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Title: Safety profile, efficacy and patient comfort with propofol sedation in outpatient fibreoptic bronchoscopy

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Body: Introduction: Procedural sedation is suggested in outpatient bronchoscopy to improve tolerance & patient satisfaction. Propofol, a short acting intravenous hypnotic, offers advantages over benzodiazepines/opiates. Objectives: We analyzed the feasibility, efficacy & safety profile of propofol administered by a trained nurse for outpatient bronchoscopy. Methods: A total of 276 flexible bronchoscopies performed between 2009 & 2011 using propofol sedation only without premedication were retrospectively reviewed. Patient demographics, indications, type of procedure, procedure time, medication doses, comfort level on 10cm verbal analogue scale (VAS, 0-10, 0=excellent, 10=unbearable) & adverse events were analyzed from procedure records. Results: Of the 276, two-thirds (182, 66%) patients were male with an average age of 56 years (range 18–82) & an average weight of 73 kg. Indications included diagnostic BAL (127, 46%), TBLB (68,25%), TBNA (41,15%) & EBB (22,8%). Average procedure time was 36 minutes (range 12–145). Average propofol dose was 1.86 mg.kg⁻¹ (range 0.12–20 mg.kg⁻¹). Minor adverse events (21, 7.6%) included hypotension (19, 7%), transient hypoxia (8, 3%) & tachycardia (5, 2%). Major adverse events (death,intubation, ICU stay, or hospitalization) occurred in 7 (2.5%), of which 3 (1%) were attributed to sedation, 2 (0.7%) to hemoptysis, & 1 each to hypoxia & bronchospasm. There were no procedure-related deaths. A majority (196, 71%) reported VAS of 4-6 with good amnesia, while 56 (20%) had VAS > 6 & 24 (8.6%) had VAS <3. Conclusions: Propofol is an easy to administer, safe, & effective procedural sedative for outpatient bronchoscopies providing acceptable comfort.