In response to the editorial: “Will societies of anesthesiologists partake in the take-off of non-anesthesiologist administration of propofol?”

Key words: Sedation. Propofol. Safety.

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Dear Editor,

While we appreciate your editorial (1) regarding our paper, we would like to point out the following:

1. Scientific discrepancies are not a sign of arrogance although, we apologize to those who took offense.
2. Those who advocate for the replacement of an anesthesiologist during sedation for digestive endoscopy (2,3) should include all reported deaths in their study, as anesthesiologists provide sedation and also manage complications. In this way, mortality during gastroenterologist directed sedation for gastroscopy would rise to 1/65,455, a level twice that of anesthesiologist directed sedation for gastroscopy (1/115,320).
3. Five hundred and seventy-seven patients in three studies do not allow for a comparison between anesthesiologist and non-anesthesiologist directed sedation. Furthermore, a careful review of the studies mentioned by the editorial (1) (which we may not discuss here at length) substantially enhances criticism towards this comparison.
4. Hypoxemia, hypotension and bradycardia do not represent markers but rather potentially serious complications that jeopardize patient safety.
5. The criticism hurled at us in the article by Adeyemo (4) (2.5% increase in perforations) was written by González-Huix (3).
6. We did not invent a quote by Pambianco (5). The text in quotes we provided is by González-Huix (3).
7. There is no contradiction in endorsing moderate sedation with midazolam and fentanyl (drugs with an antidote) for ASA 1-2 patients and also insisting that sedation be administered by anesthesiologists in the case of severely ill patients, when using propofol, at extreme ages, with difficult airways and during complex procedures. This point has been acknowledged by gastroenterologists (6).
8. Downplaying the role of scientific societies (which play a key role in the creation of consensus documents, as endorsed by other recently published editorials) is unacceptable (6).
9. In our setting, legality pertains to the Spanish State, where propofol may only be used by anesthesiologists. Encouraging an off-label use of propofol by endoscopists is something very risky for those involved and it would be difficult to explain the absence of an anesthesiologist should a damages lawsuit arise. This may well be the reason why the presence of anesthesiologists in endoscopy units has exponentially increased.

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References


