



The Amount of Propofol Used Should be Specified in Milligrams Instead of Milliliters

Kullanılan Propofol Miktarı Mililitre Yerine Miligram Olarak Belirtilmelidir

Rümeysa Karaçuha Sürücü

Samsun Training and Research Hospital, Clinic of Anesthesiology and Reanimation, Samsun, Turkey

Dear Editor in Chief,

Esophagogastroduodenoscopy (EGD) is a common diagnostic procedure which requires sedation for most patients (1,2). Propofol is an agent often used alone or in combination in endoscopic procedures such as EGD and/or colonoscopy. The median effective dose (ED50) of propofol for loss of consciousness is 1 to 1.5 mg/kg after a bolus. The duration of hypnosis is dose dependent and 5 to 10 minutes after 2-2.5 mg/kg (3).

I read the article entitled "The correlation of pain catastrophizing scale and sedation in patients undergoing gastroscopy" belonging to Duman Aydın et al. in Bagcilar Medical Bulletin 2021;6(1):1-6. In the section of "material and methods" in this study, it was stated that intravenous propofol was administered to patients during EGD at a dose of 1 mg/kg, and doses of 0.3-0.5 mg/kg were added to patients with pain or movement during the procedure. In the results section, the amount of propofol used for sedation was 80.3±16.2 mL, both in the text and in the table. Detailed information about propofol dilution is not provided in the article. 1% propofol contains 10 mg/mL of active substance. When used in a pure state, the amount of 80.3±16.2 mL indicates that 803±162 mg is used, which will correspond to a very high amount for short-term (average of 5.53±2.15 minutes in the study) operations. In my opinion, it would

be more appropriate to specify the amount of propofol used in sedation in mg instead of mL in the article.

Keywords: Esophagogastroduodenoscopy, propofol, sedation

Anahtar kelimeler: Özefagogastroduodenoskopi, propofol, sedasyon

Ethics

Peer-review: Internally peer-reviewed.

Financial Disclosure: The author declared that this study received no financial support.

References

1. Wu Y, Zhang Y, Hu X, Qian C, Zhou Y, Xie J. A comparison of propofol vs. dexmedetomidine for sedation, haemodynamic control and satisfaction, during esophagogastroduodenoscopy under conscious sedation. J Clin Pharm Ther 2015;40(4):419-425.
2. Patterson KW, Casey PB, Murray JP, O'Boyle CA, Cunningham AJ. Propofol sedation for outpatient upper gastrointestinal endoscopy: comparison with midazolam. Br J Anaesth 1991;67(1):108-111.
3. Reves JG, Glass PSA, Lubarsky DA, McEvoy MD, Martinez-Ruiz R. Intravenous anesthetics. In Miller's Anesthesia, Miller RD (editor). 7th ed., Philadelphia: Churchill Livingstone/Elsevier, 2010:719-768.



Address for Correspondence: Rümeysa Karaçuha Sürücü, Samsun Training and Research Hospital, Clinic of Anesthesiology and Reanimation, Samsun, Turkey

E-mail: rksurucu@gmail.com **ORCID ID:** orcid.org/0000-0002-5031-5161 **Received:** 15.08.2021 **Accepted:** 11.10.2021

Cite this article as: Karaçuha Sürücü R. The Amount of Propofol Used Should be Specified in Milligrams Instead of Milliliters. Bagcilar Med Bull 2021;6(4):459

©Copyright 2021 by the Health Sciences University Turkey, Bagcilar Training and Research Hospital
Bagcilar Medical Bulletin published by Galenos Publishing House.