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We have read with interest the letter by Dr. Cerezo-Ruiz and we agree in general with his commentaries and we would like to add some information related to the use of propofol in deep sedation by our group.

As Dr. Cerezo-Ruiz states Guidelines are straight in the avoidance of driving after the procedure, but nevertheless, as we are concerned, there is no mention of early activities and driving after the sedation period neither in the guidelines reviewed nor specific informed consent for sedation like ours. The most important, as guidelines recommend, is to discharge the patients with a perfect state of consciousness with scales that determine besides, activity, respiration, circulation (blood pressure), and oximetry.

When we introduced propofol in 2010, we conducted a telephone survey of 100 patients under 70 who underwent deep sedation (SAAS scale 2-1) during gastro and colonoscopies to measure the satisfaction grade in the first 24 hours post sedation and our results are in the same line that Dr. Cerezo-Ruiz express. In spite of general advice on safety, nearly 40% drove after the procedure, 57% did early activities, 12% recognized to leave the hospital alone, and 14% in took alcoholic beverages that didn't

affect consciousness.

We strongly believe, that the post sedation with propofol is better tolerated than with the classical sedation regimen, benzodiazepines and opioids, but we don't think, as a result of the date, we can assume to give a general recommendation of free early activities in every patient.

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