

## AB001. Peri-operative treatment of sleep-disordered breathing and outcomes in bariatric patients

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**Background:** Obstructive sleep apnoea (OSA) is common in bariatric patients undergoing sedation during surgery. However, its contribution to peri-operative complications/mortality has not been established. We sought to pre-operatively identify OSA in bariatric patients and record peri-operative complications following surgery.

**Methods:** Data were collected and analysed from 06/2014–03/2017 for 410 bariatric surgery patients referred for pre-operative screening and treatment of OSA. The STOP-BANG questionnaire, Epworth Sleepiness Scale (ESS) and nocturnal pulse oximetry were recorded and treatment was allocated with continuous positive airway pressure (CPAP). Peri-operative complications and mortality were the primary outcome measures for patients receiving CPAP treatment for OSA, with patients not requiring CPAP used as control. The mean follow-up time for all patients was

433, 732 days for the patients who had undergone bariatric surgery. The two groups were compared with Chi-square test and unpaired two-tailed *t*-test.

**Results:** Significant OSA was present in 70% of patients screened, 40% received CPAP treatment. Patients receiving CPAP [49.5 (11.3) years old, 61% female, 50.3 (8.5) kg/m<sup>2</sup>] were older, had a lower female percentage and had a higher BMI than those not receiving CPAP [44.9 (12.0), 81% female, 46.6 (7.7)]. No significant differences, including hospital stay or rate of complications, were observed between patients on CPAP and those not on CPAP. Out of 53 patients having undergone bariatric surgery at the cut-off date, only 1 respiratory complication had occurred.

**Conclusions:** Bariatric patients who are screened pre-operatively for OSA and treated per guidelines have no increased risk of respiratory complications compared to patients without OSA.

**Keywords:** Obesity; obstructive sleep apnoea (OSA); mortality, perioperative risk

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