Editorial

Sedation for gastrointestinal endoscopy aims to relieve patient's anxiety and fear of the examination. Unsedated endoscopy is feasible in selected patients, but requires commitment on the part of both the patient and the provider. For many years, the standard practice was to use benzodiazepine to sedate patients, but in recent years propofol has been used as a suitable alternative sedative agent in many endoscopy units worldwide. However, sedation is estimated to be responsible for about 50% of all gastrointestinal endoscopy complications; therefore, proper training to administer sedation and monitoring sedated patients is important to prevent complications.

Sedation for gastrointestinal endoscopy is a major issue for all physicians using endoscopy to diagnose and treat gastrointestinal diseases. Anesthesiologists and endoscopy suite nurses are also involved in providing sedation and monitoring sedated patients in many countries worldwide. Sedation and analgesia are also major issues for patients seeking a painless endoscopy examination. Therefore, major gastroenterology, endoscopy and anesthesiology societies have issued guidelines on the use of sedation for gastrointestinal endoscopy, the modes of monitoring patients and precautions to be taken to avoid complications from the intravenous use of sedatives.

The World Organization of Digestive Endoscopy (OMED), the Hellenic Society of Gastroenterology

(HSG) and the European Society of Gastrointestinal Endoscopy (ESGE) joined forces and funded a meeting on sedation for gastrointestinal endoscopy, aiming to provide useful statements on this topic. The meeting was also funded by the United European Gastroenterology Federation (UEGF) and endorsed by the American Society for Gastrointestinal Endoscopy (ASGE). It was held in Athens, Greece, in September 2009, and a distinguished international faculty of gastroenterologists and anesthesiologists from Europe, North America, Africa and Asia were invited to present and discuss hot topics on sedation for gastrointestinal endoscopy. They covered the recent advances in this area, focusing on indications, the nature and safety of sedatives and analgesics, their administration, the monitoring required, and issues related to training in their use. In addition, medico-legal issues related to the use of propofol by gastroenterologists were discussed. A selection of these oral presentations is published in this issue of *Digestion*. They are all short expert reviews that will provide the reader with updated information useful for future research and clinical practice.

I am indebted to the funding societies and all of the colleagues who participated and made the Athens meeting a success, as well as for preparing these expert reviews published in *Digestion*.

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