What is Important for the Proceduralist?

How to Keep the Everyone Happy and Achieve a Successful Outcome

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**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