HIGH-RESOLUTION MANOMETRY CATHETER INSERTION DURING SEDATED ENDOSCOPY: A VIABLE OPTION WHEN STANDARD INTUBATION FAILS

Rami Sweis

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Endoscopic insertion of high-resolution manometry catheters under sedation is feasible and safe for patients who cannot tolerate standard unsedated insertion.

KEY POINTS

- Of 47 patients referred for endoscopic insertion, 42 (89.3%) were successfully intubated to the stomach and 41 (87.2%) completed the full swallow protocol, compared to 82.9% successful intubation and 67.3% protocol completion in standard unsedated insertion.
- Indications for endoscopic insertion included intolerance to standard nasal insertion (52.4%), inability to breach the lower oesophageal sphincter resulting in catheter curling (26.2%), and other reasons including septal deviation and psychiatric burden (21.4%).
- Endoscopic insertion patients required higher sedation doses than routine diagnostic endoscopy patients (mean Fentanyl 112.5µg vs 78.7µg, p<.001; mean Midazolam 4.9mg vs 3.4mg, p<.001).
- Integrated relaxation pressure measurements were not significantly different between endoscopic and standard insertion regardless of lower oesophageal sphincter morphology (p=.08 for no outflow disorder; p=.35 for outflow obstruction).
- This approach may benefit patients who would otherwise be unable to undergo motility assessment due to intolerance of standard catheter insertion.

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