

Liposuction "Conscious Sedation" Monitored Anesthesia Care and Level of Consciousness Monitoring

Congratulations to Scarborough et al. [4] on their recent liposuction monitored anesthesia care publication. Unfortunately, using the Ramsey sedation scale to titrate the depth of propofol sedation is using 20th century technology when 2lst century technology [3] is readily available and more precise. The authors describe using a 1-mg/kg bolus of propofol, which is an appropriate induction dose for general anesthesia, while claiming to be performing "conscious sedation." Using a bispectral index level of consciousness monitoring, I routinely obtain moderate to deep sedation (depending on whether airway intervention is required (Table 1)) with propofol using multiple 150-µg/kg/20 s miniboluses and maintaining a 50- to 100-µg/kg/min infusion [1], as compared with the authors' report of using 50- to 150-µg/kg/min for "conscious sedation."

Although the authors undoubtedly have enjoyed good success in their 15-year clinical experience, the path they outline is fraught with danger for those

untrained in airway management. Inability to rescue from unintended deep levels of sedation/anesthesia is what may produce disaster instead of success. A recent publication [2] states that even a registered nurse directed by a surgeon may administer intravenous medications under the guise of patient safety! The money saved on anesthesia professional fees will be "penny wise and pound foolish" when the costs of the inevitable medical liability claim is settled.

Also, this report does not indicate the number of times the airway was lost, requiring a jaw thrust, nor does it mention of the incidence of postoperative nausea and vomiting. Finally, I sincerely doubt that a 6-mm liposuction cannula would meet many surgeons' definition of a "microcannula," as the authors claim it to be.

Barry L. Friedberg M.D.
East Coast Highway,
PMB 103 Corona del Mar
CA, 92625, USA
email: drfriedberg@doctorfriedberg.com

Table 1. Continuum of sedation depth: definition of general anesthesia and levels of sedation/analgesia^a

Minimal sedation: "anxiolysis"	Moderate sedation/analgesia: "conscious sedation"	Deep sedation/analgesia	General anesthesia
Responsiveness			
Normal	Purposeful ^b	Purposeful ^b	
Response	Response to verbal or tactile stimulation	Response to verbal or painful Stimulation	Unarousable, even with repeated painful stimulation
Airway			
Unaffected	No intervention required	Intervention may be required	Intervention often is required
Spontaneous ventilation		-	
Unaffected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular function	Handly maintained	Hanalla maintainad	Man ha immained
Unaffected	Usually maintained	Usually maintained	May be impaired

^aAmerican Society of Anesthesiology, Standards, Guidelines, and Statements. ^bReflex withdrawal from a painful stimulus is not considered a purposeful response.

References

- Friedberg. BL (2003) "Propofol ketamine anesthesia for cosmetic surgery Office Suite chapter." In: Osborne, L (ed.), Anesthesia for outside the operating room. Int Anesth Clin 41, pp 39
- Anesth Clin 41, pp 39
 2. Iverson RE, Lynch DJand the ASPS Committee on Patient Safety Practice advisory on liposuction. Plast Reconstr Surg 100:1478, 2004
- 3. Kearse LA, Rosow C, Zaslavsky A, Connors P, Dershwitz M, Denman W.: Bispectral analysis of the electroencephalogram predicts conscious processing of information during propofol sedation and hypnosis. *Anesthesiology* **88:**25, 1998
- Scarborough DW, Herron JB, Khan A, Bisaccia E: Experience with more than 5,000 cases in which monitored anesthesia care was used for liposuction. Aesth Plast Surg 27:274, 2004