

Propofol sedation for endoscopic procedures

Introduction

This leaflet gives you information about receiving propofol sedation while having your endoscopic procedure.

You will be given separate information about the procedure you are having, including details of any preparation needed.

What is propofol sedation?

Propofol sedation is a form of deep sedation administered by an anaesthetist, a qualified doctor who has had specialist training to care for you before, during and after any procedures. The level of sedation can be increased or decreased, as required, by the anaesthetist to enable deep sedation to be maintained throughout the procedure.

Propofol sedation is effective and safe. It is the modern alternative to general anaesthesia for endoscopic procedures which wears off very quickly without a 'hangover effect'.

You will also be given a strong pain relief called remifentanyl with the propofol sedation.

Although propofol sedation is an alternative to general anaesthesia, often patients cannot tell the difference between the two, as they remember nothing of the procedure.

Preoperative assessment

A member of the specialist nursing team will contact you by telephone, before the day of the procedure. They will ask you questions about your general health and the medications you are currently taking.

The specialist nurse will also ask for your height and weight so please can you make sure you have this information readily available.

The team will also need to know what arrangements you have made to be taken home on the day of the procedure and if you will have a responsible adult to stay with you. You must have a responsible adult with you for 24 hours after the procedure.

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Department

Endoscopy

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**Patient
Information**

On the day of the procedure

Do not eat for at least 6 hours before your procedure. Sometimes this may be longer, if you need to take a bowel preparation. You may drink sips of water up to 2 hours before your appointment time. This is to make sure that you keep hydrated before your procedure.

Please take all of your usual medications on the morning of your procedure unless the specialist nurse has advised you otherwise. Bring all of your medication, including inhalers, into hospital with you.

You should also bring warm clothing such as a cardigan or jumper. Our hospital is air-conditioned and it is important that you do not get cold while waiting for your procedure.

What will happen before my procedure?

You will come into the Endoscopy Department where you will be seen by the anaesthetist before the procedure. You will have the opportunity to ask any questions you may have.

A cannula (drip line) will be inserted into a vein in the back of your hand. This will be done either in the Endoscopy Department or in the procedure room.

You may be asked to change into a hospital gown.

Before the procedure, you will be attached to our routine monitoring equipment and you will be given oxygen via small tubes that fit comfortably into your nostrils.

Depending on your procedure, the anaesthetist may spray some local anaesthetic into the back of your mouth then ask you to swallow. This will numb your throat but you will be able to breathe normally.

How is the sedation given?

We will attach a fluid line to your cannula, which the sedation is administered through then ask you to lie down, usually on your side. We will then start the sedation medication. The medication may feel cold or sting slightly at first.

Patient Information

The anaesthetist will be with you at all times, watching you closely to make sure you are at the right level of sedation. The procedure will not start until you are deeply sedated.

At the end of the procedure, the sedation is stopped and you will wake up quickly.

Recovery

After the procedure, you will be taken to the recovery area in the Endoscopy Department where you will be observed.

If you were given throat spray, you will not be able to eat or drink anything for an hour after the time the throat spray was given. This is to allow the numbness to wear off.

Once you have had something to drink and you are stable, you will be able to go home.

Going home

Someone will need to collect you from the department and take you home. You must also have someone stay with you at home for 24 hours.

You must not drive, drink alcohol or use heavy machinery for 24 hours after your sedation.

Possible risks of having propofol sedation

- Your breathing rate may become slow. This is common with deep sedation but is a risk whenever sedation is used. The anaesthetist will be monitoring you at all times and will take the appropriate action if needed.
- Occasionally your blood pressure may drop but again the anaesthetist will be monitoring this.
- Any allergic reaction to the sedation is very rare.
- You may have a small bruise where your cannula was inserted.
- After the procedure you may feel less steady on your feet and be at a higher risk of falling, especially if you are elderly or have existing mobility problems.
- Sedation can affect your judgement and memory for up to 24 hours.

**Patient
Information**

Benefits of propofol sedation

- Propofol is quick acting and the dose can be adjusted so you get just the right amount of sedation.
- The sedation will relax you during your treatment. Most patients remember very little about the procedure.
- Propofol avoids the need for a general anaesthetic which may be unsuitable for patients with certain medical problems. It also has fewer side effects than a general anaesthetic.
- Recovery is quicker with propofol than after a general anaesthetic, so you can usually go home within an hour of your treatment if you are stable and feel well.

Frequently asked questions

How long will I be drowsy for?

- Usually, patients are awake soon after the procedure. You may feel a tired if you have not slept well before the procedure.

I have had sedation during endoscopy before and it didn't work. Will propofol sedation work for me?

- You may have had a previous endoscopic procedure with sedation provided by the endoscopy team and not an anaesthetist. Although this sedation is appropriate for certain procedures, it is not tolerated by some patients or during longer or more complex procedures.

Sedation provided with propofol is completely different. The sedation can be increased if required during the procedure, a much deeper level of sedation is possible and an anaesthetist is with you at all times to adjust the sedation to the correct level.

If you have any concerns or questions that we have not answered in this leaflet, please discuss with your anaesthetist on the day of the procedure or with the specialist nurse during your preoperative assessment telephone call.

**Patient
Information**

Contact information

In the unlikely event that you have any problems after discharge, you can call the Endoscopy Department for help and advice. Alternatively, you can contact your GP.

Endoscopy Department

Tel: 0300 422 3370

Monday to Friday, 7:30am to 6:30pm

Outside of these hours please contact NHS 111 for advice:

NHS 111

Tel: 111

Further information

Sedation explained by the Royal College of Anaesthetists:

Website:

<https://www.rcoa.ac.uk/sites/default/files/documents/2020-05/12-SedationExplainedweb.pdf>

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85