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Summary

A COST ANALYSIS OF PROPOFOL SEDATION FOR OUTPATIENT ENDOSCOPY IN THE ITALIAN HEALTHCARE SYSTEM

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UEG Week Vienna 2024 Poster

October 13, 2024

A propensity-matched study at an Italian tertiary center found that non-anesthesiologist administration of propofol for outpatient diagnostic endoscopy had adverse event rates comparable to anesthesiologist administration, with projected cost savings exceeding €120 million nationally over three years.

KEY POINTS

- Adverse event rates did not differ significantly between non-anesthesiologist and anesthesiologist propofol administration in either esophagogastroduodenoscopy (0.4% vs 1.0%, p=0.452) or colonoscopy (3.5% vs 0.6%, p=0.249) after propensity score matching.
- All adverse events were managed without major or long-term sequelae.
- A budget impact model projected that implementing non-anesthesiologist propofol administration for ASA 1 and 2 patients would save €124.7 million for the Italian National Health System over 2023-2025.
- The study enrolled 2,721 esophagogastroduodenoscopy and 2,748 colonoscopy patients from May 2019 to October 2021 at San Raffaele Hospital, Milan, with propensity score matching based on age, sex, BMI, and ASA score.
- This material is relevant for gastroenterologists, hospital administrators, and health policy makers evaluating sedation practices and resource allocation for outpatient endoscopy.

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