



Allegheny Regional Endoscopy
810 Valley View Blvd. Altoona, Pa 16602

FAQs: Anesthesia

Q: *What medication will be used for sedation during my procedure?*

A: *Propofol* is the sedative of choice at Allegheny Regional Endoscopy. Propofol is a very safe medication which causes a sedative effect very quickly and “wears off” quickly as well. Recovery is typically less than 30 minutes. There is no nausea associated with Propofol.

Q: *Why is it so important not to eat or drink before my procedure?*

A: All of our guidelines are in place for patient safety. The stomach takes a certain amount of time to empty food and liquids into the small intestine. Certain patient diagnosis as well as certain medications can make this “emptying time” even longer. Any food or liquid that remains in the stomach at the time of your procedure can easily be aspirated into the lungs, under sedation.

Q: *Why can I not have chewing tobacco, hard candy, cough drops or chewing gum before my EGD and/or colonoscopy?*

A: All of these oral gratifiers can negatively impact the acidity level of the stomach, even if only a very small amount is swallowed/digested. An increase in the acidity of the stomach leads to increased incidence of nausea, vomiting and potential aspiration under sedation.

Q: *Why am I told not to smoke after midnight, the night before my procedure?*

A: Within hours of finishing a cigarette, your lungs become less “sticky” and your “air sacs” can more easily be filled with oxygen. Oxygen levels can sometimes drop while under anesthesia, so it is important to have every patient’s lungs at maximum function prior to sedation.

Q: *Why must medical marijuana not be inhaled after midnight, the night before my procedure?*

A: Some of the receptors in the brain that “accept” and respond to marijuana are the same receptors which “accept” and respond to Propofol sedation. For this reason, sedation levels can vary greatly while under the influence of marijuana. In turn, recovery times may also vary greatly.

Q: *Why must I discontinue certain diabetic/weight loss medications before my procedure?*

A: Certain GLP1 class diabetic medications (ie. Ozempic, Trulicity...) work by slowing down the absorption and digestion of food and liquids in your stomach. If your stomach is not empty for your procedure, there is a high risk of aspiration under sedation.

Q: *Why must I stop my Phentermine 7 days before my procedure?*

A: Phentermine has been shown to cause significant increases in heart rate and dangerous increases in blood pressure, when combined with anesthesia medications.

Q: *Why do I have to remove oral piercings before my procedure?*

A: Oral piercings have the ability to become dislodged and “fall” into your airway, under anesthesia.

Q: *Why does my nerve, bowel or bladder stimulator need to be turned “off” or placed in “surgery mode” for my colonoscopy?*

A: When a large polyp is found in your colon, we use cautery to decrease bleeding after the polyp is removed. The cautery “waves” can interfere with the stimulator and cause dysfunction of the stimulator.

Q: *Why does a responsible adult need to sign me out of recovery, and why can I not drive for 24 hours after receiving sedation for my procedure?*

A: The sedation we use continues to circulate in your body for a minimum of 12 hours causing episodes of drowsiness and decreased reflexes. The sedative may also be detectable in the blood for up to 24 hours. Therefore it is not safe to drive on the same day as receiving our sedation.

Q: *My chart was reviewed by anesthesia and my procedure has now been rescheduled for UPMC Altoona instead of Allegheny Regional Endoscopy. Why?*

A: The anesthesia department at Allegheny Regional Endoscopy has patient care guidelines that have been established in cooperation with the Anesthesia Patient Safety Foundation as well as UPMC Anesthesia. These guidelines are used to establish those patients considered “high medical risk” under anesthesia. Patients with this designation may not have anesthesia at our outpatient facility.

Q: *Why is it so important to call anesthesia and report: new health status changes, new health testing, recent ER visits and recent hospital admissions?*

A: If you arrive for your procedure and anesthesia has not been notified in advance of health status changes, testing, etc. your procedure may be canceled and rescheduled for a new date, once anesthesia has had time to review the new health updates/test results.