

STATEMENT ON ANESTHESIA CARE FOR ENDOSCOPIC PROCEDURES

Committee of Origin: Committee on Economics

Approved by the ASA House of Delegates on October 15, 2014

It is the position of the American Society of Anesthesiologists that “There is no circumstance when it is considered acceptable for a person to experience emotional or psychological duress or untreated pain amenable to safe intervention while under a physician’s care.” (See ASA’s Position Statement on the Medical Necessity of Anesthesiology Services, Approved by the House of Delegates on October 16, 2013.)

Anesthesiology is a discipline within the practice of medicine that involves the safeguarding and medical management of patients who are rendered unconscious **and/or** insensible to pain and emotional distress during surgical, obstetrical and other medical procedures.

Therapeutic endoscopic procedures are more likely to require anesthesia. Conditions may exist that make anesthesia necessary for procedures not usually requiring such care. Particular comorbidities and mental or psychological impediments to cooperation are examples of conditions dictating anesthesia care for even minor procedures in certain patients. Patients with a personal history of failed moderate sedation may also require anesthesia care.

Procedures that are prolonged or painful may warrant the use of anesthesia. These include, but are not limited to, biopsies or polyp resections, endoscopic retrograde cholangiopancreatography (ERCP), other biliary tract procedures, dilation of intestinal structures with or without stents, endoscopic resections, and other procedures that potentially result in discomfort.

The decision as to the medical necessity of anesthesiology services for a particular patient is a medical judgment that must consider all patient factors and preferences, procedure requirements, potential risks and benefits, requirements or preferences of the physician performing the underlying procedure, and competencies of the involved practitioners.