

Fasting Prior to Regional and General Anaesthesia, and Sedation - Adults and Children - Full Clinical Guideline

Reference no.: CG-ANAES/2023/007

Introduction

- Sedation, regional and general anaesthesia may increase the risk of regurgitation and aspiration of gastric contents.

Aim and Purpose

- This Clinical Guideline applies to all adults and children undergoing sedation, general or regional (local blocks, spinal or epidural) anaesthesia.
- To reduce the potential for inhalation of gastric contents
- To reduce distress caused to patients by prolonged fasting
- To ensure uniformity of practice for perioperative (and GI Endoscopy patients throughout the Trust)
- To provide medical/nursing staff, adults, children and parents clear and understandable written pre-operative instructions for babies and children requiring elective surgery.
- The timings may be altered on an individual patient basis following review by an anaesthetist

APPLICABLE TO ALL PATIENTS, planned or unplanned (urgent or emergencies)

- **UNLESS advised by the anaesthetist or surgical team to the ward team on an individual patient basis**
- **Certain patients may be at higher risk – see notes**
- **Recommendations apply to pre-operative/pre-endoscopy period**
- **Patients should have nothing to eat for 6 hours before procedure**
- **May drink certain fluids up to 2 hours before procedure - see below**
- **May sip water until sent for their procedure (170mls or small cup/hour)**
- **Babies may have a breast-milk feed up to 4 hours before procedure**
- **Recent consensus statement recommends children should be allowed clear fluids up to one hour prior to surgery unless contraindicated**

Surgery/Anaesthetic Patients

Morning list, starting 8.30am

- No food after 2.30am
- Clear fluids until 6.30am
- Water until sent for procedure

Afternoon list, starting 1.30pm

- Food before 7.30am
- Clear fluids until 11.30am
- Water until sent for procedure

Instructions for certain patients may differ due to certain medical or surgical conditions. This will be documented and communicated to the ward staff by the anaesthetist or surgical team

Endoscopy Patients

An appointment time slot will be allocated and fasting recommendations applied based on that time Reference no.:CG-ANAES/2016/007. Sips of water may continue until instructed otherwise by endoscopy staff.

Food

- Food may be eaten until 6 hours before surgery / anaesthesia / sedation
- Food includes the following items; o Freshly squeezed juices, liquids containing large amounts of milk (Latte, Cappuccino, hot chocolate and milkshakes) and fizzy drinks.
- Chocolates or sweets that require chewing.
- Chewing gum and boiled sweets are acceptable up to 2 hours pre procedure

Fluids

Baby milk

- **Breast milk** may be given until 4 hours before anaesthesia
- **Formula milk** may be given until 6 hours before anaesthesia

Carbohydrate Drinks

- Patients who are to be managed under ERAS (Enhanced Recovery After Surgery) will receive a carbohydrate drink 2-4 hours before planned surgery (may not be suitable for patients with delayed gastric emptying or for patients with IDDM – insulin-dependent diabetes mellitus).

Acceptable Fluids - to be drunk until 2 hours before surgery/ anaesthesia/ sedation – include

- Clear fluids - a fluid that it is possible to read print through such as water or clear (dilute) squash.
- Tea or coffee - black or containing a small amount (1-2 dessertspoons) of skimmed milk
- Chewing gum and boiled sweets are acceptable up to 2 hours pre procedure
- Alcohol should not be consumed in the 24 hours prior to surgery
- Children may have clear fluids up to one hour pre-anaesthesia

For endoscopy patients

- **No food or milk containing drinks should be consumed within 6 hours of the procedure. Water or clear fluids are acceptable.**

Up to being sent for the procedure

- Water up to 170mls/small cup per hour

Notes

- All patients should be assessed individually - if in doubt seek advice from the anaesthetist/endoscopist for the list concerned or the on-call team.
- Prolonged fasting may have unwanted effects for patients; it may lead to an increase in gastric volume, increases the risk of postoperative nausea and vomiting and can make them feel generally unwell. Clear fluids should be encouraged, and dilute sugary drinks such as those provided for ERAS (Enhanced Recovery After Surgery) patients are probably beneficial to patients.
- Allowing patients to sip water until being sent for their procedure should prevent unnecessary dehydration and thirst, reduce post-operative nausea and vomiting (PONV) and improve patient comfort. Also dilute any residual acidic gastric fluid.
- Patients coming in from home often starve themselves for too long so establish the time of the last food and drink and give food/water as appropriate. If the patient has fasted or is expected to fast more than 12 hours, it may be beneficial for them to have a carbohydrate drink or an intravenous infusion. Discuss with the anaesthetist.
- Certain drugs e.g. non-steroidal anti-inflammatory agents may have increased adverse effects if administered while fasted.
- Patients who normally take regular medication (especially anti-dyspepsia or anti-reflux drugs and beta-blockers) should take as normal.
- Patients from ITU who are receiving NG feed may safely continue up until the time of surgery as stomach contents can be adequately aspirated prior to theatre.
- Patients who are receiving thickened fluids for swallowing problems may continue until 2 hours before. Depending on the procedure and other patients factors, these thickened fluids may continue or may need to be stopped. This should be discussed with the medical or surgical team doing the procedure on a case by case basis.

References

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