Abstract Group: 1.4. Interventional Pulmonology

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Title: Incremental midazolam versus midazolame/rentanyl sedation during flexible bronchoscopy. Safety and tolerance in relation to the complexity of intervention

Dr. Grigoris 19818 Stratakos grstrat@hotmail.com MD 1, Dr. Ioannis 19819 Kokkonouzis pneumo72@yahoo.gr MD 1, Dr. Penny 19820 Moraitaki pmoraitaki@gmail.com 1, Dr. Philip 19821 Emmanouil philipemmanouil@hotmail.com 1, Dr. Nikos 19822 Koufos koufos_nikos@hotmail.com 1, Mrs. Evangelia 19828 Stoubi philipemmanouil@hotmail.com 1, Mrs. Dimitra 19829 Tsiboura philipemmanouil@hotmail.com 1, Mrs. Filomila 19830 Zikopoulou philipemmanouil@hotmail.com 1, Dr. Fotis 19836 Sampsonas fsampsonas@gmail.com MD 1, Prof. Manos 19837 Alchanatis nalxanat@med.uoa.gr MD 1 and Prof. Nikolaos 19848 Koulouris koulnik@med.uoa.gr MD 1. 1 1st Department of Pulmonary Medicine, University of Athens, Sotiria Chest Hospital, Athens, Greece, 11527.

Body: Background: Sedation during flexible bronchoscopy (FB) is undisputed. Although suggested, benzodiazepines and opiates combination is underused due to fear of complications. Aim: To prospectively compare safety and tolerance of FB sedation using incremental midazolam (M) versus combined midazolam/fentanyl (MF) administration. Methods: Consecutive patients referred for FB were enrolled. After administration of 2% lidocaine aerosol, sedation with midazolam (1-5 mg) alone or combined with fentanyl (0.025-.005mg) was given. Decision relied on clinical parameters (fear,anxiety,cough and restlessness) and on staff judgment regarding performed interventions.Nurses took active role estimating sedation need. Patients completed verbal analogue scales (VAS) and overall tolerance questionnaires.Bronchoscopists completed tolerance VAS and complications questionnaires. Results: 68 patients (53 males, aged 65 ±12) enrolled.31 received only M (mean 2.23 mg) while 37 received combined sedation (mean 2.74mg M and 0.033 mg F).No sedation related complications were reported.Increased duration of FB and interventional procedures (EBUS, TBNA, Electro-Cryotherapy) were associated with combined MF sedation and increased M dosage (p < 0.05). Patients & bronchoscopists reached high VAS scores (>8/10).Discomfort and adverse effect scores were equally minimal. Conclusion:Both regimens are safe and effective in reducing anxiety and cough while increasing FB tolerance. Selection can be based on prolonged duration and need for interventional modalities. Trained endoscopy nurses are effective in incrementing sedation during bronchoscopy in an “as needed” basis.