Abstract

Background: STOP-BANG score (snore; tired; observed apnea; arterial pressure; body mass index; age; neck circumference and gender) can predict the risk of a patient having Obstructive Syndrome Apnea (OSA). The aim of this study was to evaluate the incidence STOP-BANG score ≥ 3, in surgical patients admitted to the Post-Anesthesia Care Unit (PACU). Methods: Observational, prospective study conducted in a post-anesthesia care unit (PACU) during three weeks (2011). The study population consisted of adult patients after noncardiac and non-neurological surgery. Patients were classified as high risk of OSA (HR-OSA) if STOP-BANG score ≥ 3 and Low-risk of OSA (LR-OSA) if STOP-BANG score < 3 (LR-OSA). Patient demographics, intraoperative and postoperative data were collected. Patient characteristics were compared using Mann–Whitney U-test, t-test for independent groups, and chi-square or Fisher’s exact test. Results: A total of 357 patients were admitted to PACU; 340 met the inclusion criteria. 179 (52%) were considered HR-OSA. These patients were older, more likely to be masculine, had higher BMI, higher ASA physical status, higher incidence of ischemic heart disease, heart failure, hypertension, dyslipidemia and underwent more frequently insulin treatment for diabetes. These patients had more frequently mild/moderated hypoxia in the PACU (9% vs. 3%, p = 0.012) and had a higher incidence of residual neuromuscular blockade (NMB) (20% vs. 16%, p = 0.035). Patients with HR-OSA had a longer hospital stay. Conclusions: Patients with HR-OSA had an important incidence among patients scheduled for surgery in our hospital. These patients had more co-morbidities and were more prone to post-operative complications. © 2012 Sociedade Portuguesa de Pneumologia. Published by Elsevier España, S.L. All rights reserved.

Keywords

Obstructive sleep apnea, STOP-BANG score, Surgery; Postoperative complications.