

## Pre and postoperative management of morbidly obese sleep apnea patients scheduled for bariatric surgery

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**M**orbidly obese patients diagnosed with Sleep apnea syndrome have pre and post operative complications from respiratory impairment related to obesity as well as sleep apnea. Respiratory problems in morbidly obese patients include large thick neck, small upper airway, restrictive lung disease, deconditioning, hypoventilation, decrease static pulmonary compliance and thrombotic embolic disease. Problems associated with sleep apnea patients include chronic hypoxia and hypercapnia, reintubation, pulmonary hypertension, right and left heart failure, cardiac arrhythmias, TIA and strokes, over sedation and pain control.

We recommend intubation awake or with light sedation. Paralytic drugs should be avoided prior to intubation if possible. Extubation is recommended in the recovery room or in the ICU when the patient is awake. Noninvasive ventilation with CPAP/BiAPAP may be necessary post extubation.

### Biography

George Thommi graduated from Mangalore, India, completed his MRCP in UK. After completing his residency in Pittsburgh obtained his pulmonary /Critical Care and Sleep fellowship in Virginia. He has presented several abstracts and has publications in reputed journals. He is currently working as clinical associated professor at Creighton University.

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