

Review: Propofol relatively safe in endoscopic procedures

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(HealthDay)—The risks of cardiopulmonary adverse events are similar

for propofol sedation versus traditional agents in gastrointestinal endoscopic procedures, with fewer complications associated with use in simple endoscopic procedures, according to a review published online July 20 in *Clinical Gastroenterology and Hepatology*.

Vaibhav Wadhwa, M.D., from Fairview Hospital in Cleveland, and colleagues conducted a systematic review to compare sedation-related adverse events associated with the use of propofol versus non-propofol agents in gastrointestinal [endoscopic procedures](#). Procedures were divided into two groups: a non-advanced endoscopic procedure group (NAEG) and an advanced endoscopic procedure group (AEG). Data were included from 27 original studies with 2,518 participants, of whom 1,324 received propofol and 1,194 received midazolam, meperidine, pethidine, remifentanil, and/or fentanyl.

The researchers found that with use of propofol compared with traditional sedative agents (TS), the pooled odds ratio for developing hypoxia for all procedures combined was 0.82 (95 percent confidence interval [CI], 0.63 to 1.07) and for developing hypotension was 0.92 (95 percent CI, 0.64 to 1.32). Those who received propofol were less likely to develop complications than those receiving TS in the NAEG (odds ratio, 0.61; 95 percent CI, 0.38 to 0.99). For the AEG there was no difference in the complication rate (odds ratio, 0.86; 95 percent CI, 0.56 to 1.34).

"Propofol sedation has similar risk of cardiopulmonary [adverse events](#) compared with traditional [agents](#) for gastrointestinal endoscopic procedures," the authors write. "Propofol use in simple endoscopic procedures was associated with decreased number of complications."

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