The Role of Dexmedetomidine Sedation on Flexible Fiberoptic Bronchoscopy Procedure

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Abstract

Flexible fiberoptic bronchoscopy (FOB) is an invasive method that is frequently used in the diagnosis, staging and treatment of lung diseases. The complaints of coughing, swallowing, feeling of breathlessness and pain that occur during FOB operation applied in the presence of local anesthesia frequently occur. Performing of the FOB procedure in conjunction with local anesthesia in the presence of sedation is preferred in order to minimize the existing problems. Dexmedetomidine is a new sedo-analgesic agent which a candidate for alternative to the commonly used midazolam-propofol or midazolam-opioid combinations and has analgesic, sedative, anxiolytic properties. At appropriate intravenous, intranasal, or sublingual doses, it may provide sedoanalgesia without respiratory depression. The ability to use without anesthesiologist, analgesia, sedation, anxiolytic and amnesic properties are superior to other sedo-analgesic drugs. Nevertheless, there is a need for multicentre randomized controlled studies for the role of sedo-analgesia with dexmedetomidine.

Conclusion

In conclusion, in performing FOB, dexmedetomidine may be a good alternative to midazolam/opioid combination with low side effect profile. The intranasal and sublingual
The applicability of the medicine can provide advantages in everyday practice. Nevertheless, there is a need for multicentre randomized controlled studies for the role of sedoanalgesia with dexmedetomidine while performing FOB.

References


