

Sleeping with the enemy

Sleep apnea and bariatric surgery

1. What is obstructive sleep apnea?

Obstructive sleep apnea occurs when the passages between the nose/throat and the windpipe become closed or narrowed during sleep leading to stoppages of breathing. These stoppages are associated with low oxygen levels and poor quality sleep leading to sleepiness, fatigue, and health consequences such as high blood pressure, stroke, heart attacks, and car accidents.

2. Is there a relationship between obesity and sleep apnea?

Yes. The bigger a person is, the more likely sleep apnea is present.

3. How is sleep apnea diagnosed?

Obstructive sleep apnea is diagnosed by having an overnight sleep study known as a polysomnogram in an appropriate facility. This is a test that closely monitors sleep and breathing by use of several electrodes which are not painful. Around the time of the sleep study, patients are evaluated by a sleep medicine physician to interpret the test and guide treatment.

4. Why do people considering bariatric surgery need a sleep study?

Recent studies have shown that people considering obesity surgery have an 80% chance of having sleep apnea. Untreated sleep apnea leaves a person at risk for the previously mentioned problems as well as increased risks for a bad outcome from surgery including low oxygen levels, pneumonia, intestinal leaks, heart problems and so forth. Due to the above, experts are recommending that all patients desiring obesity surgery get tested and treated for sleep apnea before surgery.

5. How is sleep apnea treated?

the best treatment by far for sleep apnea is called CPAP which stands for constant positive airway pressure therapy. It involves wearing a small mask over or in the nose that is connect to a small quiet machine which applies some pressure to the air passages to keep them fully open during sleep. Using this therapy starting several weeks before surgery improves surgery outcomes and overall health.

6. Can sleep apnea be cured?

patients who undergo obesity surgeries have a 40 – 80% chance of eliminating sleep apnea depending on the type of surgery, gender, and amount of weight loss. People with sleep apnea who have had obesity surgery require at least one follow up sleep study around 6-12 months after surgery to see if they can stop the treatment or reduce it. Graymark Healthcare will monitor follow up for patients. Simply stopping sleep apnea therapy without re-testing is dangerous since the disorder can still be present even if symptoms are better.

7. Who takes care of sleep apnea?

Doctors who are trained and board certified in sleep medicine are the experts at treating sleep disorders including sleep apnea. Bariatric surgeons will typically refer patients to such a specialist to manage the sleep apnea before and after surgery. Those who have already been evaluated for and treated for sleep apnea are ahead of the game.

Graymark Healthcare is committed to partnering with patients and physicians to promote and provide excellence in sleep medicine.

For information on sleep apnea or sleep testing clinics, visit: www.graymarkhealthcare.com



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