

# What is Important for the Proceduralist?

## How to Keep the Everyone Happy and Achieve a Successful Outcome

Michael L. Kochman, MD, AGAF, MASGE  
Wilmott Family Professor of Medicine and Surgery  
Center for Endoscopic Innovation, Research, and Training



# GI Endoscopy Pearls

- **When to intubate?**
  - **GOO**
    - Suspected gastric contents?
  - **Cardiopulmonary compromise**
  - **Foreign body retrieval?**
  - **Prolonged procedure?**
- **How to sedate**
  - **Gastroenterologists are credentialed for moderate sedation**
  - **Therefore; when anesthesia is requested there should be a clear reason and increased risk for the patient**



# GI Endoscopy

- **Endoscopists are not uniform or predictable**
  - Different endoscopic skill sets
  - Different approaches
  - Different communication skills
- **Anesthesiologists are not uniform or predictable**
  - Different skill sets
  - Different approaches
  - Different communication skills
- **Procedures are not uniform or predictable**
  - Approach to seemingly identical procedures may vary
  - Trainee involvement
  - Equipment availability
- **Patients are not uniform or predictable**
  - But you can bet that the sicker the patient is the more likely we are to perform the procedure
  - The sicker the patient the greater the chance of a deviation from the plan



# GI Endoscopy

- **Multiple variables**
  - **Emergency v elective**
  - **Inpt v outpt**
  - **Upper v lower**
  - **Diagnostic v therapeutic**
  - **Fellow skill-set variable**
  - **Attending skill-set variable**
  - **Anticoagulation (Drugs of the Devil)**
  - **Luminal obstruction**
  - **Sepsis**
  - **LVADs (Devices of the Devil)**



# GI Endoscopy

- **What are the main things the endoscopist is concerned with?**
  - **Successful completion of the procedure**
    - Intended objectives
    - Unexpected issues dealt with
  - **Safe completion of the procedure**
  - **Stable field (procedure dependent)**
    - Movement
    - Respiratory and cardiac
  - **Quick procedure and room turnaround**
  - **Patient satisfaction**
    - Lack of recall







# GI Endoscopy

- **Things to remember**
  - We can do moderate sedation: ergo that's not why an anesthesiologist is present
  - When seeing a GI patient the goal of sedation and reason for anesthesia support must be determined and discussed
    - Airway?
      - Access
      - Protection
    - Level of consciousness/cooperation?
      - Anxiety, p450 induction, mentally impaired
    - Cardiopulmonary status?
    - Painful procedure?
    - Prolonged procedure?
      - Hypercarbia
      - Kinetics change





# GI Endoscopy

- **Anticipate length of procedure**
  - **Indication**
  - **Goal**
  - **Operator**
  - **Adjust anesthetic regimen accordingly**
- **Anticipate airway issues**
  - **GOO: intubate**
  - **BMI of 99 prone: intubate**
- **Anticipate timing of maximal patient discomfort**

