A different image of avoiding sedation in pediatric radiology

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Sir,

We would like to reply to the author comments regarding the avoidance of sedation in radiology [1] to clarify some points and offer a perspective that may not be appreciated by nonanesthesiologists.

Although we cannot agree more with the goal of avoiding unnecessary sedation and/or having children undergo their diagnostic studies without medication, in reality, this is a very difficult task to achieve. The involvement of fewer radiologists in providing sedation has resulted in more anesthesiologists, intensivists, and pediatricians performing the sedation and/or anesthesia for these children. As a result, more children who would normally have undergone scans with sedation are receiving general anesthesia or nothing at all (avoiding sedation). This begs the question as to whether more children are now receiving general anesthesia when less anesthesia or sedation would have been a better option in the first place.

The main consequence of a “failed scan attempt” in an “avoid sedation or no sedation” child is that more medication is subsequently required to sedate/anesthetize a now upset and anxious child—not an optimal setting for

any of the individuals involved (child, parents, nursing staff, anesthesia personnel).

We believe no sedation or avoiding sedation for diagnostic scans is an important and noble goal; however, great care should be taken in the transition to sedation or general anesthesia when children are unable to complete the study without medication. Giving the impression that transitioning from no sedation to anesthesia or sedation is an easy task is false and misleading. The delays in waiting for anesthesia personnel and the stress imposed on the patients and their families as well as the providers should not be overlooked. Additionally, nonsedated children may not meet the mandatory fasting guidelines.

More research studies are needed to distinguish which children can avoid sedation, such as those needing short, noncontrast CT scans, as compared to those undergoing longer scans, such as MRI spine scans.

Reference

1. Koch BL (2008) Avoiding sedation in pediatric radiology. *Pediatr Radiol* 38(2):S225–S226

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