

Peter L. Bailey, M.D., CME Editor

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## Instructions for Obtaining Journal CME Credit

ANESTHESIOLOGY's journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by the ASA Task Force entitled "Practice guidelines for the perioperative management of patients with obstructive sleep apnea: A report by the American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Obstructive Sleep Apnea" on page 1081 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: <http://www.asahq.org/journal-cme>. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

The American Society of Anesthesiologists is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education programs for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Purpose:** The focus of the journal-based CME program, and the articles chosen for the program, is to educate readers on current developments in the science and clinical practice of the specialty of Anesthesiology.

**Target Audience:** Physicians and other medical professionals whose medical specialty is the practice of anesthesia.

**Learning Objectives:** After reading this article, participants should have a better understanding of the recommendations in the ASA guidelines concerning the anesthesia care for patients with, or suspected to have, obstructive sleep apnea.

### Disclosure Information:

**Author** - The American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Obstructive Sleep Apnea

**Grants or research support:** None

**Consultants or honoraria:** None

Each Task Force committee member has a Conflict of Interest statement on file at the Headquarters Office of the American Society of Anesthesiologists. This Practice Guideline was supported by the American Society of Anesthesiologists.

**Question Writer** - Peter L. Bailey, M.D.

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## **CME** Article Questions

Based on the article by the ASA Task Force entitled "Practice guidelines for the perioperative management of patients with obstructive sleep apnea: A report by the American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Obstructive Sleep Apnea" in the May issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. Which of the following statements concerning practice guidelines developed by the American Society of Anesthesiologists is *most* likely true?
  - A. Clinicians should rarely vary from the recommendations in such guidelines.
  - B. Adherence to recommended practices in guidelines assures better outcomes.
  - C. Certain aspects of the guidelines may be rejected depending on the clinical circumstances.
  - D. Recommendations are made only when there is an adequate level of supporting evidence found in the medical literature.

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2. Which one of the following statements concerning the diagnosis of obstructive sleep apnea (OSA) is *most* likely true?
  - A. Patients with OSA can be asymptomatic.
  - B. Episodic obstruction is consistently accompanied by hypoxemia.
  - C. Coexisting cardiovascular dysfunction is unlikely to be related to OSA.
  - D. Daytime sequelae of OSA are usually minimal.
3. Which of the following is *least* likely to be associated with OSA in adults?
  - A. The presence of diabetes mellitus
  - B. A history of snoring
  - C. Oxyhemoglobin desaturation during sleep
  - D. A neck circumference of 13 inches
4. In the absence of a sleep study, factors which can lead to a presumptive diagnosis of OSA include all of the following *except*
  - A. For children, a body mass index greater than the 95th percentile
  - B. A history of snoring
  - C. Daytime hypersomnolence
  - D. A history of tonsillectomy
5. Which one of the following recommendations regarding the perioperative care of OSA patients is *most* likely true?
  - A. Surgical procedures should not be done on an outpatient basis.
  - B. Neuraxial anesthesia is contraindicated.
  - C. Anesthesia care should be consistent with the ASA Practice Guidelines for Management of the Difficult Airway.
  - D. OSA patients should have a sleep study prior to surgery.
6. Which of the following positions is *most* likely to lead to respiratory problems in sleeping OSA patients?
  - A. Prone
  - B. Lateral
  - C. Supine
  - D. Sitting
7. Which of the following recommendations for the postoperative care of OSA patients is *most* likely true?
  - A. Continuous pulse oximetry should be maintained as long as patients remain at increased risk for respiratory compromise.
  - B. Supplemental oxygen should routinely be administered until OSA patients can maintain oxyhemoglobin saturation above 95%.
  - C. There are no potential disadvantages associated with supplemental oxygen administration.
  - D. They should have their oxyhemoglobin saturation monitored in an intensive care setting for the first 24 hours after surgery.

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