

Letters to the Editor

Enough discussions about who should use propofol in gastrointestinal endoscopy

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Dear Editor,

In relation to the special article titled: “Patient safety under deep sedation for digestive endoscopic procedures” of Álvarez et al. published in this journal (1), we should not forget that the presence of an anesthesiologist in endoscopy units would significantly increase the cost by up to a 40% (2). The limited economic resources should be optimized as much as possible (3), the endoscopists are responsible for the sedation of patients and always maintain maximum safety.

When the endoscopist is responsible for sedation, the sedation is less intense and the exploration and the discharge of the patients is quicker which ultimately increases the efficiency of the endoscopy service (4).

However, the question is whether the endoscopist uses propofol in a safe way. It is essential that all the staff from the Digestive Endoscopy Unit undergo the training course of “Deep Sedation in Digestive Endoscopy” that is organized by the Sociedad Española de Endoscopia Digestiva before providing this sedative.

Following these principles and in our experience, serious complications associated with the use of propofol are infrequent, serious morbidity is low, the mortality is negligible and patient satisfaction is high. Furthermore, the percentage of patients in whom it was not possible to perform the procedure in the endos-

copy room and require a repeated exploration in the operating room is under 1%.

We agree with Dumonceau (5) that it is necessary to refocus the debate about sedation by anesthesiologists and non-anesthesiologists, with the aim to achieve an agreement between both sides.

We hope for a cordial entente between anesthesiologists and endoscopists and want to avoid attacks with meaningless accusations from both sides, which only lead to general unrest. Both sides make an effective argument. However, a digestive endoscopy has some peculiarities therefore, it is the endoscopists who have more experience in this particular situation.

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References

1. Álvarez J, Cabadas R, de la Matta M. Seguridad del paciente en la sedación profunda para procedimientos endoscópicos digestivos. *Rev Esp Enferm Dig* 2017;109(2):137-43. DOI: 10.17235/reed.2016.4572/2016
2. Birk J, Bath RK. Is the anesthesiologist necessary in the endoscopy suite? A review of patients, payers and safety. *Expert Rev Gastroenterol Hepatol* 2015;9(7):883-53. DOI: 10.1586/17474124.2015.1041508
3. González-Huix Lladó F. Sedation for endoscopy in 2016 - Is endoscopist-guided sedation safe in complex situations? *Rev Esp Enferm Dig* 2016;108(5):237-9. DOI: 10.17235/reed.2016.4383/2016
4. Mönkemüller K, Wilcox CM. Positive domino effect, choice of conscious sedation, and endoscopic unit efficiency. *Gastrointest Endosc* 2013;77(6):888-90. DOI: 10.1016/j.gie.2013.02.036
5. Jean-Marc Dumonceau. Will societies of anesthesiologists partake in the take-off of non-anesthesiologist administration of propofol? *Rev Esp Enferm Dig* 2017;109(2):87-90. DOI: 10.17235/reed.2017.4707/2016