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Page 7Una enfermera, un médico o un dentista le suministrarán sedación consciente en el hospital o clínica para pacientes ambulatorios. La mayoría de las veces, no será un anestesiólogo. El efecto del medicamento desaparece rápidamente, de manera que se utiliza para procedimientos cortos y sencillos.Usted puede recibir el medicamento a través de una vía intravenosa (IV, en una vena) o una inyección intramuscular. Empezará a sentirse somnoliento y relajado muy rápidamente. Si el médico le da el medicamento para que lo tome, usted sentirá los efectos después de aproximadamente 30 a 60 minutos.Su respiración bajará lentamente y su presión arterial puede caer un poco. Su proveedor de atención médica lo vigilará durante el procedimiento para verificar que esté BIEN. El proveedor permanecerá a su lado en todo momento durante el procedimiento.Usted no debería necesitar ayuda con la respiración. Sin embargo, puede recibir oxígeno extra a través de una máscara o líquidos intravenosos a través de una sonda (catéter) en una vena.Puede quedarse dormido, pero despertará fácilmente para responderles a las personas que se encuentran en el cuarto. Igualmente, puede ser capaz de responder a indicaciones verbales. Después de la sedación consciente, puede sentirse somnoliento y no recordar mucho sobre el procedimiento.Page 8American College of Radiology website. ACR practice parameter for the performance of ultrasound-guided percutaneous breast interventional procedures. www.acr.org/-/media/ACR/Files/Practice-Parameters/us-guidedbreast.pdf. Updated 2016. Accessed March 15, 2019.Henry NL, Shah PD, Haider I, Freer PE, Jagsi R, Sabel MS. Cancer of the breast. In: Niederhuber JE, Armitage JO, Kastan MB, Doroshow JH, Tepper JE, eds. Abeloff's Clinical Oncology. 6th ed. Philadelphia, PA: Elsevier; 2020:chap 88.Torrente J, Brem RF. Minimally invasive image-guided breast biopsy and ablation. 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Vorvick, MD, Clinical Associate Professor, Department of Family Medicine, UW Medicine, School of Medicine, University of Washington, Seattle, WA. Also reviewed by David Zieve, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team. Traducción y localización realizada por: DrTango, Inc. Page 13Boland GWL. Colon and appendix. In: Boland GWL, ed. Gastrointestinal Imaging: The Requisites. 4th ed. Philadelphia, PA: Elsevier Saunders; 2014:chap 5.Chernecky CC, Berger BJ. Barium enema. In: Chernecky CC, Berger BJ, eds. Laboratory Tests and Diagnostic Procedures. 6th ed. St Louis, MO: Elsevier Saunders; 2013:183-185.Lin JS, Piper MA, Perdue LA, et al. Screening for colorectal cancer: updated evidence report and systematic review for the US Preventive Services Task Force. JAMA. 2016;315(23):2576-2594. PMID: 27305422 www.ncbi.nlm.nih.gov/pubmed/27305422.Taylor SA, Plumb A. The large bowel. In: Adam A, Dixon AK, Gillard JH, Schaefer-Prokop CM, eds. 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