

The Effects of Virtual Reality on Procedural Sedation in Adults: Systematic Review and Meta-analysis.

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Virtual Reality in Healthcare

- Medical Training
- Treatment of Patients
- Physical Therapy
- Addiction
- Pain Management

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Introduction

- Is there a reduction in sedation requirements compared to usual care?
- Four databases (Ovid MEDLINE, Embase, Web of Science, and Cochrane Library) using search terms for virtual reality, adult, and sedation.
- PRISMA Guidelines
- Studies were included that used VR during the procedure, had a non-VR comparator group, and reported outcomes of sedation
- Secondary outcomes included pain score, comfort, anxiety, PACU time, and procedure duration.

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PRISMA

Records identified through database searching (n = 180)

Duplicates removed (n = 180)

Records screened (n = 740)

Records excluded (n = 677)

Full-text articles assessed for eligibility (n = 73)

Full-text articles excluded, with reasons (n = 11 wrong publications, n = 3 wrong publications, n = 7 wrong outcomes)

Studies included in qualitative and quantitative synthesis (n = 62)

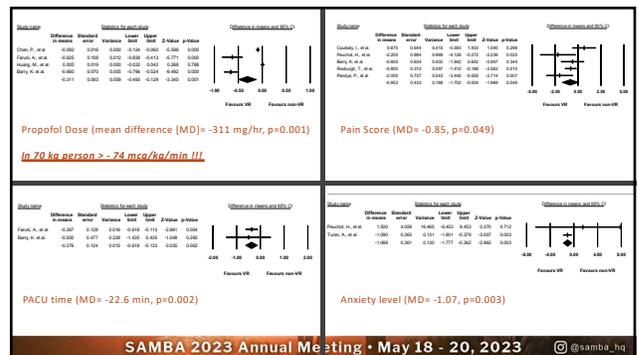
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Author	Year	Study Design	Treatment (n) (n/N)	Control (n) (n/N)	Year of Surgery	Type of Regard	Type of Regard	Primary Outcome	Secondary Outcomes	Comments
Chen, P. et al.	2021	Randomized controlled trial	VR (n=104)	Control (n=104)	2018-2021	VR (n=104)	Control (n=104)	Propofol dose (mg/kg)	Propofol dose (mg/kg), PACU time, anxiety, satisfaction	VR group had significantly lower propofol dose (MD -0.15, p=0.008)
Chen, X. et al.	2022	Randomized controlled trial	VR (n=104)	Control (n=104)	2018-2021	VR (n=104)	Control (n=104)	Propofol dose (mg/kg)	Propofol dose (mg/kg), PACU time, anxiety, satisfaction	VR group had significantly lower propofol dose (MD -0.15, p=0.008)
Chen, X. et al.	2022	Randomized controlled trial	VR (n=104)	Control (n=104)	2018-2021	VR (n=104)	Control (n=104)	Propofol dose (mg/kg)	Propofol dose (mg/kg), PACU time, anxiety, satisfaction	VR group had significantly lower propofol dose (MD -0.15, p=0.008)
Chen, X. et al.	2022	Randomized controlled trial	VR (n=104)	Control (n=104)	2018-2021	VR (n=104)	Control (n=104)	Propofol dose (mg/kg)	Propofol dose (mg/kg), PACU time, anxiety, satisfaction	VR group had significantly lower propofol dose (MD -0.15, p=0.008)

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Outcomes	MD	CI	P-value	N
Procedure Length	0.3 min	-4.86 to 4.32	0.91	7
Fentanyl amount	0.01 mcg	-11.1 to 11.09	0.99	6
Midazolam amount	0.3 mg	-0.47 to 1.06	0.44	3
Comfort	0.29 points	-1.71 to 2.3	0.77	3

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Conclusion

- VR can reduce anxiety, pain, and the need for sedation during and after surgery.
- Continued research and development are needed to optimize the technology and fully understand its potential benefits.
- VR has the potential to revolutionize the field of anesthesia and improve patient outcomes.

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