OFFICE BASED PROPOFOL SEDATION FOR TERMINATION OF PREGNANCY (TOP) IN ASA I AND II WOMEN: MORTALITY, SERIOUS INCIDENTS AND INCIDENTS IN 65.460 PATIENTS

Catherine J. De Jong, anesthesiologist, member advisory board
Beahuis & Bloemenhovekliniek, Heemstede, Netherlands

Background:
Termination of pregnancy (TOP) is a medical procedure that can be done under local anesthesia. Most women prefer sedation during the procedure. In a group of 8 Dutch abortion clinics sedation is given by well-trained physicians (not by anesthesiologists but by specialized TOP physicians) and nurses.

Objectives:
To evaluate safety and complications of the sedation method used: pre-treatment screening by physician, propofol sedation combined with low dose alfentanil (maximum 1mg), supplemented with local anesthesia by abortion physician, for TOP in 8 specialized office based abortion clinics.

Materials & Methods:
Retrospective descriptive study of 87.347 patient records (2010–2015). Patients were screened prior to treatment by the physician. ASA I and II patients were accepted for sedation. Records were kept (ECG, NIBP, Breathing Rate, SaO₂). Serious incidents (lasting damage to patient) and incidents (no lasting damage to patient) due to sedation were recorded.

Results:
Total number of patients: 87.347. Procedures done without sedation (abortion pill or instrumental procedure under local anesthesia only): 21.887 patients. Local anesthesia combined with sedation: 65460 patients. A total of 87 incidents were reported. See table for results

Conclusion:
This review indicates that office based ambulatory propofol sedation with a maximum of 1mg alfentanil for TPO in ASA I and II women provided by TOP physicians is safe and with a very low risk of serious incidents.

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RESULTS	
Total number of patients:	87.347.
Procedures done without sedation	21.887
Local anesthesia combined with sedation	65460
Serious incidents in sedation group	
Resuscitations	0
Ambulance transport to hospital	0
Vomiting & aspiration	0
Anaphylactic reactions	0
Incidents in sedation group	
Desaturation (SaO ₂ >80% and<5min)	19(0,03%)
Desaturation (SaO ₂ <80% or/and>5min)	9 (0,014%)
Desaturation and laryngeal mask used	1
Desaturation and mask ventilation for few minutes	1
Desaturation and intubation needed	0
Laryngospasm/bronchospasm/stridor	6
Coughing/excessive sputum/suction needed	5
Vomiting	2
Rash	7
Subcutaneous propofol	18 (0,03%)
Bradycardia +/- atropine given	6
Yawning & jaw luxation	2
Hypersalivation & atropine given	1
Nerve touched during insertion of IV	1
Extreme restlessness at waking up	7
myoclonic movements at induction	2
No or interrupted sedation due to incident	3