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Propofol for pediatric colonoscopy: The experience of a large, tertiary care pediatric hospital

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Background: Successful colonoscopy includes full visualization of the terminal ileum, especially in inflammatory bowel disease when ileal biopsy is essential. In children, higher levels of anxiety and lack of cooperation often necessitate a deeper level of sedation. The aim of this study was to evaluate the effectiveness of propofol compared to midazolam and fentanyl, for colonoscopy, and in accomplishing ileal and cecal intubation in particular.

Methods: Retrospective cohort study comparing the rates of successful colonoscopy in patients receiving propofol to those receiving midazolam/fentanyl.

Results: Complete, successful, colonoscopy to the terminal ileum was achieved in 78% of propofol patients compared to 66% of the midazolam/fentanyl group ($p=0.004$). Endoscopy reaching the cecum, but not the terminal ileum was achieved in 78% of propofol patients and 66% of midazolam/fentanyl patients.

Conclusion: The use of propofol was associated with a statistically significant increase in the rate of successful colonoscopy reaching the terminal ileum.

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