Optimal Premedication Time of Pronase with DMPS for Improving Visibility of Upper GI Endoscopy

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Background: Premedication of pronase with DMPS and sodium bicarbonate can improve visibility during upper gastrointestinal endoscopy.

Object: To investigate optimal timing of premedication of pronase with DMPS and sodium bicarbonate before upper gastrointestinal endoscopy.

Patients and Methods: A total of 300 patients were assigned to receive premedications (pronase with DMPS and sodium bicarbonate) and were randomized to three groups (group A, premedication was done within 10 min before endoscopy [n=100] and group B, premedication was done within 10-30 min before endoscopy [n=100] and group C, endoscopy was started after 30 min with premedication [n=100]). Endoscopists assessed visibility scores (range 1-4) for the antrum, lower gastric body, upper gastric body, and fundus. The higher score means lesser clear visibility. The sum of scores from the four locations was defined as the total visibility score.

Results: Group B (premedication was received within 10-30 min before endoscopy) had a significantly lower total visibility scores and better bowel preparation than other groups (p<0.05). In addition, satisfaction scores of endoscopist during endoscopy was higher in group B than other groups.

Conclusions: Optimal premedication time of pronase with DMPS and sodium bicarbonate is 10-30 min before upper gastrointestinal endoscopy.

Key Words: Pronase; Bowel preparation; Premedication; Endoscopy