SHORT REPORT

Acceptability of oesophagogastroduodenoscopy without intravenous sedation: patients’ versus endoscopist’s perception with special reference to older patients

B R Thanvi, S K Munshi, N Vijayakumar, N Taub, T C N Lo

Background: Unsedated oesophagogastroduodenoscopy (OGD) is considered by most endoscopists to be a quick, safe, and well tolerated procedure. Older patients are said to tolerate it better than younger patients. However, patients’ perception of the discomfort for the unsedated OGD has not been well studied.

Objective: This study was undertaken to compare (1) patients’ perception of discomfort with the endoscopist’s perception of patients’ discomfort for the unsedated OGD, (2) tolerability between older (≥75 years) and younger (<75 years) patients.

Design and subjects: A total of 130 consecutive patients attending a day case endoscopy unit were recruited for the study. The patients and endoscopist recorded their assessment using a visual analogue scale (VAS). The results were analysed using non-parametric tests. Thirty patients were excluded from the study based on exclusion criteria. Sixty three (57%) patients were aged ≥75 years and 37 (43%) were <75 years.

Results: A significant difference was noted between patients’ perception of the discomfort and the endoscopist’s assessment of the patient’s discomfort as suggested by the overall higher VAS scores for patients (median 4.9, SD 2.6) than those of the endoscopist (median 2.2, SD 1.2), giving a significant difference in median VAS score of 3.4 (p<0.001). Older and younger patients had similar scores, with median (SD) VAS scores of 4.8 (2.5) for ≥75 years and 4.9 (2.8) for <75 years. The endoscopist’s median scores for these two groups were 2.2 (1.2) and 2.1 (1.3), respectively.

Conclusions: Patients’ discomfort during OGD performed without sedation was greatly underestimated by the endoscopist. There was no significant difference in acceptability between old and the young patients.
Oesophagogastroduodenoscopy without intravenous sedation for some patients. This undoubtedly saves significant time and cost. Other studies have shown that morbidity and mortality is an obvious advantage and that OGD is a procedure that is very well tolerated by patients. The avoidance of sedation related discomfort may, at least in part, be explained by the fact that earlier studies were mainly based on the endoscopist’s perception alone.

In contrast to previous studies suggesting better tolerance of the procedure by older subjects, we were unable to show any age related difference in the tolerability. This could, at least in part, be explained by the fact that earlier studies were mainly based on the endoscopist’s perception alone.

Our study was not designed to compare the tolerability of OGD using only topical anaesthesia with that performed using intravenous sedation. It is technically difficult to obtain valid VAS scores on the day of the test as sedation may impair patients' ability to make an accurate assessment of their discomfort.

The results of post-test VAS scores of patients and endoscopist are summarised in table 1.

Overall, VAS scores for patients were higher (median score 5, SD 2.6) than those of the endoscopist (median score 2.2, SD 1.2) with a median difference of 3.4 (95% confidence interval of 2.8 to 3.9). This was statistically highly significant (p<0.001).

The post-test VAS scores of older and younger subjects are summarised in table 2.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Median (SD) score</th>
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<tbody>
<tr>
<td>&gt;75 (n = 43)</td>
<td>4.9 (2.5)</td>
</tr>
<tr>
<td>&lt;75 (n = 57)</td>
<td>4.8 (2.8)</td>
</tr>
</tbody>
</table>

The avoidance of sedation related discomfort associated with the procedure. This will help them to make a balanced decision. Endoscopists practising OGD without sedation should recognise that even an experienced endoscopist performing OGD without sedation greatly underestimates the discomfort experienced by the patients.

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Gastrointestinal endoscopy is a commonly performed procedure. Patients’ wishes are, therefore, of paramount importance especially in the context of informed consent and clinical governance. Most of the time the risks involved with the procedure are explained to the patients but the discomfort associated with it is understated. There is little doubt that in the modern patient-focused health care systems patients should be more and more involved in their care and evidence is mounting that greater involvement of patients in care produces better results. This is especially true for procedures that are invasive and potentially harmful or uncomfortable. In many clinical situations patients’ decisions are not uncommonly in conflict with the physicians’ recommendation. Nevertheless the autonomy of the patient over-rides beneficence in most circumstances and has to be respected.

Patients should be well informed not only about the benefits but also the risks and discomfort associated with the procedure. This will help them to make a balanced decision. Endoscopists practising OGD without sedation should recognise that even an experienced endoscopist performing OGD without sedation greatly underestimates the discomfort experienced by the patients.

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### APPENDIX 1

**VISUAL ANALOGUE SCALE (PATIENT)**

Degree of expected discomfort before procedure:

1—2—3—4—5—6—7—8—9—10

(minimum) (maximum)

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### REFERENCES

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