Attitudes to sleep surgery (RFTT) under local anaesthesia in the UK

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Introduction

In the UK and USA sleep surgery, including radiofrequency thermotherapy (RFTT), are commonly performed under a general anaesthetic (GA) (1,2).

“In office” procedures are gaining popularity worldwide due to the shorter recovery and avoidance of general anaesthesia. In Europe, using local anaesthetic for RFTT procedures is already widely established (3) perhaps due to less conservative attitudes and absence free healthcare provision (as being able to perform procedures without an anaesthetist is less expensive) (4).

The three aspects to evaluate local anaesthesia acceptability in sleep surgery are

- 1) Safety
- 2) whether the same quality and standard of care can be delivered under local anaesthesia
- 3) Patient satisfaction.

Method:

Patients seen pre and post operatively in a specialist sleep clinic were asked complete a questionnaire. They were asked about previous surgical and anaesthetic experience and given information about RFTT, including a picture of a radiofrequency probe. They were then asked whether they would prefer the surgery under GA or LA, and where the patients gave a preference we explored the reasons behind their decisions.

Image of radiofrequency probe

Results

42 patients with mild OSA (AHI 5-15) who were pre-op or post RFTT to the soft palate and tongue base completed our questionnaire. In the pre-surgery group (n=22), 31% of patients would have preferred to have their surgery under LA. Of those, 75% of patients reasoned because it was quicker to perform and had shorter in-hospital monitoring post operatively.

Of those preferring GA the reason was preferring not to be aware (80%), and concerns about pain (58%) and gag reflex (53%). They were less concerned about mouth opening (7%), probe insertion (36%), or local anaesthetic administration (36%).

In the **post surgery** group (n=20) slightly fewer (25%) preferred to have the surgery under LA. Those that did wish to, reasoned that the quicker timeframe for surgery made the LA option more attractive. Those choosing surgery under GA did not wish to be aware (94%), and were fearful of pain (64%) an increase compared to the pre-surgery group.

SAFETY

The safety is generally improved under LA, as OSA patients can be anaesthetically unpredictable and may have co-morbidities which general anaesthesia may exacerbate.. Additionally ,LA is used concomitantly during GA RFTT procedures to hydrodissect the palate, thus there is no additional risk of a solely LA procedure (5).

EQUITABLE?

GA may allow better exposure of the tongue base than in the awake patient, hence the current preference towards GA procedures in the UK. However, this procedure is successfully performed for sleep surgery indications in Europe with equivalent results (3).

PATIENT SATISFACTION:

Our survey findings showed one third of patients in both groups preferred to have their surgery under LA both pre and post surgery, thus we can conclude in patients with a particular wish LA sleep surgery may be offered.

Key points

- “In office” procedures are gaining popularity due to shorter recovery and avoidance of GA
- Patient’s undergoing RFTT sleep surgery have often had prior experience of both GA and LA procedures
- LA procedures facilitate a shorter hospital stay and avoid post-operative nausea and vomiting
- GA procedures may allow better exposure and access to the tongue base
- One third of patients in pre and post-operative RFTT groups would prefer to have their surgery under LA due to the quicker timeframe for surgery

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