**Neuromuscular Blocking Agents (NMBA): Search Strategy and Study Selection**

A literature search was performed according to the Preferred Reporting Items for Systematic Reviews guidelines.23 The search strategy was carried out with the help of a research librarian familiar with literature searches for systematic reviews. We screened published articles describing postoperative complications in surgical patients with OSA and/or obesity who were given NMBD and/ or reversal agents intraoperatively. We included articles that described residual NMB. The literature databases searched were MEDLINE (1946 to April 4, 2017), ePub ahead of print, MEDLINE in-process, and other non-indexed citations (up to April 4, 2017), Embase (1947 to April 4, 2017), Cochrane Central Register of Controlled Trials (up to February, 2017), Cochrane Database of Systematic Reviews (2005 to April 4, 2017), PubMed (1946 to April 4, 2017), Web of Science (1900 to April 4, 2016), Scopus (1960 to April 4, 2017), ClinicalTrials.Gov (up to April 6, 2017), WHO ICTRP (up to April 6, 2017).

 The search terms included the Medical Subject Heading keywords “obstructive sleep apnea,” "obesity" and "neuromuscular blockade". The following text keywords were used for the literature search: “obstructive sleep apnea syndrome,” “sleep disordered breathing,” “obesity hypoventilation syndrome,” “apnea or apnoea,” “hypopnea or hypopnea,” "muscle relaxant," "rocuronium," atracurium," "cis-atracurium," "vecuronium," "mivacurium," “suxamethonium or succinylcholine,” "rapacuronium," "pancuronium," "skeletal muscle relaxant," "neuromuscular reversal agents," "neostigmine," “edrophonium,” "sugammadex," "residual neuromuscular block," "neuromuscular blockade reversal," "postoperative residual neuromuscular blockade," "post-extubation complications", “perioperative complications,” and “postoperative complications.”