MedStar Georgetown University Hospital

Department of Anesthesia	
Title:	**Policy Number:**
GI Endoscopy Protocols	9113
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POLICY:
In order to improve access to services and to increase patient acceptance, the Department of Anesthesia will provide the following scope of services in the GI/Endoscopy Suite:

Moderate sedation
Deep sedation
General Anesthesia

PROCEDURE:

1. Patients will be screened by the GI/Endoscopy Service as to suitability for deep sedation ("Propofol, ketamine, etomidate") or general anesthesia/MAC provided by the Department of Anesthesia in accordance with all extant Department of Anesthesia policies

2. Patients who are not appropriate for deep sedation may be either performed under moderate sedation ("conscious sedation") in accordance with GUH policy #108 or under general anesthesia/MAC. Ineligibility for deep sedation does not automatically rule out either moderate sedation or general endotracheal anesthesia; the anesthesiologist doing the evaluation will have to make that determination. The physician on the GI Service should be informed of the reason why the patient is unsuitable for deep sedation and whether there is any proscription against proceeding with moderate sedation or general anesthesia/MAC. Pts who have sleep apnea, asthma, obesity and/or reflux may require an ET tube and general anesthesia.

3. Pre-operative Screening:

The same pre-operative testing guidelines used for patients undergoing surgery in the general OR Department of Anesthesia, Policy 9061 is to be used for pre-procedure testing of patients undergoing procedures under anesthesia at the Endoscopy Suite.
These guidelines do allow the attending anesthesiologist to waive certain tests at their own discretion. They also allow for requesting additional tests and medical consultations before proceeding with anesthesia for patients with unstable medical conditions.
For the sake of expediency and efficiency, last minute testing of blood chemistry will be performed by the anesthesia team using the GemStat machine in the main OR.

4. Certain anesthetic techniques are to be adhered to:

Drying agent: An antisialogogue such as Robinol should be considered in all upper endoscopy cases. This reduces the likelihood of coughing and laryngospasm.

Positioning:	ERCPs create problems with both airway management and musculoskeletal injury
Intubation:	Endotracheal tube may be necessary with irrigation in upper GI studies.
Prone ERCP:	Generally, but not always, means endotracheal intubation
"Agent of choice":	Propofol

Anesthetic Management:

- The same monitoring standards used in the main OR are to be applied to patients undergoing procedures at the Endoscopy Suite. These standards include the routine use of pulse oximetry, capnography, EKG, and non-invasive blood pressure monitoring. They also include the use of invasive blood pressure monitoring, if indicated, for the care of hemodynamically unstable patients.
- For routine diagnostic GI procedures, propofol anesthesia without airway instrumentation provides ideal conditions for the endoscopist, promotes patient comfort, and leads to rapid recovery. However, endotracheal intubation for airway protection may be needed in patients with full stomach or high risk of aspiration, and in prolonged or difficult cases.
- Because of its potency and narrow margin of safety, propofol should be titrated slowly by hand or using an infusion pump.
- Propofol anesthesia may not be well tolerated in hemodynamically unstable patients, or in patients with a difficult airway, sleep apnea, or a short, thick neck. In these patients, topical anesthesia together with light sedation using small doses of opiates, benzodiazepines, and/or propofol or etomidate may be a safer alternative.

5. For all patients receiving deep sedation with Propofol or general anesthesia/MAC, a member of the Anesthesia Care Team will remain in attendance with the patient until the patient care has been transferred to PACU Nurses.

6. As always for safety, the set up, available drugs and support will be as for any other anesthetizing location.

7. Post-operative Care:

The same guidelines used for recovery and discharge of patients following surgery in the main OR are to be used for recovery and discharge of patients following GI procedures in the Endoscopy Suite.

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