

FASTING TIMES FOR ELECTIVE SURGICAL CASES

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Preoperative fasting for woman to prevent perioperative complications

2. PATIENT

- Woman required to fast prior to elective surgery

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Inform woman that fasting time for **solids** is at least **6 hours** prior to surgery commencement.
- Inform the woman that she may drink water at a maximum of 100ml per hour once fasting for solids commences
- Inform woman that fasting time for **water, black tea, black coffee or clear juice** is **2 hours** prior to surgery commencement.
- Consider Proton Pump Inhibitor (PPI), or other agent to reduce gastric acidity for woman at increased risk of gastric regurgitation
- Discuss with the procedural anaesthetist at the earliest convenience, if there are any issues with individual woman

6. DOCUMENTATION

- Pre and post procedure handover

7. EDUCATIONAL NOTES

- Pre-anaesthesia fasting guidelines apply to patients having elective surgery and are intended for procedures performed under general anaesthesia, regional anaesthesia, and monitored anaesthesia care.
- Woman's compliance with the preoperative fast has always been of concern
- Aspiration may occur during all types of anaesthesia in non-fasted patients, because anaesthetic and sedative medications reduce or eliminate airway protective reflexes that normally prevent regurgitated gastric contents from entering the lungs. Minimisation of gastric content has been shown to decrease the risk of particulate aspiration pneumonia in elective cases
- Preoperative fasting times attempt to reduce the risk of aspiration and the severity of the pulmonary effects should aspiration occur
- There are some studies which suggest that it may be safe to have clear fluids up to **two** hours before elective surgery. However, the issue is that with the theatre lists being unpredictable, the three hour fast for water will allow a buffer for those cases.
- Fasting guidelines are based on gastric physiology and expert opinion, as there is limited evidence that these improve outcomes. Because worse outcomes may be associated with aspiration of particulate matter, of acidic contents, and of large volumes of gastric contents, guidelines aim to eliminate particulate matter and decrease the volume and acidity of gastric contents at the time of induction of anaesthesia.

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
5/5/16

FASTING TIMES FOR ELECTIVE SURGICAL CASES cont'd

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Nil

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

- Preoperative fasting for adults to prevent perioperative complications (2003); Marian C et al. Editorial Group: Cochrane Wounds Group
- Australian and New Zealand collage of anaesthetists (ANZCA) Recommendations for the peri operative care of patients selected for day care surgery
- Preoperative fasting in NSW public hospitals (2016); NSW Agency for Clinical Innovation

REVISION & APPROVAL HISTORY

Amendment to 3rd dot point under Clinical Practice June 2017
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Committee 28/4/16

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