

SEDATION LEVEL AND ITS FACTORS IN ENDOSCOPIC PROCEDURES WITH MODERATE SEDATION BY GASTROENTEROLOGISTS (GISED)

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Poster

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A prospective study of 264 patients undergoing low-risk endoscopy with gastroenterologist-administered moderate sedation identified BMI, midazolam dose noncompliance, Ramsay score ≥ 5 , and procedural pain as independent predictors of inadequate sedation and reduced patient satisfaction.

KEY POINTS

- Higher BMI, noncompliance with midazolam induction dose (0.05mg/kg), achieving Ramsay score ≤ 4 , procedural pain, and remembering procedure start were independently associated with inadequate sedation based on patient-reported consciousness during endoscopy in 56% of cases.
- Among 309 procedures (28% gastroscopies, 72% colonoscopies) performed with midazolam and pethidine sedation, 22 adverse events occurred with only one serious event requiring 24-hour hospitalization for atrial fibrillation cardioversion.
- Patient satisfaction was at least adequate in 82.5% of cases, with inadequately sedated patients significantly more likely to remember procedure start, experience pain, and be unwilling to repeat the procedure.
- This work is relevant for gastroenterologists performing moderate sedation in ASA I-III patients and those interested in optimizing sedation protocols for low-risk endoscopic procedures.

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