INPLASY

Efficacy and Safety of Esketamine as an Adjunct to Propofol for Sedation in Patients Undergoing Gastrointestinal Endoscopy: A Systematic Review and Meta-Analysis

INPLASY2024100052
doi: 10.37766/inplasy2024.10.0052
Received: 11 October 2024
Published: 11 October 2024

Corresponding author:
Aiguo Li

106678343@qq.com

Author Affiliation:
The Second Affiliated Hospital of Guangxi Medical University.

Li, AG; Wang, L; Lei, XY; Xu, SR; Jiang, ZB; He, RL.

ADMINISTRATIVE INFORMATION

Support - Guangxi clinical key specialty (pain department) construction project.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2024100052

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 11 October 2024 and was last updated on 11 October 2024.

INTRODUCTION

Review question / Objective This study was designed to evaluate the efficacy and safety of esketamine as propofol assisted sedation in patients undergoing endoscopic surgery. RCT experiment was chosen as the research method.

Condition being studied Esketamine as an Adjunct to Propofol for Sedation in Patients Undergoing Gastrointestinal Endoscopy.

METHODS

Participant or population Outpatient patients undergoing painless gastroenteroscopy.

Intervention Esclaminone as an adjunct to propofol sedation.

Comparator Patients undergoing painless gastroenteroscopy with saline control or opioids as adjunct.

Study designs to be included RCT test.

Eligibility criteria The inclusion criteria were as follows: (1) patients undergoing painless endoscopy and ERCP; (2) intervention: esketamine; (3) control: placebo, no intervention, or other sedative-hypnotic drugs; (4) study type: randomized controlled trial (RCT). The exclusion criteria were as follows: (1) patients in intensive care, adult subjects, and those using additional sedative drugs for rescue according to the protocol; (2) incomplete studies or missing information; (3) non-English literature; (4) case reports.

Information sources PubMed, Embase, and the Cochrane Central Register databases.

Main outcome(s) Incidence of hypoxemia and hypotension during painless gastrointestinal endoscopy.

Quality assessment / Risk of bias analysis Cochran tool.

Strategy of data synthesis When STATA software was selected for data analysis, heterogeneity was considered if I2 was greater than 50% and P < 0.1. The combined effect size of random effects with heterogeneity was selected and the combined effect size of fixed effects with no heterogeneity was selected.

Subgroup analysis Subgroup analysis was performed according to high risk group and low risk group.

Sensitivity analysis The stata software performs a sensitivity analysis to reflect the sensitivity of an article by removing changes in a particular article.

Country(ies) involved China.

Keywords Gastroscopy, Esketamine, Meta-analysis, Anesthesia, Propofol.

Contributions of each author

Author 1 - Li Aiguo - Li Aiguo consult literature, data analysis.
Email: 106678343@qq.com
Author 2 - Liu Wang .
Author 3 - Xinyu Lei.
Author 4 - Shengrong Xu .
Author 5 - Zongbin Jiang.
Author 6 - Ruilin He.