

## **Prospective observational study comparing patient recovery and anaesthetic satisfaction with propofol alone or propofol in combination with opioids and/or benzodiazepines titrated to appropriate sedation for ugie and colonoscopy**

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**Background:** “There is no one way of giving anaesthetics and my way is the right way.” Thence anaesthetics for gastrointestinal tract endoscopies could be done in more than one ways. One of them is by using propofol alone; another is giving propofol in combination with opiates and other sedatives.

**Aim:** To compare recovery time and patient satisfaction in patients having gastrointestinal endoscopies in a South Australian hospital by giving anaesthetic with propofol alone or propofol with combination of fentanyl and/or midazolam.

**Method:** A Prospective observational study with Propofol alone titrated to the patient’s anaesthetic needs in contrast to propofol used along with fentanyl and/ or midazolam in 130 outpatients undergoing gastrointestinal endoscopies. Recovery times, patient satisfaction scores and quality of anaesthesia were observed for each regimen after they were titrated to the anaesthetist’s satisfaction of anaesthesia for the patient.

**Results:** Patients treated with propofol alone recovered on average 4 minutes earlier than those treated with opiates and / or midazolam along with propofol. This however did not compromise the quality of anaesthesia in patients who were treated with propofol alone.

**Conclusions:** Propofol alone can provide equally good anaesthetic to the patients undergoing gastrointestinal endoscopies when compared with anaesthetic given in the form of Propofol along with Fentanyl and/ or midazolam. There was a small time advantage in recovery time, which could lead to advantages in staffing costs in recovery. Less use of poly-pharmacy could also prevent the many adverse outcomes of the drugs, and their costs. In addition it could potentially decrease human errors while working more efficiently.

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