

PRE-OPERATIVE FASTING FOR ELECTIVE SURGERY GUIDELINES

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Approved by:	TACCSS Clinical Governance SCSD Governance 25 th May 2022	
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Date of Review: This is the most current version and should be used until a revised document is in place	18 th September 2027	

Key Amendments

Date	Amendment	Approved by
May 2022	New guideline approved	TACCSS, SCSD Governance
September 2024	Tables added to outline fasting advice Update that paediatric cases can continue to drink until the case before them is sent for (J Hutchinson)	Theatre Anaesthetic Governance meeting

Introduction

This document outlines the minimum fasting times advised for most adult and paediatric patients presenting for elective surgery at WAHT.

This guideline is for use by the following staff groups :

- Pre-operative Assessment nurses
- Ward nurses
- Anaesthetists
- Surgeons
- Theatres ODP/Nursing staff

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

PRE-OPERATIVE FASTING FOR ELECTIVE SURGERY

Introduction

Maintaining hydration and nutrition before elective surgery is important. This guidance aims to help balance the risks of aspiration during anaesthesia with prolonged dehydration.

The approach to adult and paediatric patients is detailed below.

Details of guideline

Patients should be encouraged to drink up to 2 hours before their anaesthetic, as below. Maintaining hydration is important for comfort and also reduces PONV and hypotension.

Adult patients

Solid food up to: 6 hours before General Anaesthesia	Fluids up to: 2 hours before General Anaesthesia	Sip till send: Up to point of sending
Patient should take last solid food. Patients on morning list should not eat after 2AM. Patients on afternoon list can have a light breakfast up to 7AM.	Patient should take last drink of water / squash / tea or coffee*. Patients on morning list should have a drink before 6AM. Patients on afternoon list should have a drink before 11AM.	Patient can 'sip till send' Patient can take required medications* with sip of fluid
* Acceptable fluids to drink include water, squash, tea/coffee with splash of milk (may contain sugar), non-fizzy sports drinks Unacceptable fluids include fizzy drinks, fruit juices with pulp, milk based drinks.		
**for advice on medications to omit before surgery see note below		

Pre-operative medications

Patients should continue recommended medications prior to surgery. Occasionally medications need to be omitted (i.e. blood thinners, anti-diabetes or ACE-inhibitors medicines). If unsure what to omit, please consult the Trust NBM and Perioperative Medicine guidance or the online Handbook of Perioperative Medicines (References).

Sip till Send

This allows patients to maintain hydration and comfort while waiting for surgery. In the run up to surgery patients can sip water from a plastic cup.

Patients should be encouraged to sip rather than gulp. Volume recommended is 150mls per hour (i.e. a plastic cup full) meaning a cup can be refilled every hour.

Certain patients may be unsuitable for Sip till Send and the anaesthetist is responsible to inform nursing teams if patient cannot Sip till Send.

Chewing gum / boiled sweets

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Patients should not use chewing gum or suck boiled sweets in the 2 hours prior to general anaesthesia. If a patient is chewing gum or sucking a boiled sweet inadvertently, their surgery should *not* be automatically cancelled. This applied to adults and children.

Paediatric patients

Children are susceptible to the effects of prolonged fasting (dehydration, hypoglycaemia, irritability and thirst).

Children should be encouraged to drink up to 1 hour before their anaesthetic as below.

Generally speaking, children should be given drinks according to their weight, i.e. 3ml/kg. For guidance on this see table below.

On arrival to hospital children should be given a drink, unless they are first on a list.

Solid food / formula milk up to: 6 hours before GA	Fluids up to: 1 hour before GA <i>or</i> Until child before them on list is sent for
Patient should take last solid food. Patients on morning list should not eat after 2AM. Patients on afternoon list can have a light breakfast up to 7AM.	Patient should take last drink of fluid* up until approximately 1 hour before surgery. An alternative approach is to stop fluids when the child previous is sent for.
* Acceptable fluids to drink include water, squash, tea/coffee with splash of milk (may contain sugar), non-fizzy sports drinks like fruit Unacceptable fluids include fizzy drinks, fruit juices with pulp, milk based drinks. **for advice on medications to omit before surgery see note below	

For elective lists an example of timing of fluids is given below:

List position	On arrival to hospital	While waiting for surgery
1st child on list	Not given drink	Not given drink
All other children on list	Given drink to have straightaway on arrival*	Given drink which can be replenished every hour* Drink is removed approximately 1 hour before general anaesthetic or when previous child is sent for.
*Acceptable drinks: water / dilute squash Volume to drink is 3 ml/kg which equates to: <ul style="list-style-type: none"> - 15kg child: quarter plastic cup - 25kg child: half plastic cup - 50kg child: full plastic cup 		

It can be difficult to time '1 hour' before surgery - on a high turnover paediatric list it is acceptable to remove a drink from a child *when the previous child is sent for*.

If it transpires that the time period between drinking and GA is less than 1 hour, this is deemed an acceptable risk because of the rapid gastric emptying of fluids and the low risk of aspiration in children.

Monitoring Tool

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
P4	Adherence to 6-4-2 NBM advice and avoidance of prolonged fluid starvation in elective patients	Audit	Once per year	Anaesthetic department, surgical ward nurses	Trust Nutrition and Hydration Committee	Once per year
P4	Assurance that guideline has not increased incidents of clinically important aspiration	Review of Datix reported incidents	As reported	Anaesthetic department Datix lead	Theatres & Anaesthetics governance committee	Every month

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References.

1. Morrison CE, Ritchie-McLean S, Jha A, Mythen M. Two hours too long: time to review fasting guidelines for clear fluids. *Br J Anaes* 2020 Jan 17: S0007-0912 (19) 31004-9. doi: 10.1016/j.bja.2019.11.036.
2. Raeder, J., Kranke, P. & Smith, I. Free pre-operative clear fluids before day-surgery?: Challenging the dogma. *Eur J Anaesthesiol.* 2018; 35: 334-336, doi:10.1097/eja.0000000000000805.
3. Fawcett WJ, Thomas M. Pre-operative fasting in adults and children: clinical practice and guidelines. *Anaesthesia.* 2019; 74 (1):83-8. doi 10.1111/anae.14500
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7. Okabe T, Terashima H, Sakamoto A. A comparison of gastric emptying of soluble solid meals and clear fluids matched for volume and energy content: a pilot crossover study. *Anaesthesia.* 2017; 72: 1344-50.
8. Thomas M, Morrison C, Newton R, Schindler E. Consensus statement on clear fluids fasting for elective paediatric general anaesthesia. *Paediatr Anaesth.* 2018; 28: 411-14.
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10. Getting It Right First Time. National Day Surgery Delivery Pack. https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2020/10/National-Day-Surgery-Delivery-Pack_Sept2020_final.pdf.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Dr James Hutchinson, Pre-operative assessment lead
Anaesthetic department, WAHT
Keith Hinton, Countywide Clinical Team Lead Pharmacist, Critical Care, Surgery and Anaesthetics
Sarah Weale, Childrens Clinic Sister

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Anaesthetic Directorate Governance committee
SCSD Divisional Governance committee

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

APPENDIX: PATIENT INFORMATION REGARDING FASTING GUIDELINES

Adult Fasting Advice for Elective Surgery

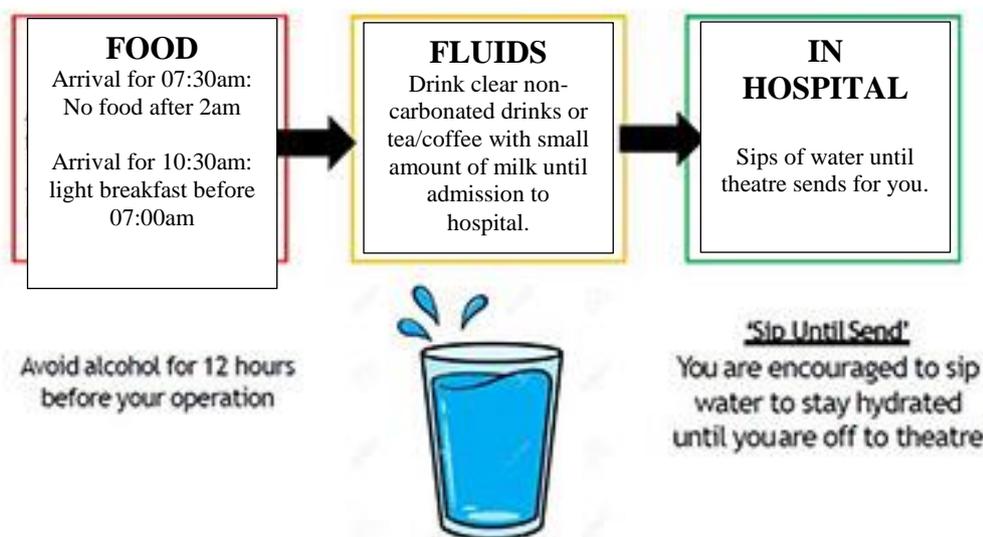
This does not apply to pregnant woman coming for Caesarean Section.

For some operations, you may be given specific instructions which should be followed, for example - if you've been given a high energy preload drink by the nurses.

To get ready for your operation you must make sure your stomach is empty of food, but keep yourself hydrated by drinking water.

The following advice is for ADULT patients coming for planned elective operations.

Adult Fasting Guidance for Elective Operations



As it is very difficult to predict the exact time that you will be arriving in theatre we advise that, if you are:

Due at 07:30 at Hospital

- Eat before **2am** before your operation, and do not have breakfast in the morning
- Drink **water, non-carbonated drinks or tea/coffee with small amount of milk** up until coming to hospital

Due at 10:30 or later at Hospital

- We suggest you have a light breakfast (e.g toast or cereal, avoid fatty foods such as bacon and sausages) before 07:00.
- Drink **water, non-carbonated drinks or tea/coffee with small amount of milk** up until coming to hospital

Alcohol

- Do not drink any alcohol for at least 12 hours before your operation
- Alcohol can change the acid levels in your stomach and interact with anaesthetic drugs
- Your operation may also be cancelled if you are under the influence of alcohol.