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Observational study into anesthetic risks posed for patients undergoing gastro-intestinal procedures under mac/conscious sedation posed for patients

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Manesthesia. There is constant discussion regarding the safety of MAC(monitored anesthesia care) with the patient in the prone position because of concerns regarding airway safety during endoscopic procedures when access to the oropharynx is already limited. Primary Objective was to study risks (adverse event) and patterns of patient coming for gastrointestinal procedures under MAC or conscious sedation. Secondary objective was to study the stress caused to anesthetists for endoscopic procedures. Cross sectional observational analysis. Six to eight months after ARC and ethical approval. Sample size calculation is based on previous studies in which 50% adverse event was reported; therefore 267 patients undergoing ERCP (and other GI procedures) will be needed to estimate the expected frequency of intraoperative adverse event within 5% margin of error and 95% confidence interval. 262 patients were studied. Most common intraoperative event was tachycardia which occured in 43.5% patients whereas bradycardia occurred in only 3% of cases. 32.1% of patients had an event of desaturation below 90% and 10.7% had a desaturation less that 85%. 8.4% of patients needed a nasopharyngeal airway for airway patency and in 3.8% of patients the procedure had to be stopped and bag mask ventilation done. 10% of patients had an episode of regurgitation and vomiting. In 8.4% of cases there was bile on orapharengeal suction. In terms of the depth of sedation 85.5% were deeply sedated with minimal or no response to stimulation. In terms of stress on anaethestist 19% reported moderate to severe stress and 55% reported mild stress. The incidence of complications is higher than routine ASA 1 & 2 procedures under general Anesthesia.

## **Biography**

Samie completed his MBBS in Punjab Medical College, also has completed the post graduate in FCPS Anaesthesiology, Faisalabadis was Post Fellowship (FCPS Anaesthesiology Experience): 3 years, (6 Months in General Paediatrics, 3 Months in Adult Cardiac Surgery, 3 Months Paediatric Cardiac Surgery. He is expertise in the field of anesthesiology, Pain Relief in Elective Single-level Microdisectomy Surgery, intraoperative ventilatory management of adult tracheoesophageal fistula, Anesthetic management of thoraco-omphalopagus twins with congenital heart disease for separation surgery.

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