Introduction

- Obstructive sleep apnea (OSA) is prevalent in older adults and narrows the throat muscles during sleep.
- OSA is linked to cerebrovascular, cardiovascular, and metabolic diseases, increasing surgical risks.
- Effects 9-24% of the general population.
- Obstructive sleep apnea (OSA) is prevalent in older adults.

Methods

- Study Period: 04/01/2014-12/31/2022
- Included patients aged 18-89 undergoing TJA
- Data collected prospectively and analyzed retrospectively
- Examined 17,272 TJAs; 3,876 with OSA, 13,396 without
- Data collected prospectively and analyzed retrospectively
- Included patients aged 18-89 undergoing TJA
- Study Period: 04/01/2014-12/31/2022
- Matched sample: 7,014 matched pairs (3,507 with OSA, 3,507 without)
- Statistical Analysis: Chi-square for patient characteristics
- Final sample: 7,014 matched patients (3,507 with OSA, 3,507 without)

Results

- No difference in complications between OSA and non-OSA patients undergoing TJA
- Multivariable logistic regression revealed no significant association between OSA and surgical complications (p=0.56).
- Higher ASA class (III-IV) patients were more likely to experience complications compared to those with a lower ASA class (I-II) (p<0.01).
- Greater Charlson Comorbidity Index (CCI) also correlated with a higher odds of complications (p<0.01).

Conclusions

- Our study found no increased postoperative complications in TJA patients with OSA compared to those without.
- However, higher ASA class and CCI were independent predictors of complications.
- Future research could benefit from a prospective study design to mitigate limitations.
- The absence of increased postoperative complications in TJA patients with OSA, as demonstrated in this study, may aid surgeons in evaluating the candidacy of TJA patients with OSA.

References


