Scheduled deep sedation list in endoscopy are more cost effective compared to traditional emergency list

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Introduction
Sedation and analgesia are considered an essential component and are commonly used by endoscopists in endoscopic. The primary goal of a procedure involving sedation is to reduce a patient's anxiety and discomfort as well as improving their tolerability for the examination. Four stages of sedation have been classified ranging from minimal sedation (anxiolysis), moderate (conscious sedation), deep sedation to general anaesthesia. Deep sedation is defined as a stage where a patient can not be easily aroused but responds purposefully following repeated painful stimulus. Traditionally patients who fail conventional sedation for endoscopy have heavier sedation in operating theatres, which requires occupying the emergency theatre and use of valuable theatre resources. With the dedicated deep sedation endoscopy services we are able to provide such a service as scheduled, which minimise the resource and reduce the cost.

Method
Huddersfield Royal Infirmary has been running a deep sedation endoscopy service on every alternate Tuesday since June 2014. The aim is to manage patients who tolerate endoscopic procedures poorly. From their database, 127 patients were included between August 2015 and August 2016. All patients were referred as either fast track, urgent or routine. Deep sedation endoscopy is conducted in the endoscopy department with anaesthetic set up and presence of endoscopist, endoscopy nurse, an operating department practitioner and anaesthetist. Induction agents include Propofol 1% and occasionally Alfentanil without intubation.

Results
127 patients were included from 140 procedures conducted. Each endoscopy conduct in the theatre day case cost £1280. Each endoscopy conduct in the endoscopy suite cost £817. The cost different per case cost £463. Average costs of saving for year 2015/2016 are £64,820.

Conclusions
The introduction of a deep sedation session in the endoscopy department has effectively minimised the resources, improve the quality of endoscopy and prove to be cost effective. Guidelines for referring a patient for endoscopy under deep sedation should be anticipated to ensure resources are being used appropriately. Additional sessions are indicated to provide more services to reduce waiting times for patients who need the service.

References

no conflicts of interest to declare