

# SAFE SEDATION

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If performed competently the majority of diagnostic endos - copies and colonoscopies can be performed without sedation or with pharyngeal anaesthesia alone. However, therapeutic - procedures may cause pain and patients are often anxious; thus, in most countries seda tion and analgesia are o ff ered - to achieve a state of conscious sedation (not anaesthesia). Medication-induced respiratory depression in elderly patients or those with comorbidities is the greatest cause of endoscopy- essential. The involvement of anaesthetists to advise on appropriate protocols is recommended. Endoscopy in certain situations (particularly paediatric endoscopy) requires a general anaesthetic /uni00A0 - /uni00A0 this should only be undertaken by appropriately trained sta ff with adequate equipment available. Summary box 9.3 Sedation in endoscopy /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Pharyngeal anaesthesia may increase the risk of aspiration in more heavily sedated patients Comorbidities must be identi /f\_i ed so that sedation can be individualised All sedated patients require secure intravenous access Benzodiazepines reach their maximum effect 9-20 /uni00A0 minutes after administration /uni00A0 - /uni00A0 doses should be titrated carefully, particularly in the elderly or those with comorbidities Coadministration of opiates and benzodiazepines has a synergistic effect; opiates should be given /f\_i rst and doses need to be reduced The use of supplementary oxygen is essential in all sedated patients Sedated patients require pulse oximetry to monitor oxygen saturation; high-risk patients or those undergoing high-risk procedures also require blood pressure and electrocardiogram monitoring A trained assistant should be responsible for patient monitoring throughout the procedure Resuscitation equipment and sedation reversal agents must be readily available The use of anaesthetic agents such as propofol for complex procedures requires specialist training The half-life of benzodiazepines is 4-24 /uni00A0 hours /uni00A0 - /uni00A0 appropriate recovery and monitoring is essential. Postprocedural consultations may not be remembered, and patients must be advised not to drink alcohol or drive for 24 /uni00A0 hours

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