

TRENDS IN PROPOFOL UTILIZATION AT PRINCE ZAID BIN AL-HUSSEIN  
MILITARY HOSPITAL: A RETROSPECTIVE STUDYAhmad Ibrahim Alhasan<sup>\*1</sup>, MD, Shadi Ali Mufleh Hammadeen<sup>2</sup>, MD, Malek Zayed Obeidat<sup>3</sup>, MD, Salem Rafiq Alsaman<sup>4</sup>, MD, Ali Kathm AlQatarneh<sup>5</sup>, MD, Mohammad Esmail Al Bdairat, Pharm-D<sup>6</sup><sup>1,2</sup>Anesthesiology and Critical Care Specialist/Critical Care for Adult.<sup>3,4,5</sup>Internist/ Critical Care for Adult.<sup>6,7</sup>Royal Medical Services.**\*Corresponding Author: Ahmad Ibrahim Alhasan**

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**ABSTRACT**

**1. Introduction:** Propofol is one of the most used intravenous anesthetic agents because of its rapid onset of action, short duration of action, and favorable recovery profile therefore monitoring the usage patterns of propofol is essential for improving anesthetic practice, ensuring rational medication use, and controlling hospital costs. Prince Zaid bin Al-Hussein Military Hospital offers variety of surgical services where propofol is a major component of anesthesia practice, however, no previous studies have looked at the patterns of propofol utilization in this setting, knowing these trends will help with evidence-based decision-making, enhance resource allocation, and identify opportunities for cost savings and practice optimization. **2. Methodology:** Our study aims to analyze the trends in propofol utilization by using hospital records and pharmacy dispensing records at Prince Zaid bin Al-Hussein Military Hospital through a retrospective observational study review covering period from January 2025 to December 2025. Data will be extracted from the hospital's operating room records and pharmacy information system including Total amount of propofol dispensed (number of vials), Number of surgeries (from OR admission statistics) and Cost per vial (for cost analysis). Our study will calculate Total propofol consumption per month then Standardized consumption (per 100 surgeries) and Cost of propofol per period then standardized per surgeries. **3. Result:** Total annual surgeries were **1,423 procedures**, and total annual propofol consumption was **929 ampoules**. The average monthly propofol consumption was **77.4 ampoules**, with a consumption rate of **0.65 ampoules per surgery**. **4. Conclusion:** With an average usage of **130 mg per surgery**, propofol intake in our institution seems to be effective and fairly conservative.

**KEYWORDS:** Propofol, surgery, military hospital, cost, consumption.**INTRODUCTION**

Propofol is one of the most used intravenous anesthetic agents because of its rapid onset of action, short duration of action, and favorable recovery profile, therefore Monitoring the usage patterns of propofol is essential for improving anesthetic practice, ensuring rational medication use, and controlling hospital costs. (Linstedt et al., 2015).

Propofol is widely used for the induction and maintenance of general anesthesia and sedation, Its excellent pharmacokinetic profile allows quick recovery

and it appropriate for a variety range of surgical procedures (Marik, 2004), Despite its widely used, propofol consumption patterns are not usually regularly monitored (Kim et al, 2017).

Pharmacy dispensing records which offer objective data on quantities dispensed and variations in use over time are becoming an increasingly important source of information for hospitals to analyze medication trends and evaluate prescribing practices (Idris et al, 2021).

Evaluating consumption can help to identify trends in anesthetic practices, detect deviations from standard protocols, and support cost-effective hospital management (Trapani *et al.*, 2000; Smith *et al.*, 2018; Liu *et al.*, 2016).

Prince Zaid bin Al-Hussein Military Hospital provides a wide range of surgical services where propofol constitutes a major component of anesthesia practice, however, no previous studies have looked at examined the patterns of propofol utilization in this setting so Understanding these trends will support help with evidence-based decision-making.

## 2. METHODOLOGY

Our study aims to analyze the trends in propofol using, hospital records and pharmacy dispensing records at Prince Zaid bin Al-Hussein Military Hospital through a retrospective observational study were reviewed by covering period from January 2025 to December 2025.

In Our study, we calculated Total propofol consumption per month then Standardized consumption (per 1 surgery) and Cost of propofol per period then standardized per surgeries at Prince Zaid bin Al-Hussein Military Hospital.

Data extracted from the hospital's operating room records and pharmacy information system including total

amount of propofol dispensed vials and type of surgeries from admission statistics and Cost per vial.

**Ethical Considerations** Approval has been obtained from the Research, Pharmaceutical and Clinical Studies, and Professional Ethics Committee at the Royal Medical Services Directorate.

## RESULTS

**Table 1: Monthly Propofol Consumption (vial) by Operating Room / 2025.**

Month	Total Propafol consumption
1-Jan-31 Jan	73 vials
1-Feb-28Feb	83 vials
1-Mar-31Mar	76 vials
1-Apr-30 Apr	77 vials
1-May-31May	70 vials
1-Jun-30Jun	74 vials
1-Jul-31Jul	72 vials
1-Aug-31Aug	89 vials
1-Sep-30Sep	70 vials
1-Oct-31Oct	84 vials
1-Nov30Nov	80 vials
1-Dec-31Dec	81 vials

**Table 2: Surgical specialty data.**

Specialty	Number of Surgeries	Propofol Usage expectation
General Surgery	312	High (often requires general anesthesia with higher doses)
Obstetrics & Gynecology	421	High (hysteroscopy, short procedures, but C-sections often use spinal anesthesia)
Ophthalmology	314	Moderate-High (cataract surgery often uses local anesthesia + conscious sedation with low-dose propofol)
ENT (Ear, Nose & Throat)	224	Moderate (mix of short and long procedures)
Dentistry	67	Low (mostly local anesthesia)
Urology	0	-
Pediatrics	24	Low (often use inhalation anesthesia or ketamine instead)
Orthopedics	61	High (orthopedic surgeries are often long )
<b>TOTAL</b>	<b>1,423</b>	

**Table 3: Surgeries That Actually Use Propofol.**

Specialty	Total Surgeries	Surgeries with Propofol	Rationale
Obstetrics & Gynecology	421	211	About more than Half of patients used spinal anesthesia
Ophthalmology	314	56	Most used local anesthesia + sedation (low-dose propofol)
General Surgery	312	265	Most require general anesthesia
ENT	224	149	Mix of local and general
Dentistry	67	34	often general anesthesia
Orthopedics	61	49	Many require general or regional

			+ sedation
Pediatrics	24	17	often general anesthesia
Urology	0	0	-

**Table 4: Propofol Consumption in our Hospital.**

Category	Details
Total Annual Surgeries	1,423 procedures
Total Annual Propofol Consumption	929 ampoules (20 ml ampoules, 1% concentration)
Average Monthly Consumption	77.4 ampoules
Consumption Rate = 1,423 surgeries, 929 ampoules	= 0.65 ampoules per surgery
Each surgery consumes an average of 0.65 ampoule	
each ampoule contains 200 mg of propofol	→ 130 mg of propofol per surgery

**Table 5: Actual Propofol Consumption Rate.**

actually use propofol: actual Rate=929 ampoules	
actual Rate= 990 propofol-eligible surgeries 929 ampoules = 0.94 ampoules per propofol surgery	
0.94 ampoule ≈ 188 mg of propofol per surgery (where propofol is actually used)	
Table 6 average propofol consumption/ month Lowest months:	May and September (70 ampoules each)
Highest month:	August (89 ampoules)
Average monthly consumption:	77.4 ampoules

## DISCUSSION

### Comparison with Global Averages

Metric	Global Average	our Hospital	Interpretation
Medium surgery (1 hour)	3.5 ampoules (700 mg)	-	our procedures are likely shorter
Short procedure (15-20 min)	0.5 - 1 ampoule (100-200 mg)	0.65 ampoule	our rate matches global short procedure averages
Conscious sedation	0.25 - 0.5 ampoule	0.65 ampoule	Slightly higher, suggesting mix of sedation and general anesthesia

1- Our consumption rate (0.65 ampoule/surgery) is normal and appropriate for a hospital performing mostly short to moderate-length procedures.

### 2. Monthly Consumption Analysis

The Lowest months are May and September and the Highest month is August and Average monthly consumption (77.4) ampoules.

Stable consumption pattern throughout the year indicates consistent surgical volume and good inventory management.

### 3. Surgical Specialty Distribution and Propofol Utilization

#### a. Distribution

The majority of procedures were concentrated in three main specialties, Obstetrics and Gynecology accounted for the largest proportion (421 cases; 29.6%), followed by Ophthalmology (314 cases 22.1%) and General Surgery (312 cases 21.9%).

#### B. Propofol Utilization Patterns

- High utilization specialties include General Surgery, Obstetrics and Gynecology, and Orthopedics, this account for a combined total of 794 procedures (55.8%).

- Moderate-to-high utilization is observed in Ophthalmology (22.1%), although many procedures (e.g., cataract surgery) use local anesthesia.
- Moderate utilization is seen in ENT procedures (15.7%), where propofol use varies depending on procedure duration and complexity.
- Low utilization specialties include Dentistry and Pediatrics, together accounting for only 6.4% of cases.

### 4. Propofol Consumption in the Hospital

#### a. Interpretation of findings

The average consumption of 130 mg per surgery is relatively moderate to low when compared to typical propofol dosing, this suggests several interpretations:

- A substantial proportion of procedures may be performed under regional or local anesthesia.
- Short-duration procedures.
- Use alternative anesthetic agents (such as inhalational anesthesia or ketamine).

#### Limitations

- The analysis was based on total ampoule consumption without accounting for partial usage or wastage.
- No differentiation made between types of anesthesia.

- The absence of case-level dosing data limits the ability to perform detailed pharmacological or statistical analysis.

## CONCLUSION

Propofol consumption in our hospital appears to be efficient and relatively conservative, with an average use of 130 mg per procedure.

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