Background  
Practice between hospitals, between specialties and between clinicians varies in our local region. As the tertiary paediatric centre, many local centres refer children for assessment of sleep apnoea and subsequent treatment. We wanted to compare our current practice with the trends over the last decade (2008-2018) of papers concerning Paediatric Obstructive Sleep Apnoea investigation and management.

We wanted to compare our MDT sleep apnoea investigation and perioperative management with current literature

For the last decade, Americans advocate polysomnography but in the UK, three centres employ MDT with pulse oximetry.

Method
We conducted a 10-year literature review of English language papers. Pubmed and Google scholar searches were conducted independently by both authors. Duplicates and papers without reference to pre-operative assessment were excluded. 22 Papers were selected for further analysis. The content and nature of these papers was heterogenous and precluded in-depth statistical metanalysis, however we attempted to derive a narrative global consensus for perioperative assessment and management and compare this with our own tertiary centre management pathway.

Results
American centres all advocated for Polysomnography but 3 UK centres, including our own, advocate for a preoperative MDT held in conjunction with Anaesthetists to determine postoperative bed requirements.

Many centres suggest pragmatic adoption of pulse oximetry as this is best available practice, despite clinical equipoise over sensitivity and specificity.

Alderhey pathway

Discussion. This review demonstrates that although the number of papers is increasing there is still heterogeneity in practice and most clinicians adopt pragmatic best practice for assessing sleep apnoea peri-operatively. We recommend our pathway, which has led to less unnecessary, unplanned bed days and less unplanned admissions to HDU.