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Name of Journal: World Journal of Gastrointestinal Endoscopy

Manuscript Type: Observational Study

Manuscript Number: 56113

Predictor of respiratory disturbances during gastric endoscopic submucosal dissection under deep sedation

Aikawa M *et al.* Respiratory disturbances during ESD under sedation

ABSTRACT

BACKGROUND: Sedation is commonly performed for the endoscopic submucosal dissection (ESD) of early gastric cancer. Severe hypoxemia occasionally occurs due to the respiratory depression during sedation.

AIM: The purpose of this study was to establish predictive models for respiratory depression during sedation for ESD.

METHODS: Thirty-five adult patients undergoing sedation using propofol and pentazocine for gastric ESDs participated in this prospective observational study. Preoperatively, a portable sleep monitor and STOP questionnaires, which are the established screening tools for sleep apnea syndrome, were utilized. Respiration during sedation was assessed by a standard polysomnography technique (PSG) including the pulse oximeter, nasal pressure sensor, nasal thermistor sensor, and chest and abdominal respiratory motion sensors. The apnea hypopnea index (AHI)

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In this study, univariate analysis revealed that female gender, low height and weight, and low RR before treatment were significantly associated with **respiratory suppression**. Multivariate analysis revealed that RR before treatment was the only significant independent **predictor of respiratory suppression during ESD under deep sedation**.

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Nov 16, 2018 · Although strategies for preventing respiratory disturbances significantly depend on the type of breathing **abnormality encountered (central or obstructive)**, to the best of our knowledge, no previous study has **systematically characterized breathing patterns and disturbances under sedation during GI endoscopy**.

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Dec 27, 2015 · **Multivariate analysis revealed that RR before treatment** was the only significant independent predictor of respiratory suppression during ESD under deep sedation. Notably, in our study, the difference in RR between patients with and without respiratory suppression was subtle.

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