

**Is premedication necessary for screening colonoscopy?
The Norwegian experience**

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While colonoscopy is performed in heavy sedation or even general anaesthesia in some countries, the majority of colonoscopies in e.g. Norway or Finland are performed without any sedation or analgesia. Previous studies indicate that routine sedation does not significantly facilitate either coecal intubation or patient satisfaction. We thus assume that the reason for the variation in sedation practice is to a large extent due to local traditions rather than scientific evidence. There is, however, a considerable difference in the technical skills of endoscopists, and less skilled endoscopists may be more prone to use sedation during colonoscopy.

Compared to non-sedated colonoscopy, the use of sedation during colonoscopy has several disadvantages that need to be recognised; higher rate of colonic perforation, need for recovery after exam, patient amnesia leading to difficulties in explaining findings/follow-up, impaired driving ability for the rest of the day. Therefore, in our opinion, colonoscopy should preferably be performed without sedation. This is especially important for colonoscopy of presumptive healthy individuals for average-risk colorectal cancer screening.

Performing colonoscopy without sedation requires technically skilled endoscopists, good endoscopy equipment and enough time available for insertion. Thus, endoscopy units should provide good training for endoscopists, continuous quality assurance programs and adequate time tables.

Some individuals (estimate approx. 20% of average screening populations) will require sedation during screening colonoscopy, either due to abdominal adhesions after surgery, major psychological distress or earlier traumas. The use of inhalative patient-controlled analgesia with nitrous oxide (N₂O) could be an adequate alternative to intravenous drugs in these patients. Trials investigating the use of nitrous oxide assisted screening colonoscopy are in a planning stage.