Sleep Apnea, Before and After Bariatric Surgery
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Quite often we hear pre-operative patients diagnosed with sleep apnea say, “I need a CPAP to get my surgery date.” I would like to clarify the reason for performing a sleep test and for getting and using a CPAP machine. It is definitely not to get a surgery date but rather for your safety.

According to the National Institute of Health, obstructive sleep apnea is a common disorder in which you may have one or more pauses in breathing during sleep. These pauses can last from seconds to minutes and may occur up to 30 times or more an hour. Because you go in and out of deep sleep your sleep is poor and makes you feel tired during the day. Think of the stress these periods of breathing pauses can have on your body.

These pauses will decrease the amount of oxygen that reaches your organs having severe consequences if not treated. According to Rasmussen, et. al. (2012) untreated sleep apnea can lead to right-sided heart failure, irregular heart rhythms, and pulmonary (lung) hypertension. There is a connection between sleep apnea and the severity of other medical conditions such as diabetes, high blood pressure, high cholesterol, depression, reflux, back pain and joint disease. Patients with severe sleep apnea have a higher risk of death as well.

Most patients with sleep apnea are obese. The airway may collapse or become blocked during sleep when you are relaxed. This blockage can cause loud snoring when the air “squeezes” by this obstruction. But as mentioned above, it can block off breathing completely for longer periods.

Some bariatric centers may not ask you to get a sleep evaluation but this is not in your best interest. In order to lower your risk of complications, you need to be treated for your sleep apnea before and after surgery. CPAP (Continuous Positive Airway Pressure) is a good treatment. CPAP will help you get the oxygen you need to keep your body running
normally as well as help you get the sleep you need to be healthier. It may take some
time to get used to the CPAP so don’t be quick to give up on it. Seventy four to 98
percent of obese patients who lose 50 to 70 percent of their excess weight after bariatric
surgery will be free from sleep apnea. However don’t discontinue the CPAP on your
own. You should have a follow up appointment with your sleep specialist no sooner than
6 months after surgery. The sleep specialist will determine if it is safe for you to
discontinue your CPAP.


Rasmussen, J., Fuller, W., Mohamed, A. (2012). Sleep apnea syndrome is significantly
underdiagnosed in bariatric surgical patients, SOARD, Vol 8, Issue 5., Pages 569-573.