

PROPOFOL-BASED SEDATION MANAGED BY GASTROENTEROLOGIST VERSUS DEEP SEDATION DURING ENDOSCOPIC PROCEDURES IN LOW ANESTHESIOLOGICAL RISK PATIENTS (ASA I-II): A PROPENSITY SCORE-MATCHED COMPARISON IN A SINGLE TERTIARY CENTER

Luca Massimino

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Poster

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A retrospective propensity-matched study of 5469 low-risk endoscopy patients found non-anesthesiologist-administered propofol sedation had comparable safety to anesthesiologist-assisted deep sedation, with no significant difference in adverse event rates.

KEY POINTS

- In 2491 colonoscopies and 2439 esophagogastroduodenoscopies performed under gastroenterologist-administered propofol sedation versus anesthesiologist-assisted deep sedation in American Society of Anesthesiologists I-II patients, unmatched analysis showed no difference in adverse event rates for colonoscopies (1% vs 0.4%, $p=0.815$) or EGDs (1.8% vs 3.5%, $p=0.202$).
- After propensity score matching for sex, age, BMI, smoking, comorbidities, and examination time, adverse event rates remained statistically similar between sedation approaches in both colonoscopies (3.5% vs 0.6%, $p=0.249$) and EGDs (0.4% vs 1%, $p=0.452$).
- The authors conclude that gastroenterologist-administered propofol represents a safe sedation modality comparable to anesthesiologist-assisted deep sedation for low-risk endoscopic procedures, though they note cost-efficacy analyses are needed.
- The study addresses ongoing controversy among anesthesiologist societies regarding non-anesthesiologist propofol administration despite high patient and endoscopist satisfaction with the practice.

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