Policy concerning screening and continuous monitoring of patients

University Hospitals Cleveland Medical Center has a robust program to screen for Obstructive Sleep Apnea (OSA) in our Center for Perioperative Medicine (pre-procedural optimization clinic).

Patient safety is our utmost priority. This is a very important issue to which we, along with most institutions, are very sensitive. For patients with a diagnosis for sleep apnea or at high risk, we increase the use of regional pain blocks, minimize use of narcotics or other sedatives; use non-narcotic multimodal pain regimens and provide aggressive screening and monitoring.

For patients with suspected OSA, we may conduct home sleep studies prior to surgery but also make our anesthesia and surgery teams aware of high-risk patients so they can modify the anesthetic and post-op pain plan to minimize risks.

We also ensure that patients with a diagnosis of OSA bring their continuous positive airway pressure (CPAP) equipment with them and use it in the post-anesthesia unit (PACU) and during their hospital stay. If we have concerns about patients, we monitor them post-op with continuous pulse oximetry telemetry. Additionally, we initiate auto-titrating CPAP while in the hospital and have patients seen by Pulmonary Sleep Medicine specialists for further management after discharge.