

## Safety of non-anesthesia provider administered propofol sedation in endoscopic procedures: A cautionary note

Sir,

We have read with interest the meta-analysis by Gouda *et al.* dealing with the safety of non-anesthesia provider administered propofol sedation in non-advanced gastrointestinal endoscopic procedures.<sup>[1]</sup> Because gastroenterologists may read the mentioned meta-analysis and, in their daily practice, may routinely suggest sedation and anesthesia from non-anesthesiologist anesthesia providers for their patients, we would like to comment on some of the issues elucidated by this report.

First of all, major challenges regarding nonoperating room anesthesia (NORA) include those related to patient health status, procedure type, and equipment competence. Whether the procedures performed by NORA are simple or not, each patient should be prepared in accordance with general anesthetic rules since sedation can be converted to general anesthesia at any time during the procedure. In addition, consultations between anesthesiologist and proceduralist must include all potential emergent events and adverse outcomes. Physicians who are unfamiliar with NORA may underestimate the fact that patients undergoing procedures involving new and advanced technological equipment are at higher risk. Those patients include not only young and adult ones, but also pediatric and geriatric patients, and medically challenging patients who are too weak for surgical management but are able to obtain some benefit from such procedures. Cooper *et al.* reported that inadequate experience or familiarity with equipment/monitoring, poor communication with the team, and carelessness and fatigue of the anesthesia practitioner may contribute to developing unwanted complications of NORA, ranging from mild problems to death.<sup>[2]</sup> In addition, Youn *et al.* assessed that all medical personnel, including anesthesiologists, require special training about the anesthesia practice outside the operating room, to improve patient outcomes and reduce adverse events.<sup>[3]</sup>

We think that another important point on NORA may be the potential legal problems. Abenstein and Warner

reported that complication rates did not increase, but the rate of death and failure-to-rescue were greater when care was not directed by anesthesiologists, demonstrating that 30-day morbidity and mortality were lower when anesthesiologists directed anesthesia care.<sup>[4]</sup>

Since procedural sedation is almost always performed by using propofol that can be associated with serious side-effects, the routine use of this drug by non-anaesthesiologists was not approved by major anesthesia societies including the American Society of Anesthesiologists (ASA) and many members of European Society of Anaesthesiology (ESA).<sup>[5]</sup>

As a result, NORA carries many challenges for patient safety and should be performed only by those trained in the administration of general anesthesia.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

Yeliz Kılıç

Department of Anesthesiology and Reanimation,  
Faculty of Medicine, Eskişehir Osmangazi University,  
Eskişehir, Turkey

**Address for correspondence:** Dr. Yeliz Kılıç,  
Department of Anesthesiology and Reanimation, Faculty of Medicine,  
Osmangazi University, Büyükdere Mah., 26040, Odunpazarı,  
Eskişehir, Turkey.  
E-mail: yeliz\_kilic3@hotmail.com

### REFERENCES

1. Gouda B, Gouda G, Borle A, Singh A, Sinha A, Singh PM. Safety of nonanesthesia provider administered propofol sedation in nonadvanced gastrointestinal endoscopic procedures: A meta analysis. *Saudi J Gastroenterol* 2017;23:133-43.
2. Cooper JB, Newbower RS, Long CD, McPeck B. Preventable anesthesia mishaps: A study of human factors. 1978. *Qual Saf Health Care* 2002;11:277-82.
3. Youn AM, Ko YW, Kim YH. Anesthesia and sedation outside of the

- operating room. Korean J Anesthesiol 2015;68:323-31.
4. Abenstein JP, Warner MA. Anesthesia providers, patient outcomes, and costs. Anesth Analg 1996;82:1273-83.
  5. Perel, A. Nonanaesthesiologists should not be allowed to administer propofol for procedural sedation: A consensus statement of 21 European national societies of anaesthesia. Eur J Anaesthesiol 2011;28:580-4.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

| Access this article online   |   |
|--|---|
| <b>Quick Response Code:</b>  | <b>Website:</b><br>www.saudijgastro.com |
|  | <b>DOI:</b><br>10.4103/sjg.SJG_107_19   |

**How to cite this article:** Kılıç Y. Safety of non-anesthesia provider administered propofol sedation in endoscopic procedures: A cautionary note. Saudi J Gastroenterol 2019;25:203-4.

© 2019 Saudi Journal of Gastroenterology | Published by Wolters Kluwer - Medknow