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Summary

SEDATION PRACTICE IN THE UK: AN ANALYSIS OF 617,000 DIAGNOSTIC UPPER GI ENDOSCOPIES IN THE NATIONAL ENDOSCOPY DATABASE

Nigel Trudgill

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Analysis of 314,725 UK diagnostic upper gastrointestinal endoscopies shows 51% received sedation, with significant variation by operator specialty, timing, and patient factors, and sedation use was associated with fewer abandoned procedures.

KEY POINTS

- Gastroenterologists used sedation more frequently than clinical endoscopists (OR 0.57), surgeons (OR 0.65), and SAS doctors (OR 0.65), with combined midazolam and opioid particularly less used by non-gastroenterologist operators.
- Of 3,499 procedures abandoned due to poor tolerance, 57% received no sedation and 32% midazolam only, while addition of opioids reduced abandonment risk (OR 0.66) and no sedation increased it (OR 1.32).
- In patients over 70, 5.8% received more than the recommended 2.5mg midazolam (mean 3.4mg), including 3,320 who also received fentanyl (mean 67.0mcg).
- Sedation was used less frequently during afternoon lists (OR 0.98) and weekends (OR 0.88), possibly related to recovery requirements and staffing constraints.
- This national database study may inform endoscopy service planning and training regarding sedation practices and procedural tolerability.

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