**Upper Endoscopic Ultrasound cases in suites without anesthesia machines**

The GI Department is acquiring ultrasound machines that allow for EUS (endoscopic ultrasound) or UUS of the upper digestive tract to be done in any of the GI suites (1-5).  This type of procedure utilizes a larger endoscope and requires a longer procedural time then a traditional EGD.  In my experience, this procedure has required a greater need for unplanned intubations than a traditional EGD.   I realize that sometimes this case (EUS) is done in combination with ERCP which may need intubation for prone positioning reasons.  Thus, I am referring to those cases not including ERCP.

I have asked the GI team to try and keep these cases in GI Suites 1 and 2--where we have anesthesia machines—when possible.  Personally, I have instructed CRNA’s working with me to utilize additional medication adjuncts (i.e. midazolam/fentanyl/ketamine/hurricane spray) with propofol to cut down on the number of unexpected intubations from airway compromise/obstruction reasons.  Since doing this, I have not had any further cases with unplanned intubation need.

I wanted to see if the experiences and practices of my colleagues are in line with what I have seen for these cases.  Please reply all with your own experiences and thoughts.  This will help us (me) direct endoscopy as to how we manage these patients if they have to be done in GI Suites 3-5.

Thanks,

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