

PATIENT

Information Fact Sheets

DIAGNOSTIC ENDOSCOPY CENTRE

SEDATION FOR ENDOSCOPY

Most procedures at the DEC are performed with sedation given through a small plastic tube (an IV cannula) in the arm. The drug used for sedation is generally Propofol, although midazolam may be used at the discretion of the anaesthetist. Oxygen is administered but no intubation or anaesthetic gases are used. Oxygen is given through little tubes in the nose. After sedation you still breath by yourself and no tube into the airway (intubation) is required.

The sedation is light and you may have some recollection of the procedure. This is normal, especially when Propofol only is administered.

Your pulse, blood pressure and oxygen level are routinely monitored.

Potential complications of intravenous sedation are much rarer than with general anaesthesia.

These potential complications include:

- Bruising at the cannula site (resolves in 7-10 days)
- Vomiting (much rarer than with general anaesthesia; approximately 1:200 patients)
- Allergy – mild allergic reactions with transient body rash is rare; approximately 1:1000 patients. Full allergic reaction is extremely rare – not seen in over 80,000 cases at the DEC
- Cardiac arrest is extremely rare and has never occurred at the DEC
- Aspiration pneumonia (regurgitation of gastric acid into the mouth and then into the lungs is a rare complication; approximately 1:5000). **It is very important that you do not eat or drink for four (4) hours prior to the procedure.**

- Rarely, interactions with other medications you may be taking can occur. You should provide the DEC with a full list of your medications.