

Obesity ups risks in pediatric procedural sedation

June 12 2015



(HealthDay)—For pediatric patients undergoing procedural sedation, obesity is associated with increased risk of adverse respiratory events and frequency of airway interventions, according to research published in the July issue of *Pediatric Anesthesia*.

Patricia D. Scherrer, M.D., from the Children's Hospitals and Clinics of Minnesota in Minneapolis, and colleagues queried the Pediatric Sedation Research Consortium database of prospectively collected procedural sedation encounters to examine the impact of obesity on pediatric procedural sedation. They compared sedation-related outcomes, [adverse events](#), and therapeutic interventions for obese and nonobese patients. Data were included for 28,792 patients, of whom 17.9 percent were obese.

The researchers found that the likelihood of total adverse events was increased in [obese patients](#) (odds ratio, 1.49). There were increases in respiratory events, including [airway obstruction](#), oxygen desaturation, secretions, and laryngospasm (odds ratios, 1.94, 1.99, 1.48, and 2.30, respectively); inability to complete the associated procedure (odds ratio, 1.96); and prolonged recovery (odds ratio, 2.66). Airway intervention, including repositioning, suctioning, jaw thrust, airway adjuncts, and bag-valve-mask ventilation, was more frequently required by obese patients. After multivariate regression analysis, obesity was found to be independently associated with minor and moderate, but not major, adverse events.

"Obesity is an independent risk factor for [adverse respiratory events](#) during procedural sedation and is associated with an increased frequency of airway interventions, suggesting that additional vigilance and expertise are required when sedating these patients," the authors write.

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Citation: Obesity ups risks in pediatric procedural sedation (2015, June 12) retrieved 4 April 2023 from <https://medicalxpress.com/news/2015-06-obesity-ups-pediatric-procedural-sedation.html>

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