LETTERS TO THE EDITOR

Safety of propofol sedation directed by endoscopists: how long should we continue to generate evidence?

Key words: Propofol. Sedation. Endoscopy. Patient safety. Adverse drug events.

Dear Editor,

Maestro Antolín et al. (1) presented a series of more than 33,000 sedations performed with propofol by endoscopists and observed a frequency of cardiorespiratory adverse events of 0.13%. In Spain, the first studies demonstrating the excellent safety of propofol sedation led by endoscopists were published more than ten years ago (2). Nonetheless, the administration of propofol by endoscopists is a source of permanent friction with the societies of anesthesiology, which is based more on a clear conflict of economic interest on the behalf of the anesthesiologists than supported by scientific evidence.

In a multi-center study conducted in Germany with more than 24,000 patients sedated by endoscopists, the incidence of serious adverse events was only 0.016% (3). Clearly, this minimal risk related to sedation in endoscopy makes it difficult to design prospective, comparative (endoscopist versus anesthesiologist), randomized studies with the necessary statistical power to examine these relationships. It has been demonstrated that the administration of propofol by the endoscopist is cost-effective. In order to attain a similar cost-effectiveness with anesthesiologist-assisted procedures, the mortality rate following sedation by endoscopists would need to increase by 31-fold or the costs of anesthesia reduced 17-fold (4).

In view of this plethora of data, it is difficult to justify the presence of an anesthesiologist for short procedures, of low complexity, or for patients with low or moderate anesthetic risk. In the latter case, the proper training of endoscopists to provide safe sedation has been sufficiently demonstrated, supported by the scientific societies (5), and there is no turning back.

Therefore, rather than a confrontation between different specialties where the corporatism of the anesthesiology societies and their interest in monopolizing the use of a safe drug such as propofol prevails, even without scientific support, anesthesiologists, endoscopists and nurses should instead work together for the benefit of our patients.

References


José Carlos Marín-Gabriel1 and Pilar Martínez-Montiel2
1Digestive Diseases Service. Endoscopy Unit. Gastrointestinal Neoplasia High Risk Clinic. Hospital Universitario 12 de Octubre. Madrid, Spain. 2Digestive Diseases Service. Intestinal Inflammatory Disease Unit. Hospital Universitario 12 de Octubre. Madrid, Spain

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