

POSITION STATEMENT

Anaesthesia for Gastroenterological Procedures

Preamble

Anaesthesia for gastroenterological procedures incorporates techniques variously referred to as analgesia, sedation and general anaesthesia.

The anaesthesia administered is determined by practitioner and patient preference, and the nature of the planned procedure (for example, the performance of sigmoidoscopy may be facilitated by analgesia alone, colonoscopy may be facilitated by 'sedation', but therapeutic upper gastroenterological procedures may require general anaesthesia).

In Australia, the majority of patients wish to be 'unaware'. This is commonly achieved by 'sedation' with a benzodiazepine / opioid / propofol drug sequence. When propofol is used for anaesthesia for gastroenterological procedures, the ASA believes that general anaesthesia is a frequent end point (1).

There is a continuum from sedation through to general anaesthesia. The level of sedation may vary depending on the degree of procedural stimulation, the doses and timing of the drugs administered (2), and patient factors.

The ASA believes that the successful completion of gastroenterological procedures is facilitated by the presence of an anaesthetist.

Principles

The ASA endorses the following principles for Anaesthesia for Gastroenterological Procedures:

1. Gastroenterological procedures may be successfully completed with a variety of anaesthetic techniques.
2. Two medical practitioners should be present if propofol, propofol analogues, or other general anaesthesia agents are used to facilitate the gastroenterological procedure.
3. The practitioner administering propofol or other agent (as detailed in [2] above) should be a credentialled medical practitioner with a scope of practice incorporating anaesthesia. As per ANZCA PS 9 (3), as a minimum standard, non-anaesthetist medical practitioners wishing to provide analgesia or 'sedation' should have received appropriate training, which includes airway and resuscitation skills.
4. An assistant must be exclusively available for the anaesthetist for patients in ASA classes 3, 4, and 5, and for those having complex procedures e.g. therapeutic upper gastroenterological procedures.
5. An assistant must otherwise be exclusively available for the anaesthetist if requested by the anaesthetist.
6. When propofol is used to facilitate the gastroenterological procedure, all ANZCA documents relating to the provision of general anaesthesia should be observed. *

References:

1. Gastroenterology sedation: what anaesthetists believe. ASA News July 2009
2. American Society of Anesthesiologists. Continuum of depth of sedation: Definition of general anaesthesia and levels of sedation / analgesia. October 2014. Accessed on line 28 Nov 2015
<http://www.asahq.org/quality-and-practice-management/standards-and-guidelines>
3. ANZCA PS9 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures. July 2014. Accessed online 28 Nov 2015
<http://www.anzca.edu.au/resources/professional-documents>
* ANZCA documents relating to the provision of general anaesthesia can be accessed at
<http://www.anzca.edu.au/resources/professional-documents>

Promulgated 18/12/2009

Date of current revision: 11/04/2016

Disclaimer

The Australian Society of Anaesthetists Limited is not liable for the accuracy or completeness of the information in this document. The information in this document cannot replace professional advice.

Copyright

The Australian Society of Anaesthetists Limited owns the copyright in this material.

This material may only be reproduced for commercial purposes with the written permission of the Australian Society of Anaesthetists Limited.

Australian Society of Anaesthetists

t 02 8556 9700 | f 02 8556 9750 | asa@asa.org.au | www.asa.org.au | ABN 16 095 377 370

PO Box 6278, North Sydney, NSW 2059