|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Studies | Types of surgery | Severity of OSA | Day case discharge criteria | Day case discharge (%) | Reported respiratory events |
| Banuchi (2014) (10)  USA  n = 40 | PS: n = 20  NS + PS: n = 20 | AHI:  Range 2.6-119 | Mild or moderate OSA (ie AHI ≤ 30) | 11/40 (27.5%) | DC: none  IP: none |
| Baugh (2013) (6)  USA  n = 452 | NS: n = 232  *(218 DC, 14 IP)*  PS: n = 181  *(155 DC, 26 IP)*  NS + PS: n = 39 *(31 DC, 8 IP)* | Not reported | Not specified | 404/452 (89.4%) | DC: none  IP: none |
| Hathaway (2006) (12)  USA  n = 110 | PS: n = 80  *(70 DC, 10 IP)*  NS + PS: n = 30 *(20 DC, 10 IP)* | RDI: Average 35; Range 2 – 103 | No postoperative desaturations  Adequate oral intake  No significant post-op nausea | 90/110 (82%) | DC: none  IP: 3 desaturations (recovery) |
| Kandasamy (2013) (14)  Canada  n = 345 | PS: n = 310  NS + PS: n = 35 | AHI:  Mean 32.8; Range 2 - 128 | Not specified | 97/345 (28%) | DC: 5 (5.2%) desaturations (PACU)  IP:  39 (15.7%) desaturations (combination of PACU and ward)  1 laryngospasm |
| Kieff (2004) (15)  USA  n = 86 | NS + PS: n = 86 | RDI:  Mean 36.4;  Range 13 - 89 | Saturations >94% on room air in recovery  No known COPD, CAD or diabetes  Adequate oral intake or analgesia  Stable vital signs | 23/86 (26.7%) | DC: none  IP: Unclear as did not report proportion of patients who were admitted due to desaturations |
| Pang (2012) (8)  Singapore  n = 487 | NS + PS: n = 175  NS + PS + tongue surgery: n = 312 | AHI:  Mean 47.3; Range 21.7 – 85.5 | No concurrent tongue surgery  Patient preference | 150/487 (30.8%) | DC: none  IP:  6 desaturations (recovery)  9 (1.8%) tongue swelling  1 upper airway obstruction due to floor of mouth haematoma |
| \*# Rotenberg (2015) (16)  Canada  n = 50 | NS: n = 20  PS: n = 36  Tongue surgery: n = 14  Multilevel surgery: n = 11 | AHI:  Mean 24.4 +/- 12.2 | Able and willing to wear CPAP if planned to do so  No witnessed apnoea or desaturations <90% on room air or airway obstruction  No complex narcotic analgesia requirements | 39/50 (78%) | DC: none  IP: 11 desaturations (PACU) |
| Spiegel (2005) (7)  USA  n = 117 | Mixture of PS only, NS + PS and radiofrequency tongue base reduction - numbers not specified | Not reported | Surgeons preference  All radiofrequency tongue base reduction was admitted  Incidence of early post-op complications | 10/117 (8.5%) | DC: none  IP:  3 desaturations (1 in recovery, 2 on ward)  2 laryngospasms |
| Strocker (2008) (13)  USA  n = 40 | PS: n = 38  NS + PS: n = 2 | RDI/AHI: Range 5 – 99 | Not specified | 36/40 (90%) | DC: none  IP: none |
| # Terris (1998) (11)  USA  n = 109 | NS: n = 16  PS: n = 73  NS + PS: n = 36 | RDI:  Mean 37.7 +/- 11.8 | Not specified | 16/125 (12.8%) | DC: none  IP:  5 (4.6%) desaturations  1 significant airway compromise requiring naloxone, oxygen and airway suctioning |
| Nasal surgery (NS); Palatopharyngeal surgery (PS); Day case (DC); Inpatient (IP); Apnoea-Hypopnoea Index (AHI); Respiratory Disturbance Index (RDI); Post-anaesthetic Care Unit (PACU); Coronary Artery Disease (CAD); Chronic Obstructive Pulmonary Disease (COPD)  \* Prospective observational study  # Authors reported more number of procedures than total patients in the study | | | | | |

**Table 3: Individual study characteristics and outcomes**