

Propofol Safety in Pediatric Surgery: A Comprehensive Review

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Article Received: 25-November-2024, Revised: 15-December-2024, Accepted: 05-January-2025

ABSTRACT:

Propofol, a widely used intravenous anesthetic agent, has gained widespread acceptance due to its favorable pharmacokinetic and pharmacodynamic profile. In pediatric anesthesia, it offers rapid induction, smooth recovery, and a lower incidence of postoperative nausea and vomiting. Despite these advantages, concerns persist about its safety, particularly regarding potential neurotoxicity in developing brains, hemodynamic instability, and propofol infusion syndrome (PRIS). This article reviews the current evidence on propofol safety in pediatric surgery, focusing on its pharmacology, benefits, risks, and guidelines for safe use in the pediatric population.

Keywords: Propofol, pediatric surgery, anesthetic agent

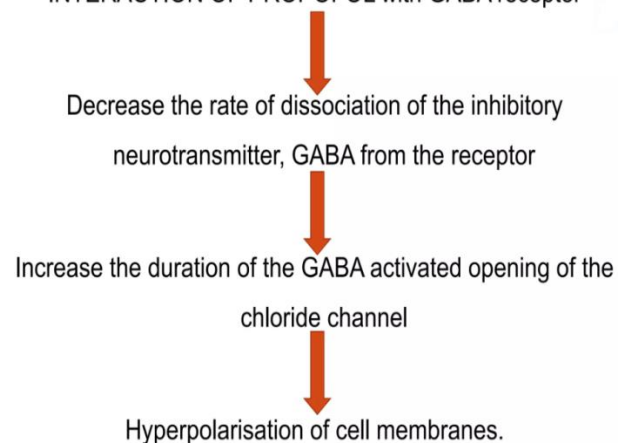
INTRODUCTION:

Propofol is a short-acting intravenous anesthetic commonly used for induction and maintenance of anesthesia in pediatric and adult populations. Its rapid onset, short duration of action, and favorable recovery profile make it a popular choice for pediatric surgery. However, given the vulnerability of the pediatric population, special attention must be paid to the safety and potential long-term consequences of its use in children, particularly concerning neurotoxicity, cardiovascular effects, and propofol infusion syndrome (PRIS). This article aims to summarize the available evidence on the safety of propofol in pediatric surgical patients and provide recommendations for its use.

Pharmacological Profile of Propofol:

Propofol acts primarily on gamma-aminobutyric acid (GABA) receptors, enhancing the inhibitory neurotransmitter's effects, leading to sedation, amnesia, and hypnosis. In pediatric patients, its pharmacokinetics and pharmacodynamics are slightly altered compared to adults, necessitating weight-based dosing and careful titration to achieve optimal effects with minimal adverse events. The rapid redistribution of propofol from the bloodstream to peripheral tissues contributes to its short duration of action, making it a suitable agent for procedures requiring brief or intermediate anesthesia duration.

INTERACTION OF PROPOFOL with GABA receptor



Clinical Benefits of Propofol in Pediatric Surgery:

Propofol offers several advantages in pediatric anesthesia:

1. **Rapid Induction and Recovery:** Propofol induces anesthesia quickly and allows for smooth recovery, facilitating a faster postoperative discharge in pediatric day surgeries.
2. **Reduced Postoperative Nausea and Vomiting (PONV):** Compared to volatile anesthetics, propofol has a lower incidence of PONV, which is particularly important in children, as they are more prone to vomiting after anesthesia.
3. **Effective Sedation for Non-Surgical Procedures:** Propofol is frequently used for non-surgical procedures in pediatrics, such as MRI or endoscopy, due to its predictable effects and minimal residual sedation.
4. **Anti-inflammatory and Antioxidant Properties:** There is evidence suggesting propofol may offer protective effects in reducing inflammatory responses, which can be beneficial in pediatric patients undergoing surgical stress.

Safety Concerns and Risks:

1. **Neurotoxicity in the Developing Brain:**

There has been increasing concern over the potential neurotoxic effects of general anesthetics, including propofol, on the developing brain. Animal studies have suggested that prolonged or repeated exposure to propofol may cause neuroapoptosis and cognitive deficits later in life. However, translating these findings to clinical practice in humans remains challenging, and current data from human studies are inconclusive. The FDA issued a warning in 2016 regarding the use of anesthetic and sedative drugs in children under 3 years of age for procedures lasting longer than 3 hours, urging caution but recognizing that short-term use is generally safe.
2. **Hemodynamic Instability:**

One of the major concerns with propofol in pediatric anesthesia is its propensity to cause hypotension and bradycardia, particularly in young infants. Children, especially neonates, are more sensitive to the hemodynamic effects of propofol due to their immature autonomic control and limited ability to compensate for vasodilation. Clinicians must carefully titrate doses and ensure adequate hydration and cardiovascular monitoring to mitigate this risk.
3. **Propofol Infusion Syndrome (PRIS):**

PRIS is a rare but life-threatening complication characterized by metabolic acidosis, rhabdomyolysis, cardiac failure, and renal failure, typically associated with prolonged high-dose propofol infusions. While more commonly observed in critically ill adults, pediatric cases have been reported, particularly in children receiving continuous infusions for sedation in intensive care settings. The risk of PRIS can be minimized by avoiding prolonged infusions, limiting propofol doses to less than 4 mg/kg/hour, and monitoring metabolic and cardiovascular parameters closely.

5. **Allergic Reactions:**

Propofol contains egg lecithin and soy oil, raising concerns about the risk of allergic reactions in children with food allergies. However, current evidence suggests that allergic reactions to propofol in children with egg or soy allergies are extremely rare. Still, clinicians should remain vigilant, particularly in children with a history of severe anaphylactic reactions to these food proteins.

Guidelines for Safe Use of Propofol in Pediatric Surgery:

Based on current evidence, the following recommendations can be made for the safe use of propofol in pediatric surgery:

1. **Use the Minimum Effective Dose:** Careful titration of propofol is essential to minimize the risk of hemodynamic instability. Starting with lower doses and gradually increasing as needed is prudent, particularly in infants and neonates.
2. **Avoid Prolonged Infusions:** To mitigate the risk of PRIS, prolonged infusions of propofol (greater than 24 hours) and high doses (>4 mg/kg/hour) should be avoided, especially in critically ill children.
3. **Limit Use in High-Risk Populations:** For children under 3 years of age or those undergoing prolonged procedures, alternative anesthetics may be considered to reduce potential risks of neurotoxicity.
4. **Monitor Cardiovascular and Metabolic Parameters:** Continuous monitoring of blood pressure, heart rate, and metabolic function is essential during propofol administration, particularly in children with underlying cardiac or metabolic conditions.
5. **Consider Alternatives for Sedation:** In non-surgical settings where sedation is required, alternatives such as dexmedetomidine or ketamine may be considered, particularly in

patients with a higher risk of adverse effects from propofol.

CONCLUSION:

Propofol remains a valuable anesthetic agent in pediatric surgery due to its rapid onset, smooth recovery, and low incidence of PONV. While concerns about neurotoxicity and PRIS are valid, careful patient selection, dose titration, and adherence to safety guidelines can significantly mitigate these risks. Future research should focus on further elucidating the long-term effects of anesthetic exposure on pediatric neurodevelopment and refining guidelines for its safe use in children. For now, propofol remains a cornerstone of pediatric anesthesia, with a safety profile that is favorable when used judiciously.

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