

Pain in digestive endoscopy: how to deal with it. Experience of a group of digestive endoscopist in comparison

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Abstract

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Abstract

INTRODUCTION

Dealing with pain has always been a critical matter in digestive endoscopy. Therefore, finding the best way to manage it seems essential for ensuring the best treatment to patients.

Being able to work without making our patient feel any pain can change the quality of the performance, both in terms of accuracy and completeness of the endoscopic examination itself. In order to perform quality services, sedation is now to be considered unavoidable. Therefore, it is necessary to be aware of the various treatment options and the specific skills needed by the endoscopy team for a correct approach to sedation. The use of sedation has now markedly increased basically everywhere (87% in 2023 vs. 56% in 1990) and the use of electronic monitoring has become a standard practice.

METHODS

Since January 2023, we have performed 1263 colonoscopies under conscious sedation (660 males; 603 females). The average age of the patients was 62.36 years (68.4 in males and 67.2 years in females); the average weight was 73.4 kg, 80.7 kg in males and 74.7 kg in females, respectively.

Midazolam was administered to 654 males and to 601 females.

The medium Midazolam used was 2.65 mg, i.e. 2.06 mg in males and 2.33mg in females

Propofol was used in 632 males and 598 females.

The combination Propofol + Midazolam was administered to 629 males and 592 females.

The dosages of Propofol used were 0.5 mg/Kg in both males and females. The average Propofol used was 26.57 mg/dl, 25.2 mg/dl in females and 35.6 mg in males, respectively.

We assessed pain using the NRS scale and obtained an average of 0.24, with NRS (1.2) in males and NRS (0.3) in females.

RESULTS

From 4 January 2023 to 30 April 2024, we endoscopically examined 1263 patients with an average age of 62.33 years; their average weight was 73.40 kg. For the endoscopic examination, we subjected them to conscious sedation, using Midazolam and Propofol (mean 2.65 mg/dl and 26.57 mg/dl, respectively), obtaining a mean NRS of 0.24.

No side effects such as bradyarrhythmias or decreases in oxygen saturation were found during sedation.

CONCLUSIONS

Pain in digestive endoscopy has always been a matter of interest for all endoscopists, hence finding a solution to it has been of extreme relevancy. Being able to perform investigations without making our patients feel pain can change the quality of the performance, both in terms of accuracy and completeness of the endoscopic examination itself. Our entire Endoscopy team has always strived for this goal, focusing its

attention on the patient's needs, as well as on the examination itself. This work faithfully reports our outcomes over a small period of time, where we demonstrated that with an accurate use of sedation we were able to get our patients through invasive examinations with practically zero pain.