

Sedation – Solution or Seditation?

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Disclosures:

- **Paid Consultant for Edwards Lifesciences**, Deltex Medical and Medtronic
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- Director: Medinspire Ltd; EBPOM International CIC; EBPOM USA LLC; EBPOM GLOBAL LTD; Medical Defense Technologies LLC. Co-inventor CliniQUENCH (patented).
- Educational meetings: multi-sponsored (see: www.ebpom.org)
- Founding Editor-in-Chief of Perioperative Medicine
- Director of The Perioperative Quality Initiative (www.poqi.org)
- Founding Editor-in-Chief TopMedTalk (www.topmedtalk.com)
- Co-President International Board of Perioperative Medicine

- *‘Procedural sedation supports the delivery of investigations and procedures that patients might be otherwise unable to tolerate’.*
- *‘Whereas general anaesthesia is characterised by a lack of response to surgical stimulus, minor surgical procedures supported by sedation still require effective locoregional anaesthesia’.*

An international consensus statement defined the purpose of procedural sedation as ‘... *to facilitate a diagnostic or therapeutic procedure*’ with a target state in which ‘... *airway patency, spontaneous respiration, protective airway reflexes, and hemodynamic stability are preserved, while alleviating anxiety and pain*’. *

‘These carefully crafted phrases reflect a clear separation from anaesthesia and avoid ‘territorial’ claims for particular professional group.’ Rob Sneyd**

* Procedural sedation: providing the missing definition. Anaesthesia 2021; 76: 598e601

**Sneyd R, BJA Education, 22(7): 258e264 (2022)



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Check for updates

NHS Providers

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NHS workforce shortages and staff burnout are taking a toll

Miriam Deakin *director of policy and strategy*

“We have witnessed senior experienced staff crying with frustration and anger...[they are] mentally drained and despite their best efforts have seen patients suffer and have received negative comments from distraught relatives and carers.”

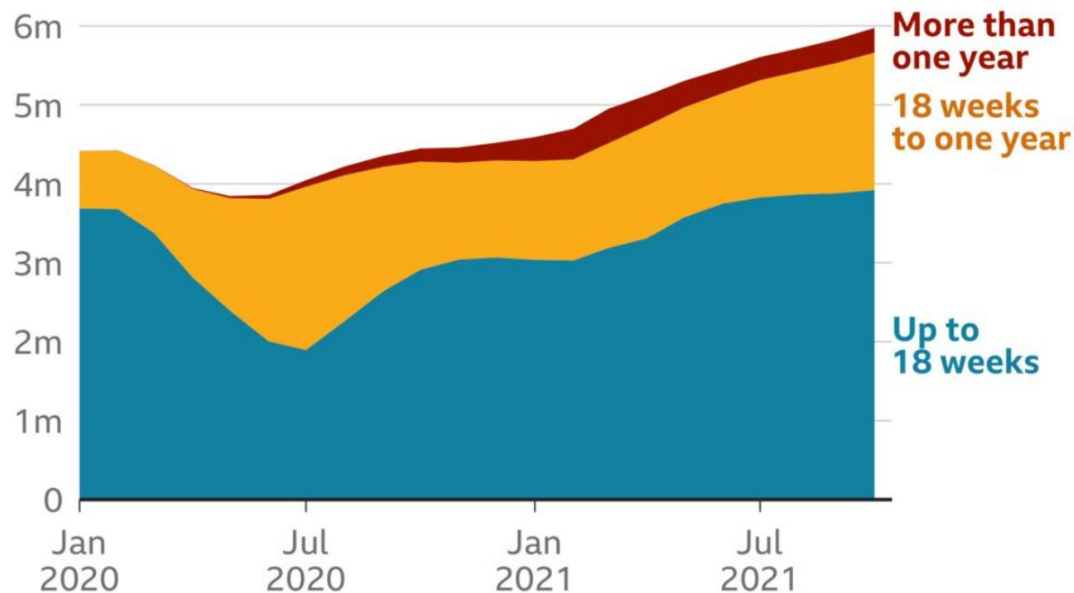
These are the widely reported words of managers at Royal Preston Hospital in a letter describing how NHS employees are being reduced to tears.¹ It's an eye opening account of what's happening in our health service.

All across the NHS, widespread workforce shortages

in the proportion of staff suffering work related stress and, sadly, thinking about quitting the NHS.

Trust leaders take the effect of workforce pressures on their people and services extremely seriously. Almost all respondents who replied to a recent NHS Providers survey said that staff shortages are having a serious and detrimental impact on services and will hinder efforts to deal with those major care backlogs. Trusts are doing all they can to tackle the situation but need more staff to be able to reduce delays and to treat patients as quickly as possible.

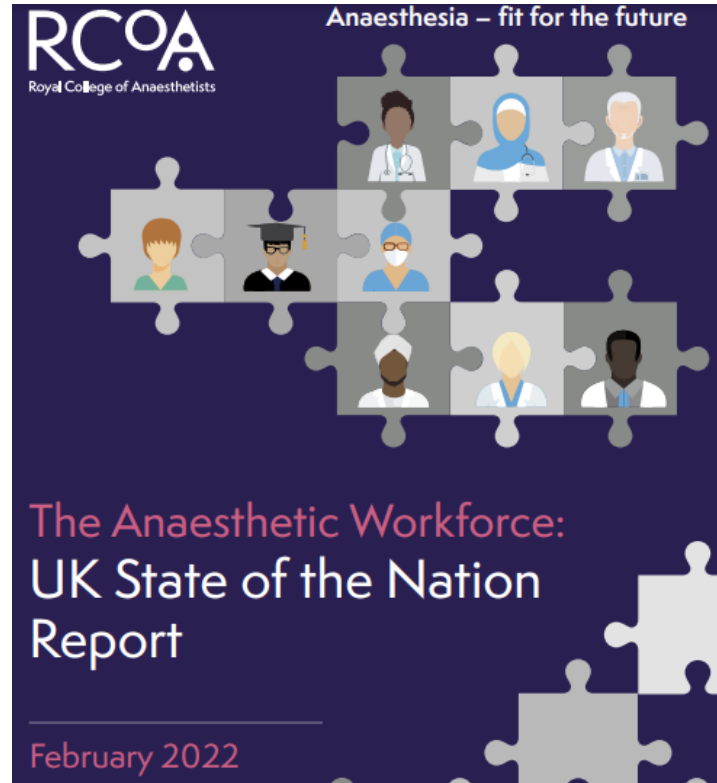
The number of people waiting to start treatment in England is at a record high



Source: NHS England, latest data for October 2021

BBC

<https://www.bbc.com/news/health-59888785>

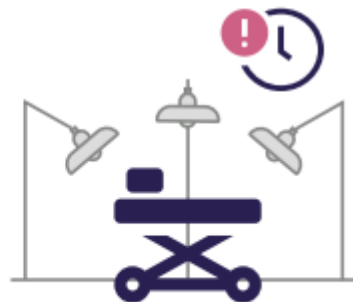


The anaesthetic workforce in 2022

Our latest anaesthetic workforce census¹⁵ tells us that across the UK, the NHS is **currently 1,400 consultant and SAS anaesthetists short**. Without addressing this gap, any plans to tackle the NHS's large and growing elective surgery backlog are in jeopardy.



The current shortfall of **1,400 anaesthetists** could result in **one million surgical procedures** being delayed every year



BY 2040
the UK will need
25,500
anaesthetists



It will have
14,500
anaesthetists

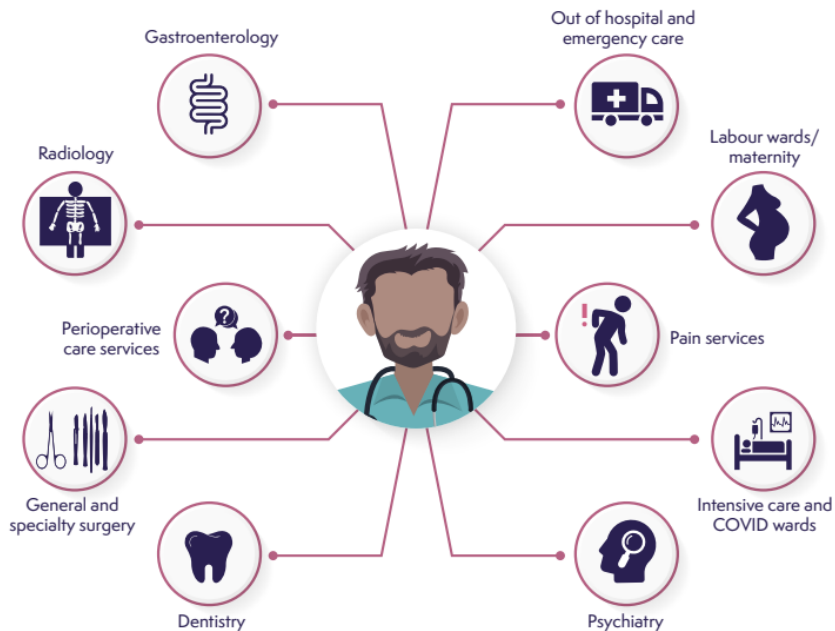


A shortage of
11,000
anaesthetists



ANAESTHETISTS

are involved in the care of two thirds of hospital patients



Dossa et al. *BMC Gastroenterol* (2021) 21:22
<https://doi.org/10.1186/s12876-020-01561-z>


BMC Gastroenterology

RESEARCH ARTICLE

Open Access

Sedation practices for routine gastrointestinal endoscopy: a systematic review of recommendations



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AGA American Gastroenterological Association,
ASGE American Society for Gastrointestinal Endoscopy,
ASGH Austrian Society of Gastroenterology and Hepatology,
BSG British Society of Gastroenterology,
CAG Canadian Association of Gastroenterology,
CSGNA Canadian Society of Gastroenterology Nurses and Associations,
DSRPGSA Danish Secretariat for Reference Prog.s for Gastroenterology, Surgery and Anaesthetics,
ESGE European Society of Gastrointestinal Endoscopy,
FSDE French Society of Digestive Endoscopy,
GESA Gastroenterological Society of Australia;
GSGDMD German Society for Gastroenterology, Digestive and Metabolic Diseases,
ISDE Italian Society of Digestive Endoscopy,
SAGES Society of American Gastrointestinal and Endoscopic Surgeons,
SGNA Society of Gastroenterology Nurses and Associates,
SSGE Spanish Society of Gastrointestinal Endoscopy

Table 3 Summary of recommendations for individuals capable of administering sedation

Subject	Number of documents	Document developers	Comments
Moderate sedation			
Can be administered by a nurse who is directed by a physician	4	ASGE [21, 27, 32], SGNA [41]	–
Should be administered by a practitioner other than the endoscopist	1	GESA [20]	Trained medical/dental practitioner (with advanced life support skills)
Deep sedation			
Should be administered by an anesthesia professional	3	ASGE [21]	Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA), or Anesthesiologist Assistant (as determined by institutional policies)
		GESA [20]	Anesthetist or other appropriately trained and credentialed medical specialist within his/her scope of practice
		SGNA [41]	Anesthesiologist

Propofol

Should not be administered by nurses 3

Non-anesthesiologist propofol administration can be considered 8

An anesthesiologist should be readily available when non-anesthesiologist propofol sedation is used 2

ASNA [41]

CSGNA [44]

GESA [20]

BSG [29]

GSGMD [36]

DSRPGSA [19]

AGA [22]

SSGE [33]

SSGE [31]

CAG [47]

ASGE [49]

ISDE [48]

DSRPGSA [19]

SSGE [31]

Anesthesiologist

Not within scope of practice

Intravenous anesthetics should be administered by a second medical or dental practitioner

–

Administered by a non-physician, who has sedation as their sole task, under the instruction of a physician can be considered

Can be administered by a nurse under direction of a non-anesthetist physician

Gastroenterologist-directed administration is safe

Administration by non-anesthesiologist is safe

Administration by endoscopist/trained nurse safe and may improve efficiency

Administration by endoscopists and/or trained endoscopy nurses is safe; anesthesiologist not required for low-risk patients

Administration by non-anesthesiologists improves practice efficiency for healthy, low-risk patients undergoing routine GI endoscopy

Administration by trained non-anesthesiologists is safe

Must be in immediate vicinity

Available within 5 min



American Society of
Anesthesiologists

Made for
This Moment

‘Who should administer my sedation or anesthesia?’

Light or moderate sedation is usually administered by a nurse under the direction of the gastroenterologist, but if you will be receiving deep sedation or general anesthesia, it is important to ask that a [physician anesthesiologist](#) be involved in your care. It is easy to go from deep sedation into general anesthesia (in which breathing is impaired), depending on your age, your medical problems, and the amount of medication needed to cause you to go to sleep. A physician anesthesiologist is a medical doctor who has the extensive [education, training, and experience](#) required to adjust medication dosing during deep sedation and intervene to assist your breathing as needed.’

[Colonoscopy: Preparation and Considerations - Made for This Moment \(asahq.org\)](https://asahq.org/Colonoscopy-Preparation-and-Considerations)

UK future perioperative workforce (personal view):

My department of the near future?

- Perioperative Physicians
- Anaesthetists
- Sedationists

Drugs and Deivces:



Education, Training, Standards:

Academy of
Medical Royal
Colleges



February / 2021

Safe sedation practice for
healthcare procedures
An update

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