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Summary

# How to prevent adverse events and complications in sedation

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Nurses

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**Prevention of sedation-related complications in gastrointestinal endoscopy requires systematic risk assessment, tailored sedation protocols, continuous monitoring, and comprehensive staff training.**

KEY POINTS

- The speaker reported cardiorespiratory events (hypoxia, apnoea, hypotension, bradycardia, arrhythmias) as the most common sedation-related adverse events, with gastrointestinal complications including aspiration and nausea also occurring.
- Patient-related risk factors include advanced age, obesity, obstructive sleep apnoea, cardiopulmonary comorbidities, high ASA score, and incomplete fasting; procedure-related factors include longer duration, therapeutic interventions, and emergency procedures.
- The speaker cited a German study stating that propofol monotherapy was used in 62% of cases and combination therapy in 22%, with tertiary referral centres showing higher complication rates than primary care hospitals.
- A multicenter randomised study of nearly 29,000 patients showed no difference in outcomes between anaesthesiologist-administered and gastroenterologist-administered sedation in ASA 1, 2, and stable ASA 3 patients, according to the speaker.
- Pre-procedural assessment should include detailed medical history, ASA classification, Mallampati score, and adherence to fasting guidelines of minimum 6 hours for solids and 2 hours for clear liquids.
- The speaker emphasized that formal training in recognition and management of sedation complications for all endoscopy staff is essential and should be a continuing process, combining theory with simulation-based practice.

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