



Anesthesia related Complications in Pediatric GI Endoscopy

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Introduction:

Elective upper and lower GI endoscopy is usually performed in children on an outpatient basis with the child under sedation or general anesthesia (GA). The objective of this study was to describe Anesthesia related complications in children undergoing elective GI endoscopy.

Materials and Methods:

The study design was descriptive on 1388 patients undergoing elective GI endoscopy in Sheikh Hospital from 2009 to 2013. All patient received propofol or standard inhalational anesthesia. We examined patients' demographic data , location of GI endoscopy , perioperative vital singe , recovery time , respiratory and cardiac complications , post operative nausea and vomiting , agitation , diagnosis and outcome

Results:

Pediatric patients aged 2 to 17 years. 29 % of elective GI endoscopy was upper GI endoscopy and 70.3 % was lower GI endoscopy and 0.7 was both of them. 47.7 % of Pediatric patients were female and 52.3 % was male. We haven't significant or fatal anesthesia related respiratory and cardiac complications (no apnea, no cardiac arrest). 8 patients (0.5%) have transient bradycardia in post operative care Unit. 83 patients (5.9%) have post operative nausea and vomiting controlled by medication. 6 patients (0.4%) have post operative agitation controlled by medication.

Conclusions:

General anesthesia and deep sedation in children undergoing elective GI endoscopy haven't significant or fatal anesthesia related complications. We suggest Anesthesia for infants, young children, children with neurologic impairment, and some anxious older children undergoing elective GI endoscopy.

Keyword: Anesthesia, Complication, Endoscopy, Pediatric.

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