**THE INCIDENCE OF TORSADES DE POINTES AFTER PROPOFOL EXPOSURE**

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*Objective*: To determine the incidence of TdP following propofol exposure.

*Background*: Torsades de pointes (TdP) is a rare arrhythmia associated with QT prolongation. Propofol is a general anesthetic that has proarrhythmic effects on isolated cardiac myocytes.

*Methods*: This retrospective study included patients treated at Mayo Clinic (Rochester, MN) from August 11, 1998, through November 20, 2015. The database was queried by using key search terms to identify patients who were exposed to propofol and developed TdP either perioperatively or during nonsurgical sedation. QT and corrected QT intervals (QTc) were obtained from electrocardiograms performed before propofol exposure and after documented TdP. T wave peak-to-end (Tp-e) intervals were measured in lead V5 or V6 and were divided by the QT interval to give the Tp-e/QT ratio; values greater than 0.28 were considered prolonged.

*Results:* A total of 628,784 patients received propofol. Of these patients, 21 developed TdP (12, postoperatively; 3, intraoperatively; 6, during sedation). At baseline, the QTc interval was prolonged in 17 patients; Tp-e/QT ratio was greater than 0.28 in 5 patients. After propofol exposure, the QTc increased in 12 and decreased in 9 patients. Other risk factors included QT-prolonging medications in 5 patients, potassium <3.5 mmol/L in 4 patients, magnesium <1.8 mg/dL in 2 patients, heart rate <50 beats per minute in 3 patients, and subarachnoid hemorrhage in 2 patients.

*Conclusions*: TdP after propofol administration was rare (1 in 30,000 patients) and was often associated with other risk factors. This study confirms the relative safety of propofol during general anesthesia.