or not treated with

NOTE Confidence: 0.877548800454545

00:37:17.929 --> 00:37:20.450 C PAP and they also really importantly.

NOTE Confidence: 0.877548800454545

 $00:37:20.450 \dashrightarrow 00:37:22.370$ Reported a decrease need for medications

NOTE Confidence: 0.877548800454545

 $00:37:22.370 \longrightarrow 00:37:24.190$ for comorbidities that they had originally

NOTE Confidence: 0.877548800454545

 $00:37:24.190 \longrightarrow 00:37:26.150$ been on at the time of their surgery.

NOTE Confidence: 0.877548800454545

00:37:26.150 --> 00:37:27.419 Hypertension, diabetes, asthma,

NOTE Confidence: 0.877548800454545

 $00{:}37{:}27.419 \dashrightarrow 00{:}37{:}29.534$ GERD need for medication for

NOTE Confidence: 0.877548800454545

 $00:37:29.534 \longrightarrow 00:37:31.609$ all of these comorbidities had

NOTE Confidence: 0.877548800454545

 $00:37:31.609 \longrightarrow 00:37:33.925$ decreased with the use of CPAP,

NOTE Confidence: 0.877548800454545

 $00:37:33.930 \longrightarrow 00:37:35.245$ which this audience knows well

 $00:37:35.245 \longrightarrow 00:37:36.944$ of all the benefits of treating

NOTE Confidence: 0.877548800454545

 $00:37:36.944 \longrightarrow 00:37:38.599$ sleep apnea for overall health,

NOTE Confidence: 0.877548800454545

 $00:37:38.600 \longrightarrow 00:37:40.832$ so these patients were discovered in

NOTE Confidence: 0.877548800454545

 $00:37:40.832 \longrightarrow 00:37:42.645$ the perioperative period and those

NOTE Confidence: 0.877548800454545

 $00:37:42.645 \longrightarrow 00:37:44.749$ that did go on to get a prescription

NOTE Confidence: 0.877548800454545

00:37:44.749 --> 00:37:46.930 for CPAP after a diagnosis of OSA

NOTE Confidence: 0.877548800454545

 $00:37:46.930 \longrightarrow 00:37:48.650$ and then actually adhere to that

NOTE Confidence: 0.877548800454545

00:37:48.650 --> 00:37:49.850 treatment had an improvement in

NOTE Confidence: 0.877548800454545

 $00:37:49.850 \longrightarrow 00:37:50.929$ their overall quality of life.

NOTE Confidence: 0.877548800454545

 $00:37:50.930 \longrightarrow 00:37:53.499$ So a big impact that we can

NOTE Confidence: 0.877548800454545

00:37:53.499 --> 00:37:55.360 make in perioperative medicine.

NOTE Confidence: 0.877548800454545

 $00{:}37{:}55.360 \dashrightarrow 00{:}37{:}57.593$ So in summary OSA is associated with

NOTE Confidence: 0.877548800454545

 $00{:}37{:}57.593 \dashrightarrow 00{:}37{:}59.615$ increased risk of cardio pulmonary

NOTE Confidence: 0.877548800454545

 $00:37:59.615 \longrightarrow 00:38:02.110$ complications in the perioperative period.

NOTE Confidence: 0.877548800454545

00:38:02.110 --> 00:38:03.124 Mortality, while rare,

00:38:03.124 --> 00:38:05.490 has definitely been reported in case reports,

NOTE Confidence: 0.877548800454545

 $00{:}38{:}05.490 \dashrightarrow 00{:}38{:}06.638$ registries and closed claims,

NOTE Confidence: 0.877548800454545

 $00:38:06.638 \longrightarrow 00:38:07.786$ and as you know,

NOTE Confidence: 0.877548800454545

 $00:38:07.790 \longrightarrow 00:38:11.038$ a fear that we deal with everyday as as

NOTE Confidence: 0.877548800454545

 $00:38:11.038 \longrightarrow 00:38:12.646$ practicing perioperative physicians,

NOTE Confidence: 0.877548800454545

00:38:12.650 --> 00:38:14.146 there is currently insufficient

NOTE Confidence: 0.877548800454545

 $00:38:14.146 \longrightarrow 00:38:16.016$ evidence to recommend delaying surgery

NOTE Confidence: 0.877548800454545

 $00:38:16.016 \longrightarrow 00:38:18.010$ for polysomnography for all comers.

NOTE Confidence: 0.877548800454545

 $00:38:18.010 \longrightarrow 00:38:19.110$ But for the highest risk,

NOTE Confidence: 0.877548800454545

00:38:19.110 --> 00:38:20.712 patients with comorbidities,

NOTE Confidence: 0.877548800454545

 $00:38:20.712 \longrightarrow 00:38:22.848$ that is a recommendation.

NOTE Confidence: 0.877548800454545

00:38:22.850 --> 00:38:24.758 There's indirect evidence that suggests CPAP

NOTE Confidence: 0.877548800454545

 $00:38:24.758 \longrightarrow 00:38:27.349$ may reduce risk in the perioperative period.

NOTE Confidence: 0.877548800454545

 $00:38:27.350 \longrightarrow 00:38:28.590$ Many hospitals lack protocols

NOTE Confidence: 0.877548800454545

00:38:28.590 --> 00:38:30.450 for period of management of OSA

NOTE Confidence: 0.877548800454545

 $00:38:30.509 \longrightarrow 00:38:32.189$ despite a plethora of guidelines.

 $00:38:32.190 \longrightarrow 00:38:33.902$ Suggesting protocols for perioperative

NOTE Confidence: 0.877548800454545

 $00:38:33.902 \dashrightarrow 00:38:36.039$ management of OSA and then further

NOTE Confidence: 0.877548800454545

 $00:38:36.039 \longrightarrow 00:38:37.737$ study is needed to determine the

NOTE Confidence: 0.877548800454545

00:38:37.737 --> 00:38:39.558 optimal balance between the risk

NOTE Confidence: 0.877548800454545

 $00{:}38{:}39.558 \dashrightarrow 00{:}38{:}41.046$ reduction and resource utilization.

NOTE Confidence: 0.877548800454545

 $00{:}38{:}41.050 \dashrightarrow 00{:}38{:}43.190$ Because it's such a prevalent

NOTE Confidence: 0.877548800454545

 $00:38:43.190 \longrightarrow 00:38:44.856$ problem and you know we want to

NOTE Confidence: 0.877548800454545

 $00{:}38{:}44.856 \dashrightarrow 00{:}38{:}46.370$ reduce the risk to our patients.

NOTE Confidence: 0.877548800454545

 $00{:}38{:}46.370 \dashrightarrow 00{:}38{:}48.460$ But without you know unnecessary

NOTE Confidence: 0.877548800454545

 $00{:}38{:}48.460 \dashrightarrow 00{:}38{:}50.550$ resource utilizations that has to

NOTE Confidence: 0.877548800454545

 $00:38:50.613 \longrightarrow 00:38:52.825$ be a factor in all decision making.

NOTE Confidence: 0.87754880045454500:38:52.830 --> 00:38:53.762 Of course,

NOTE Confidence: 0.877548800454545

 $00:38:53.762 \longrightarrow 00:38:56.092$ as physicians and then finally

NOTE Confidence: 0.877548800454545

00:38:56.092 --> 00:38:57.490 the PARRIOTT appeared,

NOTE Confidence: 0.877548800454545

 $00:38:57.490 \longrightarrow 00:38:59.715$ represents an opportunity to initiate

 $00:38:59.715 \longrightarrow 00:39:01.940$ referral for high risk patients

NOTE Confidence: 0.877548800454545

 $00:39:02.008 \longrightarrow 00:39:03.878$ to potentially have a bigger.

NOTE Confidence: 0.877548800454545

 $00:39:03.880 \longrightarrow 00:39:05.008$ Public health impact

NOTE Confidence: 0.966113026666667

 $00:39:08.180 \longrightarrow 00:39:09.260$ So thank you again so much.

NOTE Confidence: 0.966113026666667

 $00:39:09.260 \longrightarrow 00:39:10.600$ Doctor Hibbert for the opportunity.

NOTE Confidence: 0.966113026666667

 $00:39:10.600 \longrightarrow 00:39:12.322$ My email address is there for anyone

NOTE Confidence: 0.966113026666667

 $00:39:12.322 \longrightarrow 00:39:13.583$ who's interested in following up

NOTE Confidence: 0.966113026666667

00:39:13.583 --> 00:39:15.228 and I'm happy to take questions no.

NOTE Confidence: 0.948444611428571

 $00:39:16.270 \longrightarrow 00:39:18.286$ Thank you so much. That was wonderful.

NOTE Confidence: 0.948444611428571

 $00:39:18.290 \longrightarrow 00:39:19.319$ Wonderful doctor *****.

NOTE Confidence: 0.948444611428571

 $00:39:19.319 \longrightarrow 00:39:20.348$ Really great overview.

NOTE Confidence: 0.948444611428571

 $00:39:20.350 \longrightarrow 00:39:23.446$ I love how organized it was.

NOTE Confidence: 0.948444611428571

 $00:39:23.450 \longrightarrow 00:39:24.170$ Let me ask you.

NOTE Confidence: 0.948444611428571

 $00{:}39{:}24.170 {\:{\circ}{\circ}{\circ}}>00{:}39{:}26.060$ Well, people are starting to think about

NOTE Confidence: 0.948444611428571

 $00:39:26.060 \longrightarrow 00:39:28.028$ their questions and putting them in the chat.

NOTE Confidence: 0.948444611428571

00:39:28.030 --> 00:39:30.150 What do you think? Why?

 $00:39:30.150 \longrightarrow 00:39:32.062$ Why is it that you know with all

NOTE Confidence: 0.948444611428571

 $00:39:32.062 \longrightarrow 00:39:33.569$ these guidelines you mention all

NOTE Confidence: 0.948444611428571

 $00:39:33.569 \longrightarrow 00:39:35.189$ these beautiful guidelines out there?

NOTE Confidence: 0.948444611428571

 $00:39:35.190 \longrightarrow 00:39:37.428$ Why is it that of these

NOTE Confidence: 0.948444611428571

 $00:39:37.428 \longrightarrow 00:39:38.547$ ambulatory anesthesia centers,

NOTE Confidence: 0.948444611428571

 $00:39:38.550 \longrightarrow 00:39:41.148$ only 60% are following the guidelines?

NOTE Confidence: 0.948444611428571

 $00:39:41.150 \longrightarrow 00:39:43.928$ And why is it that hospitals only 27%

NOTE Confidence: 0.948444611428571

00:39:43.928 --> 00:39:46.218 have perioperative management, is it?

NOTE Confidence: 0.948444611428571

 $00:39:46.220 \longrightarrow 00:39:47.720$ Is it that there's not?

NOTE Confidence: 0.948444611428571

 $00:39:47.720 \longrightarrow 00:39:49.120$ People aren't reading the guidelines

NOTE Confidence: 0.948444611428571

 $00:39:49.120 \longrightarrow 00:39:51.319$ or we have to do more outreach?

NOTE Confidence: 0.948444611428571

 $00:39:51.320 \longrightarrow 00:39:53.077$ Is it people don't buy into them?

NOTE Confidence: 0.948444611428571

 $00:39:53.080 \longrightarrow 00:39:55.180$ Is it just lack of time?

NOTE Confidence: 0.948444611428571

 $00:39:55.180 \longrightarrow 00:39:56.536$ And how can we help that?

NOTE Confidence: 0.948444611428571

 $00:39:56.540 \longrightarrow 00:39:57.672$ What can we do?

 $00:39:57.672 \longrightarrow 00:39:58.238$ I think

NOTE Confidence: 0.935186803333333

 $00:39:58.250 \longrightarrow 00:39:59.876$ this is a really great question

NOTE Confidence: 0.935186803333333

 $00:39:59.876 \longrightarrow 00:40:02.178$ and you know really the problem is

NOTE Confidence: 0.935186803333333

 $00:40:02.178 \longrightarrow 00:40:04.108$ implementation and you know implementation.

NOTE Confidence: 0.935186803333333

 $00:40:04.110 \longrightarrow 00:40:05.440$ Science is now becoming a

NOTE Confidence: 0.935186803333333

 $00:40:05.440 \longrightarrow 00:40:06.770$ field in and of itself,

NOTE Confidence: 0.935186803333333

 $00{:}40{:}06.770 \dashrightarrow 00{:}40{:}10.170$ and you know there's there's an

NOTE Confidence: 0.935186803333333

 $00:40:10.170 \longrightarrow 00:40:12.354$ amazing body of evidence for this

NOTE Confidence: 0.935186803333333

 $00:40:12.354 \longrightarrow 00:40:13.846$ and other major problems.

NOTE Confidence: 0.935186803333333

 $00:40:13.850 \longrightarrow 00:40:14.675$ We have perioperatively.

NOTE Confidence: 0.935186803333333

 $00:40:14.675 \longrightarrow 00:40:16.325$ And then there's really well thought

NOTE Confidence: 0.935186803333333

 $00:40:16.325 \longrightarrow 00:40:17.881$ out guidelines using state of the

NOTE Confidence: 0.935186803333333

 $00:40:17.881 \longrightarrow 00:40:19.410$ art methodology and it's all there,

NOTE Confidence: 0.935186803333333

 $00{:}40{:}19.410 \dashrightarrow 00{:}40{:}20.550$ and it's in our journals and

NOTE Confidence: 0.935186803333333

 $00:40:20.550 \longrightarrow 00:40:21.310$ it's presented at meetings,

NOTE Confidence: 0.935186803333333

 $00:40:21.310 \longrightarrow 00:40:23.452$ but then actually getting people to do

 $00:40:23.452 \longrightarrow 00:40:25.849$ it as where the book kind of stops.

NOTE Confidence: 0.935186803333333

 $00{:}40{:}25.850 \to 00{:}40{:}28.338$ So I think that you know future research.

NOTE Confidence: 0.935186803333333

 $00{:}40{:}28.340 \dashrightarrow 00{:}40{:}30.420$ For OSA management and other

NOTE Confidence: 0.935186803333333

00:40:30.420 --> 00:40:31.668 perioperative problems really

NOTE Confidence: 0.935186803333333

00:40:31.668 --> 00:40:34.505 needs to be in how you know the

NOTE Confidence: 0.935186803333333

 $00:40:34.505 \longrightarrow 00:40:35.797$ implementation science of it.

NOTE Confidence: 0.935186803333333

00:40:35.800 --> 00:40:36.820 So you know, I,

NOTE Confidence: 0.935186803333333

 $00:40:36.820 \longrightarrow 00:40:39.213$ I don't have a great answer right now as

NOTE Confidence: 0.935186803333333

 $00{:}40{:}39.213 \dashrightarrow 00{:}40{:}41.500$ to how we get people to actually do it.

NOTE Confidence: 0.935186803333333

00:40:41.500 --> 00:40:42.164 You know,

NOTE Confidence: 0.935186803333333

 $00:40:42.164 \longrightarrow 00:40:45.309$ I think that our ASC is tend to be

NOTE Confidence: 0.935186803333333

 $00:40:45.309 \longrightarrow 00:40:47.607$ very strict in their patient selection

NOTE Confidence: 0.935186803333333

 $00{:}40{:}47.607 \dashrightarrow 00{:}40{:}49.850$ criteria and aren't taking on the

NOTE Confidence: 0.935186803333333

 $00{:}40{:}49.850 \longrightarrow 00{:}40{:}52.208$ patients at the most elevated risk

NOTE Confidence: 0.935186803333333

 $00:40:52.208 \longrightarrow 00:40:54.220$ for perioperative adverse events.

 $00:40:54.220 \longrightarrow 00:40:55.557$ And that's how they kind of get

NOTE Confidence: 0.935186803333333

00:40:55.557 --> 00:40:56.685 away with not having people

NOTE Confidence: 0.935186803333333

 $00:40:56.685 \longrightarrow 00:40:57.994$ bring their CPAP but in.

NOTE Confidence: 0.935186803333333

00:40:57.994 --> 00:40:58.810 In you know,

NOTE Confidence: 0.935186803333333

 $00:40:58.810 \longrightarrow 00:41:00.616$ hospital based ambulatory

NOTE Confidence: 0.935186803333333

 $00:41:00.616 \longrightarrow 00:41:03.024$ anesthesia or hospital based

NOTE Confidence: 0.935186803333333

 $00:41:03.030 \longrightarrow 00:41:04.058$ surgery with inpatient emission?

NOTE Confidence: 0.935186803333333

 $00:41:04.058 \longrightarrow 00:41:05.086$ You know we can't.

NOTE Confidence: 0.935186803333333

 $00:41:05.090 \longrightarrow 00:41:06.170$ We can't get away with that.

NOTE Confidence: 0.935186803333333

 $00:41:06.170 \longrightarrow 00:41:07.784$ We take care of the absolute

NOTE Confidence: 0.935186803333333

 $00:41:07.784 \longrightarrow 00:41:09.193$ sickest patients so we really

NOTE Confidence: 0.935186803333333

 $00:41:09.193 \longrightarrow 00:41:10.598$ do need to have protocols

NOTE Confidence: 0.91353617

 $00:41:11.690 \longrightarrow 00:41:12.620$ and we need to have a

NOTE Confidence: 0.839176360555556

00:41:12.650 --> 00:41:15.530 you know a more robust way to have all of

NOTE Confidence: 0.839176360555556

 $00:41:15.610 \longrightarrow 00:41:18.706$ our you know major health systems like Yale.

NOTE Confidence: 0.839176360555556

 $00:41:18.710 \longrightarrow 00:41:20.936$ Create these protocols and then actually get

 $00:41:20.936 \longrightarrow 00:41:23.860$ the on the ground clinicians to follow them.

NOTE Confidence: 0.839176360555556

 $00:41:23.860 \longrightarrow 00:41:25.669$ So I'd like I said I'd be happy to

NOTE Confidence: 0.839176360555556

00:41:25.669 --> 00:41:27.597 partner with anyone from Sleep Medicine

NOTE Confidence: 0.83917636055556

 $00:41:27.597 \longrightarrow 00:41:29.272$ who's particularly interested in this.

NOTE Confidence: 0.83917636055556

 $00:41:29.280 \longrightarrow 00:41:30.700$ Topic at Yale. You know,

NOTE Confidence: 0.839176360555556

 $00:41:30.700 \longrightarrow 00:41:32.149$ one way that we we did actually

NOTE Confidence: 0.839176360555556

00:41:32.149 --> 00:41:33.419 do this at Mount Sinai.

NOTE Confidence: 0.839176360555556

 $00:41:33.420 \longrightarrow 00:41:34.396$ During my time there,

NOTE Confidence: 0.839176360555556

 $00:41:34.396 \longrightarrow 00:41:36.512$ which is where I spent the first decade

NOTE Confidence: 0.83917636055556

 $00:41:36.512 \longrightarrow 00:41:38.612$ of my career is that our malpractice

NOTE Confidence: 0.839176360555556

00:41:38.612 --> 00:41:39.980 insurance company required it.

NOTE Confidence: 0.839176360555556

 $00:41:39.980 \longrightarrow 00:41:42.276$ So maybe about four or five years

NOTE Confidence: 0.83917636055556

 $00:41:42.276 \longrightarrow 00:41:44.240$ into my being in attending,

NOTE Confidence: 0.839176360555556

 $00:41:44.240 \longrightarrow 00:41:47.152$ they they required that we had a

NOTE Confidence: 0.839176360555556

00:41:47.152 --> 00:41:48.905 specialized pathway for patients

 $00{:}41{:}48.905 \dashrightarrow 00{:}41{:}51.873$ with BMI over 40 and with diagnosed

NOTE Confidence: 0.839176360555556

00:41:51.873 --> 00:41:54.134 or suspected OSA that included

NOTE Confidence: 0.839176360555556

00:41:54.134 --> 00:41:56.810 observation in the Pacquiao and then

NOTE Confidence: 0.83917636055556

00:41:56.810 --> 00:41:58.320 prior to discharge from the pacu,

NOTE Confidence: 0.83917636055556

 $00:41:58.320 \longrightarrow 00:41:59.970$ whether it was home or two.

NOTE Confidence: 0.839176360555556

00:41:59.970 --> 00:42:01.805 An unmonitored bed and anesthesiology

NOTE Confidence: 0.839176360555556

00:42:01.805 --> 00:42:04.496 attending had to write an order set

NOTE Confidence: 0.839176360555556

00:42:04.496 --> 00:42:06.088 about that patient disposition,

NOTE Confidence: 0.83917636055556

 $00{:}42{:}06.090 \dashrightarrow 00{:}42{:}06.990$ including whether it was safe

NOTE Confidence: 0.839176360555556

 $00:42:06.990 \longrightarrow 00:42:07.890$ for them to go home.

NOTE Confidence: 0.839176360555556

00:42:07.890 --> 00:42:08.922 Weather was safe for them to

NOTE Confidence: 0.839176360555556

 $00:42:08.922 \longrightarrow 00:42:09.790$ go to an unmonitored bed,

NOTE Confidence: 0.83917636055556

 $00:42:09.790 \longrightarrow 00:42:11.570$ or they needed prolonged respiratory

NOTE Confidence: 0.839176360555556

00:42:11.570 --> 00:42:13.350 monitoring or oxygen saturation monitoring,

NOTE Confidence: 0.839176360555556

 $00:42:13.350 \longrightarrow 00:42:15.432$ and whether they needed a referral

NOTE Confidence: 0.839176360555556

 $00:42:15.432 \longrightarrow 00:42:17.162$ for respiratory therapy for positive

 $00:42:17.162 \longrightarrow 00:42:19.450$ airway pressure so it it can be done.

NOTE Confidence: 0.839176360555556

 $00{:}42{:}19.450 \dashrightarrow 00{:}42{:}21.065$ That was outside pressure that

NOTE Confidence: 0.839176360555556

 $00:42:21.065 \longrightarrow 00:42:23.129$ was applied in us to do it.

NOTE Confidence: 0.839176360555556

00:42:23.130 --> 00:42:25.623 And so, you know, that's one route to go,

NOTE Confidence: 0.83917636055555600:42:25.630 --> 00:42:26.080 right,

NOTE Confidence: 0.734406252307692

 $00:42:26.110 \longrightarrow 00:42:27.580$ right? Yeah, I can definitely see that

NOTE Confidence: 0.734406252307692

 $00:42:27.580 \longrightarrow 00:42:28.903$ when there's when there's external

NOTE Confidence: 0.734406252307692

 $00:42:28.903 \longrightarrow 00:42:30.360$ pressure, things have a way of.

NOTE Confidence: 0.734406252307692

 $00:42:30.360 \longrightarrow 00:42:32.229$ We get done a little bit more.

NOTE Confidence: 0.734406252307692

 $00{:}42{:}32.230 \dashrightarrow 00{:}42{:}33.930$ Doctor Krieger has a question. Go ahead

NOTE Confidence: 0.8528631551

 $00:42:33.960 \longrightarrow 00:42:35.750$ yeah, so I became very

NOTE Confidence: 0.8528631551

 $00:42:35.750 \longrightarrow 00:42:37.540$ interested in in this topic,

NOTE Confidence: 0.8528631551

 $00{:}42{:}37.540 \dashrightarrow 00{:}42{:}40.557$ about 15 maybe even more years ago

NOTE Confidence: 0.8528631551

00:42:40.557 --> 00:42:43.267 when there was a major hospital

NOTE Confidence: 0.8528631551

00:42:43.267 --> 00:42:45.907 whose name I will not mention

 $00:42:45.907 \longrightarrow 00:42:48.907$ was sued because a patient died.

NOTE Confidence: 0.8528631551

 $00{:}42{:}48.910 \dashrightarrow 00{:}42{:}51.054$ Immediately post-op who was

NOTE Confidence: 0.8528631551

 $00:42:51.054 \longrightarrow 00:42:54.270$ known to have severe sleep apnea,

NOTE Confidence: 0.8528631551

 $00:42:54.270 \longrightarrow 00:42:58.295$ and the hospital ended up settling for

NOTE Confidence: 0.8528631551

 $00:42:58.295 \longrightarrow 00:43:00.758$ \$40 million, and that hospital said

NOTE Confidence: 0.8528631551

 $00:43:00.758 \longrightarrow 00:43:03.170$ this is never going to happen again.

NOTE Confidence: 0.8528631551

 $00:43:03.170 \longrightarrow 00:43:06.194$ Every patient is going to be

NOTE Confidence: 0.8528631551

00:43:06.194 --> 00:43:08.590 screened pre-op pre every op.

NOTE Confidence: 0.8528631551

 $00:43:08.590 \longrightarrow 00:43:11.180$ And that's what it takes and sometimes.

NOTE Confidence: 0.835782736666667

 $00:43:13.540 \longrightarrow 00:43:15.728$ Absolutely, and we we.

NOTE Confidence: 0.835782736666667

 $00{:}43{:}15.728 \dashrightarrow 00{:}43{:}18.463$ We'd rather be proactive and

NOTE Confidence: 0.835782736666667

00:43:18.463 --> 00:43:20.946 find our our you know, our.

NOTE Confidence: 0.835782736666667

 $00:43:20.946 \longrightarrow 00:43:22.856$ Danger Points prior to having

NOTE Confidence: 0.835782736666667

 $00:43:22.856 \longrightarrow 00:43:24.948$ a horrible outcome like that,

NOTE Confidence: 0.835782736666667

00:43:24.950 --> 00:43:26.318 but it's I guess you know it's hard

NOTE Confidence: 0.835782736666667

 $00{:}43{:}26.318 \dashrightarrow 00{:}43{:}28.107$ to to find the motivation and the

00:43:28.107 --> 00:43:29.507 organization until it actually happens.

NOTE Confidence: 0.64337516

 $00:43:42.810 \longrightarrow 00:43:43.978$ Janet, I think you're muted.

NOTE Confidence: 0.867987815

00:43:45.700 --> 00:43:46.628 I was just going to say, Christine,

NOTE Confidence: 0.867987815

00:43:46.628 --> 00:43:48.030 you could unmute yourself, thanks.

NOTE Confidence: 0.903236508

00:43:49.900 --> 00:43:51.830 I was reading your lips.

NOTE Confidence: 0.903236508

00:43:51.830 --> 00:43:54.120 Hi Doctor ***** I'm Christine one.

NOTE Confidence: 0.903236508

00:43:54.120 --> 00:43:56.040 I'm actually very active and sassaman.

NOTE Confidence: 0.903236508

 $00:43:56.040 \longrightarrow 00:43:57.867$ I think you and I are probably on the

NOTE Confidence: 0.462003001

00:43:57.880 --> 00:43:59.510 same committee. It's or I.

NOTE Confidence: 0.462003001

 $00:43:59.510 \longrightarrow 00:44:01.197$ I definitely know you from the meetings.

NOTE Confidence: 0.462003001

00:44:01.200 --> 00:44:02.088 Christine, thanks so much.

NOTE Confidence: 0.921616003

00:44:03.460 --> 00:44:05.497 Yeah, no. I'm I'm so grateful that

NOTE Confidence: 0.921616003

 $00{:}44{:}05.497 \dashrightarrow 00{:}44{:}07.747$ your this is your area of interest

NOTE Confidence: 0.921616003

 $00:44:07.747 \longrightarrow 00:44:09.715$ and and you're working on this.

NOTE Confidence: 0.921616003

00:44:09.720 --> 00:44:12.373 I think prior you might have heard

 $00:44:12.373 \longrightarrow 00:44:16.039$ prior to coming here there was a series

NOTE Confidence: 0.921616003

 $00{:}44{:}16.039 \dashrightarrow 00{:}44{:}17.995$ of adverse events perioperatively.

NOTE Confidence: 0.921616003

00:44:18.000 --> 00:44:20.640 Related to what was thought to be untreated,

NOTE Confidence: 0.921616003

 $00:44:20.640 \longrightarrow 00:44:21.804$ unrecognized sleep disorder.

NOTE Confidence: 0.921616003

 $00:44:21.804 \longrightarrow 00:44:23.356$ Breathing in these patients

NOTE Confidence: 0.921616003

 $00:44:23.356 \longrightarrow 00:44:25.480$ who were not being monitored,

NOTE Confidence: 0.921616003

 $00:44:25.480 \longrightarrow 00:44:27.600$ and I believe there was,

NOTE Confidence: 0.921616003

 $00:44:27.600 \longrightarrow 00:44:29.200$ like you said it was.

NOTE Confidence: 0.921616003

 $00:44:29.200 \longrightarrow 00:44:30.320$ It was these adverse,

NOTE Confidence: 0.921616003

 $00:44:30.320 \longrightarrow 00:44:31.700$ even though they weren't frequent.

NOTE Confidence: 0.921616003

00:44:31.700 --> 00:44:33.560 They were unfortunate and it was

NOTE Confidence: 0.921616003

 $00:44:33.560 \longrightarrow 00:44:35.144$ these adverse events that kind

NOTE Confidence: 0.921616003

 $00:44:35.144 \longrightarrow 00:44:36.296$ of drove the hospital.

NOTE Confidence: 0.921616003

 $00{:}44{:}36.300 \dashrightarrow 00{:}44{:}37.460$ Actually, the system was system

NOTE Confidence: 0.921616003

 $00:44:37.460 \longrightarrow 00:44:40.148$ wide to to really mobilize and and

NOTE Confidence: 0.921616003

 $00{:}44{:}40.148 \dashrightarrow 00{:}44{:}43.060$ and form this huge committee there.

 $00:44:43.060 \longrightarrow 00:44:44.854$ I think there are like over

NOTE Confidence: 0.921616003

 $00:44:44.854 \longrightarrow 00:44:46.420$ 20 nurses involved in this.

NOTE Confidence: 0.921616003

 $00:44:46.420 \longrightarrow 00:44:49.532$ To get a perioperative.

NOTE Confidence: 0.921616003

 $00:44:49.532 \longrightarrow 00:44:50.310$ Protocol,

NOTE Confidence: 0.921616003

00:44:50.310 --> 00:44:54.376 but unfortunately it never took off,

NOTE Confidence: 0.921616003

 $00:44:54.376 \longrightarrow 00:44:56.170$ so it would be really great,

NOTE Confidence: 0.921616003

 $00:44:56.170 \longrightarrow 00:44:58.242$ and it sounds like you would be just

NOTE Confidence: 0.921616003

 $00{:}44{:}58.242 \to 00{:}45{:}00.403$ the right person to jump start jump start

NOTE Confidence: 0.921616003

 $00:45:00.403 \longrightarrow 00:45:02.378$ this 'cause again very important,

NOTE Confidence: 0.921616003

 $00:45:02.380 \longrightarrow 00:45:03.644$ and again that frequent,

NOTE Confidence: 0.921616003

 $00:45:03.644 \longrightarrow 00:45:05.224$ but very tragic cases that

NOTE Confidence: 0.921616003

 $00:45:05.224 \longrightarrow 00:45:06.948$ that could have been avoided.

NOTE Confidence: 0.921616003

 $00{:}45{:}06.950 \dashrightarrow 00{:}45{:}09.146$ I think I think there was a a

NOTE Confidence: 0.921616003

 $00:45:09.146 \longrightarrow 00:45:11.534$ protocol with they'd still the stop

NOTE Confidence: 0.921616003

 $00:45:11.534 \longrightarrow 00:45:14.330$ bang and the and the epic right.

 $00:45:14.330 \longrightarrow 00:45:15.084$ Epic custom.

NOTE Confidence: 0.921616003

 $00{:}45{:}15.084 \dashrightarrow 00{:}45{:}17.346$ The nurse nurses that were protocol

NOTE Confidence: 0.921616003

 $00:45:17.346 \longrightarrow 00:45:18.960$ protocol eisd to to try to.

NOTE Confidence: 0.921616003

 $00:45:18.960 \longrightarrow 00:45:20.238$ Do that in the pack you,

NOTE Confidence: 0.921616003

00:45:20.240 --> 00:45:21.008 I think,

NOTE Confidence: 0.921616003

 $00:45:21.008 \longrightarrow 00:45:23.312$ and then they were piloting something

NOTE Confidence: 0.921616003

 $00:45:23.312 \longrightarrow 00:45:25.996$ up in in the ortho unit at SRC.

NOTE Confidence: 0.921616003

 $00:45:26.000 \longrightarrow 00:45:28.625$ That was the first sort of pilot,

NOTE Confidence: 0.921616003

 $00:45:28.630 \longrightarrow 00:45:30.796$ but it kind of lost momentum.

NOTE Confidence: 0.921616003

00:45:30.800 --> 00:45:34.274 So I mean eager to see it launch again,

NOTE Confidence: 0.921616003

 $00:45:34.280 \longrightarrow 00:45:34.550$ viewed

NOTE Confidence: 0.84100152

 $00:45:34.560 \longrightarrow 00:45:37.644$ the pathway from SRC and it's

NOTE Confidence: 0.84100152

00:45:37.644 --> 00:45:39.700 excellent and clearly incredibly

NOTE Confidence: 0.84100152

 $00:45:39.791 \longrightarrow 00:45:42.484$ well thought out and I think has

NOTE Confidence: 0.84100152

 $00:45:42.484 \longrightarrow 00:45:44.530$ the potential to be used systemwide.

NOTE Confidence: 0.84100152

 $00:45:44.530 \longrightarrow 00:45:46.306$ It would be a big lift like everything

 $00:45:46.306 \longrightarrow 00:45:48.057$ is that we want to do system wide.

NOTE Confidence: 0.84100152

 $00{:}45{:}48.060 {\:\dashrightarrow\:} 00{:}45{:}49.950$ My guess is that it lost steam.

NOTE Confidence: 0.84100152

00:45:49.950 --> 00:45:51.150 After having tremendous thought

NOTE Confidence: 0.84100152

00:45:51.150 --> 00:45:52.950 being put into it because of

NOTE Confidence: 0.84100152

00:45:53.007 --> 00:45:54.407 the timing and the pandemic,

NOTE Confidence: 0.84100152

00:45:54.410 --> 00:45:56.055 but I think it's definitely time to

NOTE Confidence: 0.84100152

 $00:45:56.055 \longrightarrow 00:45:57.717$ to revisit it as a health system.

NOTE Confidence: 0.867352995

 $00:45:58.640 \longrightarrow 00:45:59.519$ Terrific, thank you.

NOTE Confidence: 0.867352995

 $00{:}45{:}59.519 \dashrightarrow 00{:}46{:}01.277$ Well there is a question in

NOTE Confidence: 0.867352995

 $00:46:01.277 \longrightarrow 00:46:03.210$ the chat about the risk for if

NOTE Confidence: 0.867352995

 $00:46:03.210 \longrightarrow 00:46:05.040$ you could comment on the risk

NOTE Confidence: 0.867352995

 $00{:}46{:}05.040 \dashrightarrow 00{:}46{:}07.170$ for OSA in patients who receive

NOTE Confidence: 0.867352995

 $00:46:07.170 \longrightarrow 00:46:09.125$ neuromuscular blockade but are in

NOTE Confidence: 0.867352995

 $00:46:09.125 \longrightarrow 00:46:10.785$ completely reversed by excavation

NOTE Confidence: 0.867352995

 $00:46:10.790 \longrightarrow 00:46:12.257$ train of four can be 4 out of four,

 $00:46:12.260 \longrightarrow 00:46:13.492$ but fade not recognized.

NOTE Confidence: 0.867352995

 $00:46:13.492 \longrightarrow 00:46:15.340$ You want to comment on that?

NOTE Confidence: 0.791275917538461

 $00:46:15.510 \longrightarrow 00:46:16.258$ Yeah, absolutely.

NOTE Confidence: 0.791275917538461

 $00:46:16.258 \longrightarrow 00:46:18.502$ And in the intra operative guidelines

NOTE Confidence: 0.791275917538461

 $00{:}46{:}18.502 \dashrightarrow 00{:}46{:}20.927$ from SAS and they do talk about

NOTE Confidence: 0.791275917538461

 $00:46:20.927 \longrightarrow 00:46:22.537$ neuromuscular blockade and it is

NOTE Confidence: 0.791275917538461

00:46:22.597 --> 00:46:24.937 strongly recommended that dose you know,

NOTE Confidence: 0.791275917538461

 $00:46:24.940 \longrightarrow 00:46:27.452$ be dosed judiciously that train train of four

NOTE Confidence: 0.791275917538461

 $00:46:27.452 \longrightarrow 00:46:29.580$ monitoring be utilized to determine dose.

NOTE Confidence: 0.791275917538461

 $00:46:29.580 \longrightarrow 00:46:33.150$ And also to determine reversal dosing and

NOTE Confidence: 0.791275917538461

 $00{:}46{:}33.150 \dashrightarrow 00{:}46{:}36.730$ adequate return of neuromuscular function.

NOTE Confidence: 0.791275917538461

 $00{:}46{:}36.730 \dashrightarrow 00{:}46{:}39.324$ So it's always important in every patient,

NOTE Confidence: 0.791275917538461

 $00:46:39.324 \longrightarrow 00:46:40.287$ but particularly important

NOTE Confidence: 0.791275917538461

 $00:46:40.287 \longrightarrow 00:46:41.480$ in patients with OSA.

NOTE Confidence: 0.791275917538461

 $00:46:41.480 \longrightarrow 00:46:43.900$ There's so far insufficient

NOTE Confidence: 0.791275917538461

 $00{:}46{:}43.900 \dashrightarrow 00{:}46{:}46.320$ evidence that using sugammadex,

 $00:46:46.320 \longrightarrow 00:46:49.656$ which is a cyclodextrin to reverse

NOTE Confidence: 0.791275917538461

 $00:46:49.656 \longrightarrow 00:46:51.324$ nondepolarizing neuromuscular blockade,

NOTE Confidence: 0.791275917538461

 $00:46:51.330 \longrightarrow 00:46:54.109$ is not yet shown to be superior

NOTE Confidence: 0.791275917538461

 $00:46:54.109 \longrightarrow 00:46:56.430$ to the classic neostigmine.

NOTE Confidence: 0.791275917538461

 $00:46:56.430 \longrightarrow 00:47:00.250$ However, in our guidelines for.

NOTE Confidence: 0.791275917538461

00:47:00.250 --> 00:47:02.160 Reversal were encouraged to use

NOTE Confidence: 0.791275917538461

 $00:47:02.160 \longrightarrow 00:47:05.129$ sugammades in the in place of neostigmine.

NOTE Confidence: 0.791275917538461

 $00:47:05.130 \longrightarrow 00:47:07.674$ For patients with OSA as well

NOTE Confidence: 0.791275917538461

 $00:47:07.674 \longrightarrow 00:47:10.202$ as another uncommon list of of

NOTE Confidence: 0.791275917538461

 $00{:}47{:}10.202 \dashrightarrow 00{:}47{:}12.182$ problems that could put them at

NOTE Confidence: 0.791275917538461

00:47:12.182 --> 00:47:13.106 increased risk postoperatively.

NOTE Confidence: 0.791275917538461 00:47:13.110 --> 00:47:13.578 So yeah, NOTE Confidence: 0.791275917538461

 $00{:}47{:}13.578 \longrightarrow 00{:}47{:}15.216$ we you know the gold standard would

NOTE Confidence: 0.791275917538461

00:47:15.216 --> 00:47:16.741 be to use quantitative monitoring

NOTE Confidence: 0.791275917538461

 $00:47:16.741 \longrightarrow 00:47:18.971$ and make sure that our patients are

 $00:47:18.971 \longrightarrow 00:47:20.915$ fully reversed for all patients in

NOTE Confidence: 0.791275917538461

 $00{:}47{:}20.915 \dashrightarrow 00{:}47{:}22.320$ particularly patients with OSA.

NOTE Confidence: 0.8550110395

 $00{:}47{:}23.100 \dashrightarrow 00{:}47{:}25.074$ Thank you. There is also a question

NOTE Confidence: 0.8550110395

 $00:47:25.074 \longrightarrow 00:47:27.395$ if you have any comments about

NOTE Confidence: 0.8550110395

 $00:47:27.395 \longrightarrow 00:47:28.802$ relatively asymptomatic opioid

NOTE Confidence: 0.8550110395

 $00:47:28.802 \longrightarrow 00:47:30.678$ induced central sleep apnea.

NOTE Confidence: 0.8550110395

 $00:47:30.680 \longrightarrow 00:47:33.030$ How does that impact anesthesia

NOTE Confidence: 0.8550110395

00:47:33.030 --> 00:47:34.240 management say it? One more time?

NOTE Confidence: 0.8550110395

 $00{:}47{:}34.240 {\:{\circ}{\circ}{\circ}}>00{:}47{:}36.085$ Sorry, relatively asymptomatic

NOTE Confidence: 0.8550110395

00:47:36.085 --> 00:47:39.160 opioid induced central sleep apnea,

NOTE Confidence: 0.8550110395

 $00:47:39.160 \longrightarrow 00:47:40.498$ so we commonly see this in

NOTE Confidence: 0.8550110395

 $00:47:40.498 \longrightarrow 00:47:41.910$ patients on high dose methadone.

NOTE Confidence: 0.8550110395

00:47:41.910 --> 00:47:42.759 I don't know.

NOTE Confidence: 0.8550110395

 $00:47:42.759 \longrightarrow 00:47:44.457$ The question refers to patients with

NOTE Confidence: 0.8550110395

 $00:47:44.457 \longrightarrow 00:47:46.429$ method with that kind of scenario who

NOTE Confidence: 0.8550110395

00:47:46.429 --> 00:47:47.895 then gets surgery versus somebody

 $00:47:47.895 \longrightarrow 00:47:49.505$ who has substantial apneas on?

NOTE Confidence: 0.908596239230769

 $00{:}47{:}49.520 \dashrightarrow 00{:}47{:}51.352$ Yes yeah. So I think this speaks to

NOTE Confidence: 0.908596239230769

 $00:47:51.352 \longrightarrow 00:47:53.410$ the fact that there is, you know,

NOTE Confidence: 0.908596239230769

 $00:47:53.410 \longrightarrow 00:47:55.435$ multiple phenotypes of sleep apnea,

NOTE Confidence: 0.908596239230769

 $00:47:55.440 \longrightarrow 00:47:57.650$ obstructive and central and so

NOTE Confidence: 0.908596239230769

 $00:47:57.650 \longrightarrow 00:48:00.990$ teasing out which of our patients are.

NOTE Confidence: 0.908596239230769

 $00:48:00.990 \longrightarrow 00:48:03.270$ More sensitive to opioids than others,

NOTE Confidence: 0.908596239230769

 $00:48:03.270 \longrightarrow 00:48:05.460$ or perhaps have have pain.

NOTE Confidence: 0.908596239230769

 $00{:}48{:}05.460 \dashrightarrow 00{:}48{:}07.485$ Sedation mismatches is where it

NOTE Confidence: 0.908596239230769

 $00{:}48{:}07.485 \dashrightarrow 00{:}48{:}09.700$ becomes really really tricky and so

NOTE Confidence: 0.908596239230769

00:48:09.700 --> 00:48:11.765 you know that's the type of patient

NOTE Confidence: 0.908596239230769

 $00:48:11.765 \longrightarrow 00:48:13.922$ who probably would benefit from

NOTE Confidence: 0.908596239230769

 $00{:}48{:}13.922 \dashrightarrow 00{:}48{:}16.167$ a period of prolonged increased

NOTE Confidence: 0.908596239230769

00:48:16.167 --> 00:48:18.587 monitoring in the setting of

NOTE Confidence: 0.908596239230769

 $00:48:18.587 \longrightarrow 00:48:20.015$ receiving opioids postoperatively.

00:48:21.820 --> 00:48:22.736 What are your thoughts?

NOTE Confidence: 0.82993051

 $00{:}48{:}22.736 \to 00{:}48{:}24.750$ You know I was interested in that at the

NOTE Confidence: 0.82993051

00:48:24.750 --> 00:48:26.946 very end you you brought up, you know.

NOTE Confidence: 0.82993051

00:48:26.946 --> 00:48:28.978 Oftentimes patients are identified,

NOTE Confidence: 0.82993051

00:48:28.980 --> 00:48:30.672 you know, in that sort of

NOTE Confidence: 0.82993051

 $00:48:30.672 \longrightarrow 00:48:31.517$ perioperative setting, right?

NOTE Confidence: 0.82993051

00:48:31.517 --> 00:48:33.456 Even if it's just something they have

NOTE Confidence: 0.82993051

 $00:48:33.456 \longrightarrow 00:48:35.317$ an endoscopy and they get anesthesia or

NOTE Confidence: 0.82993051

 $00{:}48{:}35.317 \dashrightarrow 00{:}48{:}37.300$ they in hospital and have an esthesia.

NOTE Confidence: 0.82993051

 $00:48:37.300 \longrightarrow 00:48:39.050$ And then a lot of stuff happens

NOTE Confidence: 0.82993051

 $00:48:39.050 \longrightarrow 00:48:40.642$ and the conversion of that to

NOTE Confidence: 0.82993051

00:48:40.642 --> 00:48:41.698 getting to Sleep Medicine?

NOTE Confidence: 0.82993051

 $00:48:41.700 \longrightarrow 00:48:43.436$ Sometimes it shows up in the discharge

NOTE Confidence: 0.82993051

 $00{:}48{:}43.436 \to 00{:}48{:}44.818$ summary and somebody down the road.

NOTE Confidence: 0.82993051

00:48:44.820 --> 00:48:46.557 How do you think we can do better there,

NOTE Confidence: 0.82993051

00:48:46.560 --> 00:48:48.060 you know, in the immediate setting,

 $00:48:48.060 \longrightarrow 00:48:49.868$ it seems like that would be the time

NOTE Confidence: 0.82993051

 $00{:}48{:}49.868 \dashrightarrow 00{:}48{:}51.710$ and place to to put in that referral.

NOTE Confidence: 0.82993051

00:48:51.710 --> 00:48:52.661 Thoughts on that?

NOTE Confidence: 0.82993051

 $00:48:52.661 \longrightarrow 00:48:52.978$ That's

NOTE Confidence: 0.934400238333333

 $00:48:52.990 \longrightarrow 00:48:53.694$ a really good idea.

NOTE Confidence: 0.934400238333333

 $00{:}48{:}53.694 \dashrightarrow 00{:}48{:}55.305$ I mean, I think engaging our surgical

NOTE Confidence: 0.934400238333333

00:48:55.305 --> 00:48:56.730 colleagues is certainly part of it,

NOTE Confidence: 0.934400238333333

 $00:48:56.730 \longrightarrow 00:48:58.500$ because they're the ones who

NOTE Confidence: 0.934400238333333

 $00:48:58.500 \longrightarrow 00:48:59.916$ write the discharge instructions

NOTE Confidence: 0.934400238333333

 $00:48:59.916 \longrightarrow 00:49:01.687$ and the discharge summary is,

NOTE Confidence: 0.934400238333333

 $00{:}49{:}01.690 \dashrightarrow 00{:}49{:}03.406$ and the patients follow up with.

NOTE Confidence: 0.934400238333333

 $00{:}49{:}03.410 \dashrightarrow 00{:}49{:}05.245$ But as an esthesia providers were

NOTE Confidence: 0.934400238333333

 $00:49:05.245 \longrightarrow 00:49:07.539$ often the ones who are doing

NOTE Confidence: 0.934400238333333

 $00{:}49{:}07.539 \dashrightarrow 00{:}49{:}09.087$ the preoperative screening or

NOTE Confidence: 0.934400238333333

 $00:49:09.087 \longrightarrow 00:49:11.629$ who notice intra op or post op,

00:49:11.630 --> 00:49:12.970 you know signs of obstruction,

NOTE Confidence: 0.934400238333333

 $00:49:12.970 \longrightarrow 00:49:14.272$ so it would be nice if there

NOTE Confidence: 0.934400238333333

 $00:49:14.272 \longrightarrow 00:49:16.160$ was a way for us to communicate

NOTE Confidence: 0.934400238333333

00:49:16.160 --> 00:49:17.755 directly with our Sleep Medicine

NOTE Confidence: 0.934400238333333

 $00:49:17.755 \longrightarrow 00:49:19.347$ colleagues to initiate the referral.

NOTE Confidence: 0.934400238333333

 $00:49:19.350 \longrightarrow 00:49:21.800$ I do speak to patients.

NOTE Confidence: 0.934400238333333

 $00:49:21.800 \longrightarrow 00:49:23.390$ Come in the preoperative period and

NOTE Confidence: 0.934400238333333

 $00:49:23.390 \longrightarrow 00:49:24.771$ their family members when they've

NOTE Confidence: 0.934400238333333

00:49:24.771 --> 00:49:26.121 screened positive based on stopping

NOTE Confidence: 0.934400238333333

00:49:26.121 --> 00:49:28.289 score that this is something you obviously.

NOTE Confidence: 0.934400238333333

 $00{:}49{:}28.290 \dashrightarrow 00{:}49{:}29.725$ Right now we're going to focus on

NOTE Confidence: 0.934400238333333

00:49:29.725 --> 00:49:30.670 getting safely through surgery,

NOTE Confidence: 0.934400238333333

00:49:30.670 --> 00:49:32.190 but you should, you know,

NOTE Confidence: 0.934400238333333

 $00{:}49{:}32.190 {\:{\circ}{\circ}{\circ}}>00{:}49{:}34.230$ speak to your primary care provider.

NOTE Confidence: 0.934400238333333

 $00:49:34.230 \longrightarrow 00:49:35.754$ Once you've recovered to get a

NOTE Confidence: 0.934400238333333

 $00:49:35.754 \longrightarrow 00:49:37.246$ referral to evaluate to see if

00:49:37.246 --> 00:49:38.518 you do have sleep apnea because

NOTE Confidence: 0.934400238333333

 $00{:}49{:}38.518 \dashrightarrow 00{:}49{:}40.366$ of all of the downstream health

NOTE Confidence: 0.934400238333333

00:49:40.366 --> 00:49:41.742 consequences of having undiagnosed

NOTE Confidence: 0.934400238333333

 $00:49:41.742 \longrightarrow 00:49:43.024$ and untreated sleep apnea.

NOTE Confidence: 0.934400238333333

00:49:43.024 --> 00:49:44.806 Just like all do something similar

NOTE Confidence: 0.934400238333333

 $00:49:44.806 \longrightarrow 00:49:46.275$ for smoking cessation and try to

NOTE Confidence: 0.934400238333333

 $00:49:46.275 \longrightarrow 00:49:48.230$ use it as my kind of moment to

NOTE Confidence: 0.934400238333333

 $00{:}49{:}48.230 \dashrightarrow 00{:}49{:}49.890$ impact the patient's overall health

NOTE Confidence: 0.934400238333333

 $00{:}49{:}49.890 \dashrightarrow 00{:}49{:}51.592$ because patients are much more.

NOTE Confidence: 0.934400238333333

 $00:49:51.592 \longrightarrow 00:49:53.347$ Hyper aware of their health

NOTE Confidence: 0.934400238333333

 $00{:}49{:}53.347 \dashrightarrow 00{:}49{:}54.880$ in the perioperative period,

NOTE Confidence: 0.934400238333333

00:49:54.880 --> 00:49:56.000 they're thinking about their health,

NOTE Confidence: 0.934400238333333

 $00{:}49{:}56.000 \dashrightarrow 00{:}49{:}58.540$ so I think you know the patient.

NOTE Confidence: 0.934400238333333 00:49:58.540 --> 00:49:58.920 But also, NOTE Confidence: 0.934400238333333

00:49:58.920 --> 00:50:00.440 if a family member is there with them,

 $00:50:00.440 \longrightarrow 00:50:02.246$ they may be able to better

NOTE Confidence: 0.934400238333333

00:50:02.246 --> 00:50:03.149 absorb that message.

NOTE Confidence: 0.934400238333333

 $00:50:03.150 \longrightarrow 00:50:05.026$ So I I do communicate with patients,

NOTE Confidence: 0.934400238333333

00:50:05.030 --> 00:50:06.367 but it might be nice when patients

NOTE Confidence: 0.934400238333333

 $00:50:06.367 \longrightarrow 00:50:07.295$ and families are overwhelmed

NOTE Confidence: 0.934400238333333

 $00:50:07.295 \longrightarrow 00:50:08.527$ in the perioperative periods.

NOTE Confidence: 0.934400238333333

 $00:50:08.530 \longrightarrow 00:50:10.305$ Be able to communicate directly

NOTE Confidence: 0.934400238333333

 $00:50:10.305 \longrightarrow 00:50:12.080$ amongst each other for referral,

NOTE Confidence: 0.934400238333333 00:50:12.080 --> 00:50:12.490 right? NOTE Confidence: 0.905908598333333

00:50:12.520 --> 00:50:13.996 Right? Yeah, we it's not uncommon.

NOTE Confidence: 0.905908598333333

 $00{:}50{:}14.000 \dashrightarrow 00{:}50{:}16.024$ We get all my GI doctor or the

NOTE Confidence: 0.905908598333333

 $00:50:16.024 \longrightarrow 00:50:17.739$ nurse who was there told me,

NOTE Confidence: 0.905908598333333

 $00:50:17.740 \longrightarrow 00:50:18.778$ you know, but we see them.

NOTE Confidence: 0.905908598333333

00:50:18.780 --> 00:50:20.173 You know it's like 8 months later

NOTE Confidence: 0.905908598333333

00:50:20.173 --> 00:50:21.420 that this happened or you you know?

NOTE Confidence: 0.905908598333333

 $00:50:21.420 \longrightarrow 00:50:22.300$ Oh yeah. By the way,

 $00:50:22.300 \longrightarrow 00:50:24.496$ they did say that and it somehow falls away.

NOTE Confidence: 0.905908598333333

 $00{:}50{:}24.500 \dashrightarrow 00{:}50{:}26.440$ So yeah, there's another question

NOTE Confidence: 0.905908598333333

 $00:50:26.440 \longrightarrow 00:50:28.355$ in the chat about suggestions

NOTE Confidence: 0.905908598333333

 $00:50:28.355 \longrightarrow 00:50:29.420$ for procedural sedation.

NOTE Confidence: 0.905908598333333

 $00:50:29.420 \longrightarrow 00:50:31.195$ I presumably this is for

NOTE Confidence: 0.905908598333333

 $00:50:31.195 \longrightarrow 00:50:32.549$ things like bronchoscopy.

NOTE Confidence: 0.905908598333333

 $00:50:32.550 \longrightarrow 00:50:33.531$ It's like procedural

NOTE Confidence: 0.905908598333333

 $00{:}50{:}33.531 \dashrightarrow 00{:}50{:}34.839$ sedation and OSA patients.

NOTE Confidence: 0.905908598333333

00:50:34.840 --> 00:50:36.200 What about DXM tomatine?

NOTE Confidence: 0.905908598333333

 $00:50:36.200 \longrightarrow 00:50:38.240$ Is it better than standard meds?

NOTE Confidence: 0.905908598333333

00:50:38.240 --> 00:50:40.228 What are your thoughts?

NOTE Confidence: 0.905908598333333 00:50:40.230 --> 00:50:40.600 So he's

NOTE Confidence: 0.7648094

 $00{:}50{:}40.610 --> 00{:}50{:}43.134$ not a great level.

NOTE Confidence: 0.7648094

 $00{:}50{:}43.134 \dashrightarrow 00{:}50{:}45.054$ There's not a great literature

NOTE Confidence: 0.7648094

 $00:50:45.054 \longrightarrow 00:50:48.156$ to guide us here, but there are

 $00:50:48.156 \longrightarrow 00:50:50.766$ recommendations based on expert opinion,

NOTE Confidence: 0.7648094

 $00{:}50{:}50{:}770 \dashrightarrow 00{:}50{:}52.814$ and we do know that propofol sedation

NOTE Confidence: 0.7648094

 $00:50:52.814 \longrightarrow 00:50:55.364$ in the you know absence of a controlled

NOTE Confidence: 0.7648094

 $00:50:55.364 \longrightarrow 00:50:58.199$ airway is tricky in this patient population,

NOTE Confidence: 0.7648094

 $00:50:58.200 \longrightarrow 00:51:01.240$ and the dex medata mean may be easier.

NOTE Confidence: 0.7648094

 $00:51:01.240 \longrightarrow 00:51:04.268$ Probably the the most.

NOTE Confidence: 0.7648094

00:51:04.270 --> 00:51:05.710 Concerning is when you're starting

NOTE Confidence: 0.7648094

 $00:51:05.710 \longrightarrow 00:51:06.862$ to combine sedative agents,

NOTE Confidence: 0.7648094

00:51:06.870 --> 00:51:09.154 so benzodiazepine's opioids, propofol,

NOTE Confidence: 0.7648094

00:51:09.154 --> 00:51:11.438 even Dexmedetomidine Academy and

NOTE Confidence: 0.7648094

 $00{:}51{:}11.438 \dashrightarrow 00{:}51{:}14.068$ all these things in isolation.

NOTE Confidence: 0.7648094

 $00:51:14.070 \longrightarrow 00:51:17.502$ RR Titratable and inexperienced

NOTE Confidence: 0.7648094

 $00:51:17.502 \longrightarrow 00:51:19.630$ hands you know are probably possible

NOTE Confidence: 0.7648094

 $00:51:19.630 \longrightarrow 00:51:21.140$ to use in patients with OSA,

NOTE Confidence: 0.7648094

00:51:21.140 --> 00:51:21.808 but propofol,

NOTE Confidence: 0.7648094

 $00:51:21.808 \longrightarrow 00:51:23.812$ probably with the most caution and

 $00{:}51{:}23.812 {\:\dashrightarrow\:} 00{:}51{:}25.906$ any time you're mixing sedative agents

NOTE Confidence: 0.7648094

 $00:51:25.906 \longrightarrow 00:51:27.726$ they'll they'll work synergistically.

NOTE Confidence: 0.7648094

 $00:51:27.730 \longrightarrow 00:51:29.207$ And then you can get into trouble.

NOTE Confidence: 0.7648094

00:51:29.210 --> 00:51:30.179 And you know,

NOTE Confidence: 0.7648094

00:51:30.179 --> 00:51:32.117 I do drug induced sleep endoscopy

NOTE Confidence: 0.7648094

 $00{:}51{:}32.117 \dashrightarrow 00{:}51{:}34.600$ all the time with my E NT colleagues.

NOTE Confidence: 0.7648094

 $00:51:34.600 \longrightarrow 00:51:36.675$ Where we use these medications

NOTE Confidence: 0.7648094

 $00:51:36.675 \longrightarrow 00:51:38.335$ specifically to induce obstruction

NOTE Confidence: 0.7648094

 $00:51:38.335 \longrightarrow 00:51:40.619$ to figure out the best surgical

NOTE Confidence: 0.7648094

 $00:51:40.619 \longrightarrow 00:51:42.059$ plan for for management.

NOTE Confidence: 0.7648094

 $00:51:42.060 \longrightarrow 00:51:43.660$ So I'm watching it happen.

NOTE Confidence: 0.7648094

00:51:43.660 --> 00:51:44.680 You know,

NOTE Confidence: 0.7648094

 $00:51:44.680 \longrightarrow 00:51:46.720$ with their flexible scopes,

NOTE Confidence: 0.7648094

00:51:46.720 --> 00:51:48.664 so you know it's it obviously

NOTE Confidence: 0.7648094

00:51:48.664 --> 00:51:50.890 happens with all of these agents.

00:51:51.880 --> 00:51:53.096 Thank you. Excellent. Alright,

NOTE Confidence: 0.8951181925

 $00:51:53.096 \longrightarrow 00:51:55.470$ so I'm not seeing much in the chat.

NOTE Confidence: 0.8951181925

 $00:51:55.470 \longrightarrow 00:51:57.080$ I'm going to give people if anyone

NOTE Confidence: 0.8951181925

 $00:51:57.080 \longrightarrow 00:51:58.494$ in the audience would like to

NOTE Confidence: 0.8951181925

 $00:51:58.494 \longrightarrow 00:52:00.069$ either type anything or now is your

NOTE Confidence: 0.8951181925

 $00:52:00.122 \longrightarrow 00:52:01.550$ opportunity to unmute yourself,

NOTE Confidence: 0.8951181925

 $00:52:01.550 \longrightarrow 00:52:04.540$ ask a question. See.

NOTE Confidence: 0.88074425125

00:52:07.640 --> 00:52:09.424 Alright, well really pretty much at the end.

NOTE Confidence: 0.88074425125

00:52:09.430 --> 00:52:10.514 Anyway, listen, thank you.

NOTE Confidence: 0.88074425125

 $00:52:10.514 \longrightarrow 00:52:12.300$ Doctor **** that was really wonderful.

NOTE Confidence: 0.88074425125

 $00{:}52{:}12.300 \dashrightarrow 00{:}52{:}13.540$ Really engaging presentation and

NOTE Confidence: 0.88074425125

 $00:52:13.540 \longrightarrow 00:52:15.178$ I think we all learned a lot.

NOTE Confidence: 0.88074425125

 $00:52:15.180 \longrightarrow 00:52:15.988$ Thank you so much.

NOTE Confidence: 0.93292296875

 $00{:}52{:}16.400 \longrightarrow 00{:}52{:}17.348$ Thank you so much again for

NOTE Confidence: 0.93292296875

 $00:52:17.348 \longrightarrow 00:52:18.230$ having me. It was a pleasure.

NOTE Confidence: 0.870816851666667

 $00:52:18.620 \longrightarrow 00:52:20.828$ Bye bye thanks everyone for joining.