

POSITION STATEMENT

Anaesthesia for Gastroenterological Procedures

Preamble

Anaesthesia for gastroenterological procedures incorporates techniques variously referred to as analgesia, sedation and general anaesthesia.

The anaesthesia administered is determined by practitioner and patient preference, and the nature of the planned procedure (for example, the performance of sigmoidoscopy may be facilitated by analgesia alone, whereas the performance of upper gastroenterological procedures may require general anaesthesia).

The ASA believes that there is a continuum between sedation and anaesthesia, the predictability of which can never be assured. It also notes that the depth of anaesthesia may vary significantly during the procedure in response to variations in the extent of procedural stimuli.

In Australia the majority of patients wish to be 'unaware' during their procedure. This is commonly achieved with a combination benzodiazepine /opioid/propofol drug sequence.

When propofol is used for anaesthesia for gastroenterological procedures, the ASA believes that general anaesthesia is a likely end point.

The ASA believes that the successful completion of gastroenterological procedures is facilitated by the presence of an anaesthetist¹.

Principles

The ASA endorses the following principles for Anaesthesia for Gastroenterological Procedures:

1. Gastroenterological procedures may be successfully completed with a variety of anaesthetic techniques.
2. Two medical practitioners should be present if propofol, propofol analogues,

or other general anaesthetic agents are used to facilitate the gastroenterological procedure.

3. The practitioner administering propofol or other agent (as detailed in [2] above) should be a medical practitioner appropriately credentialed in anaesthesia. As per ANZCA PS 9², as a minimum standard, non-anaesthetist medical practitioners wishing to provide analgesia/sedation/anaesthesia should have received a minimum of three months full time equivalent supervised training in "procedural sedation" and/or analgesia and anaesthesia. They should participate in a process of In-Training and Competency Assessment. Training should include completion of a crisis resource management simulation centre course.
4. An assistant must be exclusively available for the anaesthetist for patients in ASA classes 3, 4, and 5, and for those having complex procedures e.g. ERCP.
5. An assistant must otherwise be exclusively available for the anaesthetist if requested by the anaesthetist.
6. When propofol is used to facilitate the gastroenterological procedure, all ANZCA documents relating to the provision of general anaesthesia should be observed³.

References

1. Gastroenterology "sedation": what anaesthetists believe. ASA News July 2009.
2. ANZCA PS9 "Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures".
<http://www.anzca.edu.au/resources/professional-documents>.
3. ANZCA documents relating to the provision of general anaesthesia can be accessed at
<http://www.anzca.edu.au/resources/professional-documents>.

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