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Canada***Area and Category(at submission):**[WCBIP] EBUS & EUS**Presentation Preference:** Either**Case Report:** NO**Introduction:**

Adequate moderate sedation can be provided for flexible bronchoscopic procedures, however it is debated if moderate versus deep sedation is the optimal method for CP-EBUS TBNA. Proponents of moderate sedation argue quick recovery times and low costs (no OR usage, anesthesia expertise, equipment usage etc), whereas advocates of deep sedation argue this against higher yields and increase safety profile during bronchoscopic procedures.

The literature is sparse in terms of post-procedural recovery times and actual door to door (arrival & discharge) times following moderate or deep sedation for bronchoscopy but to date there is no data for EBUS TBNA. The choice of anesthesia, post procedural recovery and discharge times may have significant cost bearings especially since re-imbursement for bronchoscopic procedures has been on the decline. We report our experience of conscious sedation, to date this is the first study to report door to door, procedural & recovery times in CP- EBUS TBNA.

Methods:

A retrospective review of prospectively collected data of 406 consecutive cases of CP-EBUS TBNA for one year with conscious sedation in our institution. All procedures were performed in the interventional thoracic surgery suite (ITSS) with pre assessment and post procedural recovery in the endoscopy outpatient department (OPD). All data was independently collected by OPD nursing staff. Age & gender, amount of sedation, total time in ITSS, procedural, post recovery & discharge (door to door) times, nadir (lowest) oxygen (O₂) saturation during the procedure, average total no. of lymph nodes biopsied, discharge score (total of 10 with each score of 0-2, and includes vitals, pain score, consciousness, bleeding, nausea/vomiting) was recorded.

Results:

Of the total 406 cases of EBUS- TBNA, 265 men and 141 women had an average age of 65 years. All patients received topical anesthesia. Average total of 121 mcg of fentanyl, 3.5 mg of midazolam, 17 ml of topical 2% lidocaine was used during the procedure. The average total time in ITSS room was 50 mts:04 secs with average procedural time of 35 mts:54 secs, average nadir O₂ sat was 92%. Average total no. of Lymphnode biopsied was 3.1. The average total recovery time was 58 mts:34 secs. Total average discharge score was 9.9/10. The average door to door discharge times were 2 hrs:46 mts:29 secs.

Conclusion:

We conclude that EBUS TBNA can be performed efficiently with the use of combination of benzodiazepines and opiates as conscious sedation aided with topical sedation in OPD settings.