Titre de l'article

Effect of patient-controlled sedation with propofol on patient satisfaction: a randomized study.

Auteur(s)

Maurice-Szamburski A[a], Loundou A[b], Auquier P[c], Girard N[d], Bruder N[a].

Affiliation(s) du ou des auteurs

a Pôle d'anesthésie-réanimation, CHU Timone, AP–HM, 264, rue Saint-Pierre, 13385 Marseille cedex, France
b Unité d'aide méthodologique, DRC, AP–HM, 264, rue Saint-Pierre, 13385 Marseille cedex, France
c EA3279, santé publique, faculté de médecine, 13385 Marseille, France
d Pôle de neuroradiologie, CHU Marseille, AP–HM, 264, rue Saint-Pierre, 13385 Marseille cedex, France

Résumé

BACKGROUND:
In this trial we sought to determine whether propofol-based patient-controlled sedation (PCS) during diagnostic cerebral angiography would result in improved patient satisfaction compared to placebo-based PCS.

METHODS:
We randomly assigned 61 patients to receive propofol-based PCS (n=33, 15mg bolus in 9 s) or placebo-based PCS (n=28, bolus of 1.5mL of a 20% lipid emulsion in 9 s). We recorded the number of PCS bolus requirements, the need for rescue sedative drugs, and physiological variables. Prior to the procedure, the anxiety level of each patient was evaluated using the Anxiety State Traits Assessment (STAI) and the Amsterdam Preoperative Anxiety and Information Scale (APAIS). The quality of patient conditioning was quoted by both the anesthetist and neuroradiologist using Visual Analog Scale (VAS). The day following the procedure, patients were given the EVAN questionnaire, a validated tool for assessing patient satisfaction.

RESULTS:
Both groups were similar in term of demographics, American Society of Anesthesiologist (ASA) physical status scores, STAI and APAIS scores, and procedure lengths. There were no differences between groups in EVAN scores 76.9±16.1 vs. 75.7±12.8; P=0.78. The number of PCS bolus requirements was significantly higher in the placebo group 3.96±9.5 vs. 3.13±3.1 (P=0.02). No adverse event was recorded.

CONCLUSION:
This prospective, double-blind, randomized study showed that sedation using propofol PCS did not improve patients' satisfaction during diagnostic cerebral angiography. Therefore, an anesthetist should be rapidly available on request but not necessarily present during the whole procedure.

Mots-clés

PCS ; Patient reported outcome ; Propofol ; Sédation contrôlée par le patient

Revue

Annales Françaises d'Anesthésie et de Réanimation

Source

Annales Françaises d'Anesthésie et de Réanimation, Volume 32, Issue 12, December 2013, Pages e171–e175

Editeur

Elsevier

Lien

http://www.sciencedirect.com/science/article/pii/S0750765813011891