

## Sedation Free Colonoscopy, What Does Our Patients Think?

### Review Article

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### Abstract

The majority of patients undergoing colonoscopy in Morocco are given sedation. There are a number of potential advantages to performing colonoscopy without sedation. We sought to determine the attitude of patients toward unsedated colonoscopy in our digestive endoscopy unit in university hospital of Marrakech.

### Introduction

The evolution of care as well as mentalities has resulted in the involvement of patients in their own care and decision-making, through awareness of the therapeutic possibilities, the beneficial effects as well as the possible complications. Patient participation has been associated with patient satisfaction and better treatment outcomes both organically and psychologically. In digestive endoscopy, patient participation is still under explored.

The objective of our study is to assess the satisfaction of patients who have performed sedation free colonoscopies, as well as the feelings related to the procedure.

### Material and methods

Interviews were conducted with patients who had undergone colonoscopy in digestive endoscopy unit. A questionnaire aimed at a qualitative analysis of the entire process of the endoscopic gesture [from the communication of the procedure indication until the delivery of the operative report] has been established. The patients were recruited from the digestive endoscopy department at the CHU Mohammed VI of Marrakesh.

### Results

The number of patients interviewed was 100 patients [48 men and 52 women]. The average age was 45.5 years with extremes ranging from (Figure 1) [19 – 76].

	<u>n(%)</u>
<u>Patient number</u>	<u>100</u>
<u>Age (years)</u>	<u>45.5 yrs [19 – 76]</u>
<u>Sexe</u>	
<u>Women</u>	<u>52(52%)</u>
<u>Men</u>	<u>48(48%)</u>

Figure 1: Demographic data.

Indications for colonoscopy were chronic rectal bleeding in 38 patients, mucous diarrhea in 27 patients, poly-fistulous perineum in 15 patients, assessment of constipation in 10 patients, colonic thickening on abdominal scan 10 patients (Figure 2).

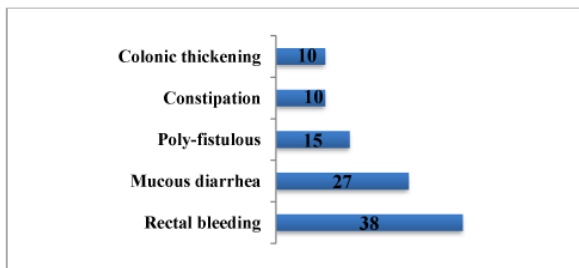


Figure 2: Coloscopy indications.

Eighty-two patients affirmed that the indication as well as the modalities of preparation and performance of the endoscopic procedure were well communicated, 16 patients understood the procedures for carrying out the endoscopic procedure without understanding the purpose.

In 2 cases, the patients did not understand the endoscopic procedure or the preparation modality and had to be rescheduled.

All the patients who performed the colonoscopy claimed to have had a bad experience due to the diet and prior preparation, 22 patients who performed the colonoscopy admitted not having complied with the regime thinking that it was without consequence on the preparation.

All the patients claim to never have seen the endoscopy room before the day of the procedure.

Fifty-three patients said they would have preferred to perform coloscopy under sedation but that they chose a sedation free procedure to avoid delay (Figure 3).

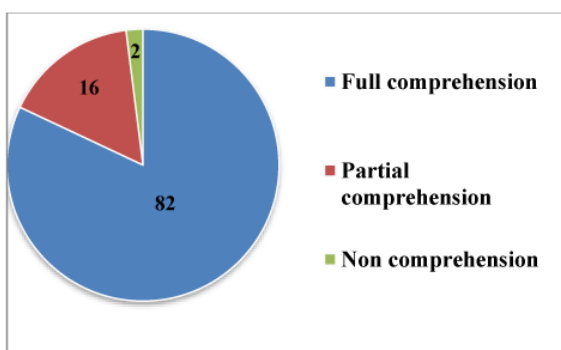


Figure 3: Procedures comprehension among our patients.

Twenty-seven patients opted for a procedure under sedation given the non-emergency of their case.

Twenty patients preferred performing live endoscopy for fear of the effects of anesthesia.

Twelve female patients said they preferred having a female doctor to perform coloscopy. The rest of the patients were indifferent.

Forty-two patients stated that the sedation coloscopy was bearable, 40 patients had difficulty completing the procedure, 18 patients could not tolerate and to be scheduled under sedation at a later date (Figure 4).

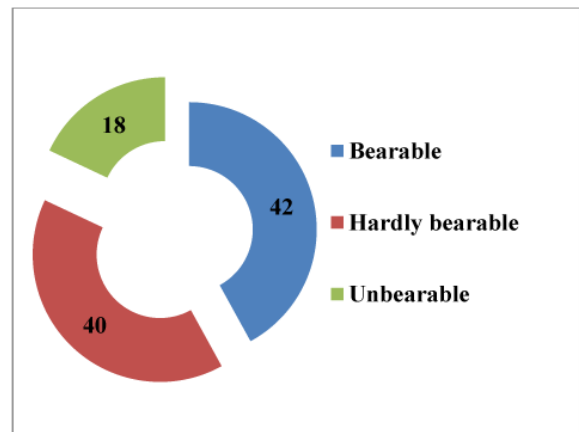


Figure 4: Bearing sedation free coloscopy among our patients

Overall all the patients were satisfied with the communication with the medical staff, 75 patients said that for another endoscopic procedure they preferred its realization under sedation. All the patients would have preferred to see the endoscopy room before the day of performing the procedure.

## Discussion

Colonoscopy is one of the most common medical procedures performed around the world and has utility for both colon cancer screening and therapeutic intervention. The examination is usually performed with moderate to deep sedation, which requires prolonged recovery and disruption of daily activities and carries the risk of increased cardiopulmonary complications [1].

Despite the widespread belief that patients who receive deeper sedation with propofol rather than standard narcotics and benzodiazepines are more satisfied with their sedation level, results have been mixed on confirming that preference [2,3].

There are many factors associated with the decision to attempt unsedated colonoscopy, including patient anxiety, expectation of significant pain during the examination, education level, prior abdominal surgery, previous experience of the patient with endoscopic procedures, the instruments used, and the skill of the endoscopist [4].

Bytzer and al, showed in study including 162 sedation free colonoscopy, that an information video shown to patients preparing for colonoscopy had no impact on tolerability or anxiety. Colonoscopy is less tolerable and more painful for women and this is probably related to a higher degree of anxiety [5].

Among the 451 who underwent unsedated screening colonoscopies, Thiis-Evensen et al found the rate of cecal intubation was 82%, 90% of these patients stated that they would undergo a repeat colonoscopy in 5 years [6].

In another smaller study among 40 patients who underwent "sedation on demand" colonoscopy, 93% of these patients were willing to undergo another colonoscopy without prior sedation [7]

On multivariate analysis in Paggy and al study, factors significantly associated with acceptance were absent/low level of anxiety before examination [OR 3.82; 95% CI, 2.71-5.38], no concern about the examination [OR 1.80; 95% CI, 1.17-2.77], and no previous colonoscopy [OR 1.52; 95% CI, 1.10-2.11]. Fear of procedure-related pain as the main concern about the examination was inversely associated with acceptance [OR 0.28; 95% CI, 0.17-0.35] [8].

Although the feasibility of unsedated colonoscopy is well established, it's not uncommon to hear that "it is inhumane" when this issue is discussed among colleagues. There are many reasons why some patients prefer to undergo colonoscopy without sedation. In our experience, no escort requirement, fear of the usual sedation-related complications and restrictions on activities for almost one full day are the common reasons why patients choose unsedated colonoscopy [9].

There is a subset of patients who feels the risk of perforation might be higher with sedated colonoscopy because of the absence of the warning sign of pain. They prefer unsedated over sedated colonoscopy to avoid this risk. Whether this difference is real or not deserves to be evaluated in future studies [9].

On the other hand, in addition to fear of pain one of the most common reasons for choosing sedated over unsedated colonoscopy is the embarrassment associated with the endoscopist being of a different gender. Contrary to the belief of many endoscopists, the time to reach the cecum is comparable in sedated and unsedated colonoscopy [12 min and 11.7 min, respectively]. There is, however, a big difference in the total time from admission to discharge

[83 min and 21 min, respectively] [our unpublished data]. When time is taken to address these differences with the patients, many would consider unsedated colonoscopy [9].

These studies as well as ours show that sedation-free colonoscopy in a setting where sedation/analgesia for endoscopy is routinely administered might be a viable option for selected patients.

### Conclusion

Our study had as a first impact the involvement of patients in the medical procedures, and in the organizational, indeed, this work points the finger on details of daily practice in the endoscopy unit that are experienced by patients from different ways and which have a direct impact either on the gesture, its result and the psychology of the patient afterwards.

Preparation, indication, interests, complications and alternatives are all important elements to explain to our patients, it is also necessary to familiarize with the circuit followed on the day of the gesture for better ease and therefore install a patient caregiver trust.

### References

1. Arrowsmith JB, Gerstman BB, Fleischer DE, Benjamin SB. Results from the American Society for Gastrointestinal Endoscopy/US Food and Drug Administration collaborative study on complication rates and drug use during gastrointestinal endoscopy. *Gastrointest Endosc.* 1991; 37: 421-427.
2. Ulmer BJ, Hansen JJ, Overley CA, Symms MR, Chadalawada V, Liangpunsakul S, et al. Propofol versus midazolam/fentanyl for outpatient colonoscopy: administration by nurses supervised by endoscopists. *Clin Gastroenterol Hepatol.* 2003; 1: 425-432.
3. McQuaid KR, Laine L. A systematic review and meta-analysis of randomized, controlled trials of moderate sedation for routine endoscopic procedures. *Gastrointest Endosc.* 2008; 67: 910-923.
4. Early DS, Saifuddin T, Johnson JC, King PD, Marshall JB. Patient attitudes toward undergoing colonoscopy without sedation. *Am J Gastroenterol.* 1999; 94: 1862-1865.
5. Bytzer P, Lindeberg B. Impact of an information video before colonoscopy on patient satisfaction and anxiety-a randomized trial. *Endoscopy.* 2007; 39: 710-714.
6. Thiis-Evensen E, Hoff GS, Sauar J, Vatn MH. Patient tolerance of colonoscopy without sedation during screening examination for colorectal polyps. *Gastrointest Endosc.* 2000; 52: 606-610.
7. Seow-Choen F, Leong AF, Tsang C. Selective sedation for colonoscopy. *Gastrointest Endosc.* 1994; 40: 661-664.
8. Paggi S, Radaelli F, Amato A, Meucci G, Spinzi G, Rondonotti E, et al. Unsedated colonoscopy: an option for some but not for all. *Gastrointest Endosc.* 2012; 75: 392-398.
9. Aljebreen AM. The completeness rate of colonoscopy in a cohort of unsedated patients. *Saudi J Gastroenterol.* 2004; 10: 150-154.