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Letters to the Editor

In response to the letter by Cabadas and Álvarez-Escudero about the editorial: "Will societies of anesthesiologists partake in the take-off of non-anesthesiologist administration of propofol?"

Key words: Anesthesiologists. Propofol. Endoscopy.

DOI: 10.17235/reed.2017.4938/2017

Dear Editor,

I thank R. Cabadas and J. Álvarez-Escudero (1).

1. Apologies accepted.
2. The statistical significance of the difference in proportions seems doubtful.
3. Although these small studies do not allow us to confirm the safety of endoscopist-directed propofol sedation, they deserve a short comment as they represent the best available level of evidence (RCTs) and are also informative. In contrast, the meta-analysis that was referenced (> 5,000 procedures) along with the study by Vargo et al. (1.38 million procedures) support the safety of endoscopist-directed propofol sedation (2).
4. Hypoxemia, hypotension and bradycardia are frequent and have no clinical consequences in most cases. In the above-mentioned meta-analysis, hypoxia occurred in 14.3% *vs* 13.3% of patients who underwent anesthesiologist- *vs* endoscopist-directed sedation, respectively (2).
5. The authors started this chapter by stating "scientific opinions must be carefully based" (3); this includes checking original sources (Adeyemo et al.).
6. As quotation marks were used, the correct reference should have been cited in that paragraph. For the record, I picked up two other misleading citations: "highly dangerous for the safety and quality of endoscopic procedures" (absent from Perel et al.) and "in the introduction he affirms that '*a prospective study in this setting would be unpractical given the low frequency of adverse events*'" (absent from Vargo et al.). Cabadas followed with "Such disregard of prospective studies is both unacceptable and dubious".
7. The point is that, under correct conditions as detailed in the ESGE Guidelines (4,5), propofol is as safe as midazolam/fentanyl.
8. A man reaps what he sows. Nevertheless, the Editorial praised a better collaboration between anesthesiologists, nurses and endoscopists, insisting that this process may be difficult (as shown here) but that it is rewarding. Dispassionate, rigorous analysis of data is crucial. I am confident that the Spanish societies will iron out these difficulties and find a consensus for the sole benefit of the patients.

Jean-Marc Dumonceau

Gedyt Endoscopy Center. Buenos Aires, Argentina

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