



Use of Anesthesia Services for Routine Gastrointestinal Endoscopy

DESCRIPTION

Intravenous sedation and analgesia (Moderate Sedation / Analgesia ["Conscious Sedation"] - http://www.bcbst.com/MPManual/American_Society_of_Anesthesiologists_Definitions_.htm) is routinely administered to an individual undergoing a colonoscopy and/or esophagogastroduodenoscopy (EGD) to help alleviate anxiety and discomfort. This type of conscious sedation is generally obtained by use of a narcotic in combination with a hypnotic/amnesiac. The provision of this form of sedation and analgesia is standard practice used for average risk individuals undergoing a routine colonoscopy and/or EGD and does not require monitored anesthesia care (MAC - http://www.bcbst.com/MPManual/Anesthesia_Definitions.htm).

Anesthetic agents are an alternative method of sedation for an individual undergoing an endoscopic procedure. This form of medication provides a deeper level of sedation and analgesia (Deep Sedation / Analgesia) - http://www.bcbst.com/MPManual/American_Society_of_Anesthesiologists_Definitions_.htm and does require monitored anesthesia care (MAC - http://www.bcbst.com/MPManual/Anesthesia_Definitions.htm).

In March 2004, the American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA) and the American Society of Gastrointestinal Endoscopy (ASGE) issued a joint statement: *Recommendations on the administration of sedation for the performance of endoscopic procedures*. The statement includes the following: "The routine assistance of an anesthesiologists/anesthetist for average risk patients undergoing standard upper and lower endoscopic procedures is not warranted."

See also:

- **Screening Colonoscopy for Colorectal Cancer in Individuals at Average Risk**
<http://www.bcbst.com/MPManual/whstart.htm>
- **Virtual Colonoscopy (Computed Tomography Colonography)**
<http://www.bcbst.com/MPManual/whstart.htm>
- **Colonoscopy Modified Milliman Care Guideline**
http://www.bcbst.com/providers/UM_Guidelines/Modified_MCG/MMCG-Colonoscopy.htm
- **Esophagogastroduodenoscopy (EDG) Modified Milliman Care Guideline**
http://www.bcbst.com/providers/UM_Guidelines/Modified_MCG/MMCG-EGD.htm

POLICY

The use of anesthesia services to provide sedation and analgesia for a routine gastrointestinal endoscopy procedure is considered **medically necessary** if the medical appropriateness criterion is met. (See **Medical Appropriateness** below).

MEDICAL APPROPRIATENESS

The use of anesthesia services to provide sedation and analgesia for an individual for a routine gastrointestinal endoscopy procedure is considered **medically appropriate** for **any** of the following:

- An individual with the potential for difficult intubation and/or ventilation with a mask, or at risk for airway obstruction, including but not limited to:
 - An individual with previous problems with anesthesia or sedation;
 - An individual with a history of stridor or tracheal stenosis
 - An individual with a diagnosis of clinically significant sleep apnea;
 - An individual who is morbidly obese;



- An individual with dysmorphic facial features, such as Pierre-Robin syndrome, trisomy-21, or Turner's syndrome;
 - An individual with oral abnormalities, such as a small opening (less than 3 cm in an adult), macroglossia, tonsillar hypertrophy, or a nonvisible uvula;
 - An individual with neck abnormalities, such as limited neck extension, decreased hyoid mental distance (less than 3 cm in an adult), neck mass, oral or glottic tumors, previous head and neck surgery or radiation, unstable cervical spine, tracheal deviation due to mass or previous surgery, ankylosed cervical spine or advanced rheumatoid arthritis;
 - An individual with IX or X cranial nerve impairment;
 - An individual with spinal cord instability;
 - An individual with jaw abnormalities such as micrognathia, retrognathia, trismus, or significant malocclusion.
- An individual with allergies to sedation and analgesia agents;
 - An alcohol or drug addicted individual with increased tolerance to sedation and analgesic agents such as individuals with a chronic pain syndrome;
 - An individual with increased risk for aspiration, e.g., diabetics with autonomic neuropathy and gastroparesis, achalasia, ascites, swallowing disorders, or bulbar neurologic disorders;
 - An individual with chronic degenerative neurologic diseases which may cause difficulty swallowing or pose a risk for muscle weakness and respiratory failure e.g., multiple sclerosis, myasthenia gravis, Parkinson's disease, ALS, etc.;
 - Extremes of age, i.e., younger than 1 year of age or older than 70 years of age;
 - An individual who is combative or whose mental capacity causes a risk of not being able to cooperate;
 - An individual with neurobehavioral delays when rapid onset of sedation is a safety concern;
 - An uncooperative pediatric individual;
 - An individual with history of severe, nausea and/or vomiting after administration of sedation with narcotics and/or benzodiazepines;
 - An individual undergoing prolonged or complex diagnostic or therapeutic procedures such as ERCP;
 - A Class III ASA (American Society of Anesthesiologists) individual when respiratory and/or cardiac complications are a concern. Class III ASA is defined as *severe systemic disease that limits activity, but is not incapacitating*, e.g., stable angina, history of myocardial infarction, history of stroke, insulin dependent diabetes, poorly controlled disorders, e.g., hypertension, asthma, psychiatric disorders, etc., dysrhythmias, CHF, COPD
 - A Class IV ASA individual (*severe systemic disease that limits activity and is a constant threat to life*), e.g.,
 - Myocardial infarction within last 6 months
 - Stroke within last 6 months
 - Unstable angina
 - Severe CHF
 - Severe COPD
 - Hepatic failure
 - Renal failure
 - Uncontrolled epilepsy

ADDITIONAL INFORMATION

In March of 2004, the American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA) and the American Society of Gastrointestinal Endoscopy (ASGE) issued a joint statement: *Recommendations on the administration of sedation for the performance of endoscopic procedures*. The statement includes the following:

- "In general, diagnostic and uncomplicated therapeutic endoscopy and colonoscopy are successfully performed with moderate (conscious) sedation.



- Clinically important benefits over standard sedatives have not been consistently demonstrated in average-risk patients undergoing standard routine upper and lower endoscopy. Further randomized clinical trials are needed in this setting.”

SOURCES

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National Guideline Clearinghouse. (2003, update 2006). *Guidelines for conscious sedation and monitoring during gastrointestinal endoscopy.* Retrieved February 20, 2008 from http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=4141&nbr=3177.

EFFECTIVE DATE

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