

# Recall of cardioversion after procedural sedation with propofol

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Some patients have painful memories of the cardioversion even though they are sedated with propofol.

<b>Ethische beoordeling</b>	Niet van toepassing
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON23740

### Bron

NTR

### Verkorte titel

Recall

### Aandoening

Patiënten with persistent arrhythmias for which cardioversion is indicated

### Ondersteuning

**Primaire sponsor:** MCH Westeinde

**Overige ondersteuning:** none

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

The incidence of a recall in patients who underwent cardioversion and were sedated with propofol

# Toelichting onderzoek

## Achtergrond van het onderzoek

The original pilot study is extended to a prospective multicenter study. In this study 223 patients were included. The primary outcome did not differ. The primary outcome was the incidence of painful recall of the ECV after sedation with propofol. Secondary outcomes were pain at the side of the defibrillator pads and muscle pain after the procedure.

Painful recall in elective electrical cardioversion with propofol and the need for additional analgesia.

Abstract:

Introduction

Electrical cardioversion (ECV) is a short but painful procedure for treating cardiac dysrhythmias. There is a wide geographical variation regarding the medication strategy to facilitate this procedure. Many different anaesthetic techniques for ECV are described. Currently, the optimal medication strategy to prevent pain in ECV has yet to be established. The role for additional analgesic agents to prevent pain during the procedure remains controversial and evidence is limited.

Methods

We conducted a prospective multicenter study to determine the incidence of painful recall in ECV with propofol as a sole agent for sedation, in order to assess the indication for additional opioids. Exclusion criteria were suspected hypersensitivity to propofol. In all patients anaesthesia for ECV was induced with propofol titrated till loss of eyelash reflex and non-responsiveness to stimuli, corresponding to Ramsay Sedation Score level 5-6. ECV was performed with extracardiac biphasic electrical shocks. The primary outcome was painful recall of the procedure, defined as NRS  $\geq 4$ . Secondary outcome parameters were pain at the side of the defibrillator pads and muscle pain after ECV.

Results

A total of 226 patients were enrolled in this study. Six patients were excluded due to missing data or violation of study protocol. One patient (0.4%) reported recall of the procedure and NRS 7, despite adequate sedation with 90 mg propofol. Complete amnesia was observed in 223 patients, with NRS 0. The mean of the total dose of propofol was 1.1 mg. Fifteen patients (6.4%) experienced pain at the side of the defibrillator pads and six patients (0.9%) complained of muscle pain after the procedure.

## Conclusions

In this prospective multicenter study, painful recall of the ECV was found in 0.4% of the patients. Propofol as a sole agent provided effective sedation and amnesia in 98,7 % of the patients. This data supports that additional opioids to propofol sedation is not indicated to prevent pain or recall in ECV.

## Doel van het onderzoek

Some patients have painful memories of the cardioversion even though they are sedated with propofol.

## Onderzoeksopzet

- 1 Before cardioversion
- 2 Directly after cardioversion
- 3 Some days after cardioversion

## Onderzoeksproduct en/of interventie

NRS-painscore before, directly after and some days after cardioversion

## Contactpersonen

### Publiek

Resident Intensive Care  
MC Haaglanden  
D.F.M. Winden, van  
Den Haag  
The Netherlands  
-

### Wetenschappelijk

Resident Intensive Care  
MC Haaglanden  
D.F.M. Winden, van  
Den Haag  
The Netherlands  
-

## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Patients >18 years old, admitted for scheduled cardioversion of persistent arrhythmia

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- An inability to understand the questions (eg, language problems)
- Protein or soy intolerance
- Chronic pain

## Onderzoeksopzet

### Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

### Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-11-2014
Aantal proefpersonen:	50
Type:	Verwachte startdatum

## Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

### Ethische beoordeling

Niet van toepassing

Soort:

Niet van toepassing

### Registraties

#### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

#### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

#### In overige registers

Register	ID
NTR-new	NL4646
NTR-old	NTR4789
Ander register	- : -

### Resultaten