

REMIMAZOLAM IN ENDOSCOPY: A GAME-CHANGER FOR SAFE AND EFFECTIVE SEDATION IN REAL-WORLD PRACTICE

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Poster

Colorectal

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A prospective multicenter real-world study of 182 patients found that remimazolam administered by trained endoscopists achieved 96.3% procedural completion for elective GI endoscopy without serious adverse events.

KEY POINTS

- Among 182 patients undergoing elective upper or lower GI endoscopy under non-anesthesiologist-administered sedation, procedure completion was achieved in 175 cases (96.3%), with success rates of 97.3% for EGD and 95.5% for colonoscopy.
- No serious adverse events were reported; minor adverse events included hypotension (n=4), bradycardia (n=1), nausea (n=1), vomiting (n=4), and hiccups (n=1), all managed conservatively, and no patients required flumazenil or rescue sedation.
- Median cumulative remimazolam doses were 10.9 mg for colonoscopy and 10.0 mg for EGD, with median recovery times of 6.25 and 5.9 minutes respectively.
- All seven sedation failures were attributed to inadequate sedation and not to ASA class, and remimazolam was effective and safe among obese patients with BMI greater than 40.
- Study authors note the sample size was too small to accurately assess rare adverse events and recommend further randomized controlled trials with larger populations.

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