

Online Information

American Sleep Apnea Association
www.sleepapnea.org

Academy of Sleep Medicine
www.sleepeducation.com

Talk About Sleep
www.talkaboutsleep.com/sleep-apnea/

National Heart Lung and Blood Institute
www.nhlbi.nih.gov/health/dci/Diseases/SleepApnea/

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Obstructive Sleep Apnea



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Obstructive Sleep Apnea

If you have received this brochure, you either have Obstructive Sleep Apnea (OSA) or the hospital staff suspects you may be at risk.

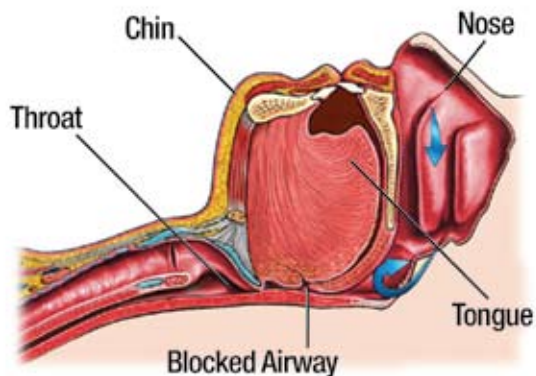
Sleep apnea is a problem that makes it difficult to sleep and breathe at the same time. Sleep apnea includes Obstructive Sleep Apnea, Central Sleep Apnea or both. This brochure is about OSA only.

We are screening patients to improve your safety. OSA may delay your recovery after surgery.

OSA occurs in about 10% of the population. It is more common in people with heart disease. Being overweight puts people at increased risk for OSA. It is found in about 50% of obese patients.

When people with OSA go to sleep, they may not be aware that they have difficulty breathing while sleeping. This can cause poor quality sleep and daytime sleepiness. The blood oxygen level can drop, which strains the heart and blood vessels. This can lead to problems such as high blood pressure and heart disease.

It is important to your health to confirm whether or not you have OSA.



Sleep apnea is diagnosed in a sleep disorders center. A sleep study measures brain waves and other things like; blood oxygen, snoring, air flow, and how hard you breathe.

Treatments may include: the patient wearing a constant positive airway pressure mask (CPAP) while sleeping; surgery to change the airway; or oral appliances to help keep the airway open. The sleep study results will guide the right treatment.

Please ask your health care provider about further testing.

When OSA Patients Go Home

- If you do not have a treatment plan, please discuss this with your family doctor.
- The first week after your surgery is an important time for you. Certain medications like pain killers (narcotics) or alcohol may make your sleep apnea worse.
- It is important to follow your treatment plan for OSA.
- If you have had surgery on the face, mouth, throat, esophagus or stomach, you may be asked by your doctor to stop wearing your CPAP for a few days.
- People with OSA sleep better on their side.
- Taking pain medicine and sleep aids together can make you drowsy quickly.
- It may be very helpful to have someone at home to help you with your CPAP.

Please consult with the doctor who is managing your CPAP if you have any questions.