

## FOR IMMEDIATE RELEASE

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### **3<sup>rd</sup> Study Confirms Anesthesia Improves Outcomes in Colonoscopies** **2 Key Factors: How Deep Sedation, Who Administers Sedation**

**New Rochelle, New York** - More pre-cancerous polyps were found in colonoscopies performed with deep sedation primarily using Propofol than with milder sedation in which patients remained conscious, according to a recent study conducted by Katherine Hoda, M.D. of Oregon Health and Science University. This improvement in cancer detection will save lives and reduce the number of patients requiring surgery and chemotherapy.

The retrospective review of nearly 105,000 procedures shows doctors found polyps larger than 9mm or suspected colorectal tumors at a 25% higher rate in patients under deep sedation. This research further bolsters the near identical findings of two studies completed by the University of Pennsylvania and State University of New York. Those studies tracked facilities that switched from having the GI doctor perform the colonoscopy and also deliver the sedatives, to having an Anesthesiologist administer Propofol. The findings revealed the number and percentage of patients who had a polyp detected improved up to 43%.

**“25% and 43% improvements in cancer detection can't be ignored. Finding cancer in its early stages saves lives and saves considerable medical costs,”** says Dr. Marc E. Koch, founder and CEO of Somnia Anesthesia. “What we are seeing here is the validation of two obvious points. First, that use of a potent anesthesia induction agent, which rapidly causes unconsciousness and immobility, should permit the colonoscopist to perform the procedure with greater efficacy since they are not trying to hit a moving target.”

“Second,” adds Koch, “is that Colonoscopy patients receiving Propofol are deep asleep—probably just as asleep as a patient undergoing major or complex surgery. This is the very state that permits better viewing conditions for the endoscopist, and this is the very reason why an anesthesiologist or CRNA should be the professional administering it.”

Propofol is used for procedures including planned heart defibrillation, cardiac by-pass surgery and brain surgery; as well as for minor surgery where in smaller doses it causes light sedation. Its warning label clearly categorizes it as a powerful anesthetic and that those who administer it should 1) be trained in general anesthesia and 2) not performing the actual surgical procedure.

Despite the improved results evident from these studies, occasional insurance companies have resisted payment for anesthesia and anesthesiologists for colonoscopies. “Catching cancer sooner clearly saves lives which is our primary goal,” says Dr. Stanford Plavin, Vice Chairman of PreventingColorectalCancer.org, “but what is often overlooked is the benefit to the healthcare system. **The cost of having an Anesthesiologist or CRNA administer Propofol is dwarfed by what patients**

**and the healthcare system save when cancer is averted or detected so early.”**

For more information visit: [www.somniainc.com](http://www.somniainc.com) and [www.preventingcolorectalcancer.org](http://www.preventingcolorectalcancer.org).