

Propofol for sedation and anesthesia for colonoscopy

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Aim of Investigation To find out the dose and outcome of using Propofol as a sedative and anesthesia in patients who underwent colonoscopy.

Methods The study was an open, prospective one in ASA 1-3 patients as day-case surgery. No premedication was given. Propofol 1-2 mg/kg was given as an induction dose followed by continuous infusion or bolus doses as maintenance. Biographic data, patients' response and complications were recorded and their relationships to the doses were analysed.

Results There were 40 patients, 18 males and 22 females. Age 16-74 (53.08±13.83) yrs. Average induction dose was 1.63 mg/kg. Average maintenance dose was 0.082±0.048 mg/kg/min for anesthetic time of 36.18±18.35 min. Average recovery time was 5.43±6.02 min while discharge time was 48.6±21.86 min. ASA2 patients responded to verbal command later than ASA1 patients although needed less drug. Scopolamine, antispasmodic used by the surgeons, delayed emergence and discharge time significantly. Hypotension (BP less than 20% of control) was found in 75% of the patients. There was no serious complication.

Conclusion Propofol was found to be safe and good for colonoscopy which needed a unique anesthetic care that is sedation together with anesthesia.