

Pre-operative fasting; An audit of adherence to guidelines at a single institution.



D Burke, R Lee, N Cribben

Department of Anaesthesiology, Galway University Hospital, Saolta University Healthcare Group

INTRODUCTION

The AAGBI (Association of Anaesthetists of Great Britain and Ireland) recommendations for preoperative fasting prior to elective surgery in adults 2011²: emphasised the importance of 2 hour fasting for clear fluids and a 6-hour interval fast for solid foods. Prolonged fasting times lead to prolonged recovery and hospital stay, increased anxiety preoperatively and increased nausea and vomiting postoperatively. Adherence to fasting times for patients was based on the AAGBI, Cochrane, and ERAS 2014 guidelines for elective surgery.

METHODS

A retrospective analysis of 41 randomly selected surgical cases over a 1-month period was performed in the Galway University Hospital. Preoperative data collected: basic patient demographics, surgical procedure, duration from initiation of fasting to induction of anaesthesia. Whether the patient was fasted to both solids and fluids, if they were prescribed inappropriate fluids and if they had a background history with noted reflux symptoms. Exclusion criteria included: non elective emergency surgery, duration <30 minutes and paediatric cases.

Standard	% Yes	% No
Appropriate Fluid Fasting times	4.8	95.2
Inappropriate fluids given to patient	9.5%	91%

RESULTS

n=41 The patient age range varied between 38 and 77. 12 (29%) were male and 29 (70%) female. The average length of time of fasting to solids was (12.75 hours). 38 (92%) patients fasted for over 6 hours. The maximum time a patient was fasted was 20.5 hours and minimum was 6 hours.

CONCLUSIONS

Adherence to fasting guidelines was found to be variable in our institution with longer fasting times the norm. Patients should have a 6-hour fasting interval for solids or fast from midnight and receive a carbohydrate rich drink 400 mL in volume until 2-3 hours pre-op. Major roadblocks for reduced fasting times include difficulty in tailoring fasting times to individual patients. An educational session highlighting the importance of pre-operative fasting and pitfalls thereof will be organised. A re-audit of the adherence to fasting guidelines pre-operatively will then be repeated.

REFERENCES

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