

TITLE: COMPLAINTS OF SEXUAL FANTASIES FOLLOWING BENZODIAZEPINE SEDATION IN WOMEN
AUTHORS: J.W. Dundee, M.D.
AFFILIATION: Dept. Anes., The Queen's University of Belfast, Whitla Medical Building, 97 Lisburn Road, Belfast BT9 7BL.

Sedation with small doses of intravenous diazepam or midazolam is frequently used to allay apprehension during procedures carried out under local anaesthesia. Allegations of sexual assault while under the influence of these drugs have led to several British dentists being deprived of the right to practice¹. In an early pharmacokinetic study a lady volunteer (MD) described, with great clarity, a sequence of events amounting to sexual trespass which both she and her attendants knew could not have happened. This aroused the interest of the author who has now collected details of 35 events. 27 of these occurred in women and 21 had a disturbing sexual element.

Cases reports These are summarized in the table. All subjects were unpremedicated - midazolam was given to 19 and diazepam to 2. In all but 3 of those verified by close questioning of the subject and their attendants, there was no possibility of sexual trespass, despite the clarity of the descriptions.

In 9 out of the 13 instances, where other persons were present throughout, one could relate the fantasy to something that did happen e.g. dental or oral endoscopy - complaint of oral sex : swab placed between legs - complaint of sexual assault.

Analysis of Case Reports of "Fantasies"

21 events with a sexual element
 14 dental procedures
 (7 resulted in litigation)
 3 oral endoscopy
 3 other procedures
 1 monitoring and blood sampling

16 spontaneous complaints
 5 elicited on questioning
 (3 dental : 2 endoscopy)
 All but 2 were distressing to patients

18 verified reports of sexual fantasies
 15 did not happen
 2 physically impossible
 13 others present continually

Comment Some of these occurred early in the use of midazolam when high doses were used. In a reported survey² there were no fantasies following small doses in 1,425 patients but 4/745 with high doses i.e. 0.10 mg/kg or more. The frequency of this rare complication appears to be in the region of 1:50,000-1:100,000. The need to have a third independent person present preferably of the same sex as the patient, during benzodiazepine sedation is obvious.

References

1. Lancet 1: 1339-1340, 1989.
2. SAAD Digest 6: 72-75, 1986.

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TITLE: CONSCIOUS SEDATION VERSUS EPIDURAL ANESTHESIA FOR LITHOTRIPSY ON THE HM4 DORNIER LITHOTRIPTER
AUTHORS: PC Reynolds MD, T Gormley MD, D Cowan PhD, C Brown RN, P Greenman MD, M Biggerstaff MD
AFFILIATION: Walter Reed Army Medical Center, Anesthesia & Operative Service, Washington D.C. 20307

There is little information on the conscious sedation of patients undergoing lithotripsy for nephrolithiasis. There is no literature documenting conscious sedation for the patient undergoing lithotripsy on the HM4 Dornier Lithotripter. The experience of the first 250 patients undergoing lithotripsy at our institution was examined. The first group received epidural anesthesia for lithotripsy. The subsequent group received monitored anesthesia care with intravenous alfentanil. The Dornier HM4 Lithotripter used had not received the modification to allow for "painless lithotripsy." This study sought to identify in the conscious sedation group the following: 1) a reduced amount of time spent by the anesthesiology team in preparing the patient for lithotripsy, 2) a reduced time spent by the patient in the recovery room, 3) a lower number of complications, 4) and a similar stone free outcome rate when compared to the epidural group. A records review revealed the following information on the patients; age, sex, weight, ASA classification, stone burden (number of stones and the two dimensional size of the largest stone), type of anesthesia, time for anesthesia to prepare the patient for lithotripsy, total anesthesia time, post anesthesia recovery room score, time spent in the recovery room, types of

complications encountered. As we had thought it took much less time to prepare the patient for lithotripsy with conscious sedation than with epidural anesthesia (10 min vs 37 min, $p < 0.005$). Mean time in the recovery room for the epidural group was 106 min as compared to 84 min for the conscious sedation group (KW AOV=9.43, $p=0.0026$). There were no complications seen in the group of patients who received alfentanil infusion. There were several in the epidural group to include post dural puncture headache, failed epidural requiring general endotracheal anesthesia, and fluid overload in the recovery room. The stone free rate in the two groups were similar at rates comparable to those reported elsewhere (70 of 97 patients (72%) in the epidural group and 66 of 89 patients (74%) in the conscious sedation group).

Based on this historical review of our experience we conclude that conscious sedation for lithotripsy is safer for the patient. Also, it takes less time preparing the patient for conscious sedation and less time for the patient to recover from the intravenous sedation than epidural anesthesia as administered for lithotripsy. In addition the type of anesthesia did not significantly change the stone free rate in patients with similar stone burdens.

References:

1. Taillly G, Gillis J. Painless ESWL on the Dornier HM4: Preliminary Results. Dornier Medizintechnik GmbH-user Letter, 4th iss Dec 88; p 9-15.
2. Freidlich JD, et al. Anesthesia for Lithotripsy: Efficacy of Monitored Anesthesia Care with Alfentanil. Anesth Anal 1990; 70: S115.