

## Can You Let Patients Drive Home After Propofol?

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Except for worries about bowel prep, perhaps the most important question for people undergoing endoscopy is one of logistics: How am I going to get home?

The answer for endoscopy units has been this: Find a ride, you're not getting behind the wheel. But researchers at Cleveland Clinic have found that such restrictions may be too strict.

"Our study did not show significant differences in the driving skills of patients at baseline and after achieving an Aldrete score of 9 following recovery from the procedure," said Pooja Lal, MD, a resident in internal medicine at Cleveland Clinic Foundation, in Ohio. The 10-point Aldrete score assesses the immediate recovery after anesthesia.

John J. Vargo, MD, MPH, the director of Enterprise Endoscopy Operations at Cleveland Clinic, and the president of the American Society for Gastrointestinal Endoscopy, called the results "tantalizing and exciting." The study indicates that carefully selected patients are able to drive themselves home following certain procedures, "barring any complications," said Vargo, the senior author of the study, adding that the results must be validated.



Propofol sedation is increasingly being used for endoscopy in the outpatient setting. Patients are advised not to drive themselves home after endoscopic procedures that involve propofol sedation, and to refrain from driving or taking public transportation unassisted for at least 24 hours.

But the Cleveland group noted that studies have not addressed the recovery of driving skills in patients receiving propofol-based sedation.

Lal and her colleagues assessed psychomotor recovery using a driving simulator that mimics real-life driving in outpatients undergoing gastrointestinal endoscopy with propofol. They submitted their findings to the 2020 Digestive Disease Week (abstract 295).

The prospective open-label study enrolled 42 patients who received propofol for a esophagogastroduodenoscopy (73%) or colonoscopy (27%). Driving skills were evaluated with the driving simulator before the procedure and after achieving an Aldrete score of 9 in the recovery room.

### **Driving Ability Remained Intact**

Driving skills after propofol sedation were similar to those observed at baseline (Table).

Table. Simulator Driving Skills Before And After Propofol Sedation

<b>Driving Skill</b>	<b>Before</b>	<b>After</b>	<b>P Value</b>
Over speed limit, n	3.22	3.37	0.75
Over posted speed limit, %	15.28	18.53	0.19
Going off the road, n	0.37	0.54	0.16
Gas pedal reaction time, seconds	0.7	0.7	0.59
Collisions, n	0	0	.887

Lal said the current recommendations regarding driving or otherwise traveling unescorted post procedure “may need to be reconsidered” in light of the new findings. However, Vargo emphasized that these people were healthy patients who were undergoing elective ambulatory procedures and they received propofol administered by an anesthesiologist. “The use of adjunctive medications with longer half-lives could have led to a delay in recovery of driving ability,” he added.

Jennifer Naylor, MD, a gastroenterologist at Emerson Hospital in Concord, Mass., said although she understood the rationale for the study, she would hesitate to act on the results.

“I mostly use propofol sedation now. I think the post-procedure driving recommendations come from the IV conscious sedation setting, where the effects can last hours beyond the procedure,” Naylor said. “Propofol wears off more quickly, so I see the rationale of the study, but I would still feel uncomfortable letting patients to drive themselves home without more research.”

—*Caroline Helwick*

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Lal, Naylor and Vargo reported no relevant financial disclosures.