

ANESTHESIA CRITERIA FOR OUTPATIENT ENDOSCOPIC PROCEDURES

Rev. Sept 25, 2020 (May, Agpoon, Ladabaum)

Criteria for Endoscopy in Outpatient Centers (Redwood City, Cancer Center South Bay, Emeryville, and future expansions)

Exclusion criteria (these cases MUST BE DONE at Stanford Hospital Endoscopy Unit)

- Overnight stay required
- Blood products needed (e.g. pre-procedure platelets, FFP, etc.)
- ASA IV
- LVAD
- FEV1 < 1 L or continuous (day and night) home O₂
- Significant Pulmonary Hypertension with RVSP \geq 40 or PA mean \geq 25 mm Hg
- Myocardial infarction within 12 months
- Drug eluting coronary stent placed within 6 months
- Pulmonary embolism within 6 months
- Critical aortic stenosis with valve area < 1.2 cm² and/or mean gradient > 40 mm Hg
- Unstable angina
- Transient ischemic attack or cerebrovascular accident within 9 months
- BMI > 45 (Open access cases with BMI 40-45 require office consult first)
- Pregnancy
- Pediatric cases (patient under age 18 on day of procedure)
- Active infection (e.g. pulmonary TB, influenza, etc.)
- Congenital heart disease (corrected or uncorrected)
- Epidermolysis bullosa (always scheduled at SHC)
- Suspected difficult airway (limited neck range of motion, limited mouth opening, Mallampati IV airway, or previous history of difficult airway) *Would review/reconsider if prior anesthetic records at Stanford.*
- Myocardial bridge with symptoms (e.g. chest pain)

CASE BY CASE:

*Well compensated ASA III on a case by case basis at discretion of the Medical Director / Anesthesia Lead

- Developmental delay (excluded *if unable to tolerate preoperative IV*)
- Down's Syndrome (new: 03.28.2022)
- Hepatic failure or cirrhosis
- Severe or poorly controlled asthma or COPD
- Moderate to severe sleep apnea
- Family or personal history of malignant hyperthermia
- Pacemaker/AICD
- Congestive heart failure NYHA functional class II, III, or IV with cardiologist clearance letter
- BMI 40-45 (*generally expect that cut off for EGD is BMI < 40; cut off for colo is BMI < 45*)
- Wheelchair bound for non-orthopedic reasons

- ESRD on dialysis (if history of hyperkalemia or would require ISTAT potassium on DOS)

Excluded procedures (MUST BE DONE at Stanford Hospital Endoscopy Unit)

- ERCP
 - ESD (endoscopic submucosal dissection)
 - Double balloon enteroscopy
 - Any procedure requiring fluoroscopy
 - Any procedure that the ordering endoscopist indicates must be done in the hospital
- * EGD with variceal banding allowed only for patients with compensated cirrhosis (Childs A), with prior ligation with no complications, and with endoscopist who is comfortable with conscious sedation and ligation, or anesthesia, for these patients

Criteria for Outpatient Endoscopy with Anesthesia -- Hospital or Outpatient Centers

- Patient failed conscious sedation in the past
- Patient with active alcohol dependence or drug use
- Patient on controlled pain (e.g. opiates) or anxiolytic / psychiatric medications (e.g. benzodiazepines, antipsychotics) – at discretion of endoscopist
- ASA III by request of endoscopist
- ASA IV (Stanford Hospital only)
- BMI >45 (Stanford Hospital only)