Pre-Operative Fasting Policy for Elective Surgery

Applicable to (please mark with an X)							
Group-wide		LUHFT-wide				Liverpool Women's	x
Aintree Hospital		Broadgreen Hospital		LCL		Royal Liverpool Hospital	

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Associated Documents:	
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What is new in this version?

Latest Version	Page	Changes Made	Date
1.0		**NEW POLICY**	**15/11/24**

1.0 Introduction and Purpose

1.1 LWH is committed to improving the comfort and safety of patients.

1.2 The aim of pre-operative fasting is to reduce the risk of regurgitation and potential aspiration, whilst ensuring patient comfort and hydration without unnecessary starvation.

1.3 Trusts across England are increasingly adopting a 'sip til send' policy, as mounting evidence demonstrates a reduction in post-operative nausea and vomiting, a frequent cause for admission in day case surgery.

2.0 Scope

2.1 This is a Trust Wide Policy.

2.2 This Policy relates to all patients admitted for elective surgery, both gynaecological and obstetric.

3.0 Policy Objectives

3.1 This Policy enables patients to be appropriately fasted prior to anaesthesia (general/neuraxial/regional) or intravenous sedation to improve comfort and safety.

3.2 The aim of pre-operative fasting is to minimise the volume of stomach contents and its acidity. Regurgitation of stomach contents and its subsequent aspiration is an inherent risk during general anaesthesia, regional anaesthesia and sedation. Evidence from NAP4 demonstrated aspiration occurs in lea than 1 in 125,000, of which most were having emergency surgery.

3.3 Excessive fasting is unpleasant for patients and should be avoided. It may cause dehydration, electrolyte abnormalities, hypoglycaemia (particularly in children), insulin resistance, headaches, confusion, irritability, anxiety and nausea and vomiting. Prolonged and excessive fasting is therefore to be avoided.

3.4 Water encourages stomach emptying.

4.0 Policy Statement

4.1 To ensure patients are fasted for the recommended and minimal amount of time, it is imperative that theatre lists are:

- Planned and sent out at the earliest opportunity
- Changes to lists are minimised
- Patients are fully prepared for theatre to avoid unnecessary delays

4.2 Pre-operative Fasting from Solid Food

4.2.1 Fasting from solid food (including sweets) should be for 6 hours prior to surgery.

- Morning surgery; fast from solid food from 2am
- Afternoon surgery; fast from solid food from 7am.

4.2.2 Patients should avoid large or fatty meals the day before surgery

4.2.3 Examples of a light early breakfast prior to 7am for afternoon surgery include:

- Small bowl of cereal with semi/skimmed milk eg. cornflakes or rice krispies
- Slice of toast with honey, jam or marmite
- No fried foods.

4.3 Pre-operative Fasting from Liquids, 'sip til send'

4.3.1 Clear fluids should be freely encouraged until 2 hours prior to surgery.

- Patients should have a drink of clear fluids in the morning before arriving at hospital, as instructed at pre-operative clinic. Drinks must not contain alcohol, milk, pulp or be fizzy.
- Preload drinks should be drunk as instructed at pre-operative clinic.

4.3.2 Water should be offered to sip on from 2 hours until sent for in theatre.

- All patients will be given half a cup of water to sip when checked in at admissions lounge reception at 7.30am
- Patients who are second/third/fourth etc on the list will have their cup refilled to half full of water every 1-2 hours whilst waiting to go to theatre.
- (Half cup of water ~80-100ml)

4.4 Patients with Diabetes Mellitus

- Fasting times should be kept to a minimum
- Should be first on the list wherever possible
- Follow local policy with regards to checking blood glucose levels
- Should follow above guidelines unless risk factors for aspiration exist, for example gastroparesis, or on instruction of the attending Anaesthetist.

4.5 Other considerations:

- Patients' normal medications should be taken as instructed at pre-operative clinic with cup of water if >2 hours until surgery, or sips if <2 hours
- Pre-medications: as per normal medication
- Chewing gum is to the discretion of the treating Anaesthetist, but should not delay surgery
- Delayed surgery: consider increasing the volume of fluids allowed.

4.6 Emergency Surgery

4.6.1 Where possible delay surgery to allow appropriate fasting:

- No solid food for 6 hours prior to surgery
- Clear fluids up to 2 hours prior to surgery
- Anaesthetists' discretion regarding sip til send of water.

4.6.2 In emergency cases it may be necessary for fasting guidelines to be overruled to expedite surgery, this is at the discretion of the attending Anaesthetist.

4.7 Women in labour

4.7.1 Low risk labour: eat and drink as normal

4.7.2 High risk labour: clear fluids only

4.7.3 Women with epidural: clear fluids only

4.7.4 Women requiring emergency surgery should be given acid-lowering therapy prior to arrival in theatre (Omeprazole), alternatively can be given Sodium Citrate in theatre

Flow chart for staff providing water in admissions lounge.

Patient arrives on admissions ward	At **7.30am**	At **9am**	At **11am**	At **1pm**	At **3pm**
First patient on list	Give **half cup** of water, instruct patient to sip till send				
Second patient on list	Give **half cup** of water, instruct patient to drink now	Give **half cup** of water, instruct patient to sip til send	If not in theatre: give **half cup** of water, instruct patient to sip til send		
Third patient on list	Give **half cup** of water, instruct patient to drink now	Give **half cup** of water, instruct patient to sip til send	If not in theatre: give **half cup** of water, instruct patient to sip til send	If not in theatre: give **half cup** of water, instruct patient to sip til send	

Fourth patient on list	Give **half cup** of water, instruct patient to drink now	Give **half cup** of water, instruct patient to sip til send	Give **half cup** of water, instruct patient to sip til send	If not in theatre: give **half cup** of water, instruct patient to sip til send	If not in theatre: give **half cup** of water, instruct patient to sip til send
Fifth patient on list	Give **half cup** of water, instruct patient to drink now	Give **half cup** of water, instruct patient to sip til send	Give **half cup** of water, instruct patient to sip til send	Give **half cup** of water, instruct patient to sip til send	If not in theatre: give **half cup** of water, instruct patient to sip til send

NB patient can keep the same cup and it can be refilled.

5.0 Training

5.1 Where training is a mandatory training requirement, refer to the Mandatory Training Policy and Training Needs Analysis.

5.2 If any additional specialist training is required (outside the Trust's mandated programme), this training must be specified along with the staff groups to whom it applies. (e.g. consent competency procedure specific training, equipment competency training etc).

6.0 Roles and Responsibilities

6.1 Pre-operative care is the responsibility of a multi-professional team and it is the duty of medical and nursing staff directly involved in patient care to ensure adherence to guidelines. The guidelines apply to all staff responsible for providing guidance on fasting.

6.2 Pre-assessment staff provide patients with fasting instructions prior to their admission date. Ward nursing staff need knowledge of fasting guidelines to prepare patients for theatre. Anaesthetist and other clinical staff providing and assisting with the Anaesthetic must check patients are appropriately fasted before proceeding to provide anaesthesia or IV sedation.

7.0 Implementation Plan

7.1 Implementation Plan for the Policy to be delivered by Dr Laura Wilson, Consultant Anaesthetist, as follows:

- Ratified in Anaesthetic Consultant Business Meeting
- Meeting with preop staff
- Meeting with gynaecology and obstetric admissions staff
- New patient information leaflet developed
- Staff information leaflet produced

- New posters in admissions lounges
- Launch event date to be decided in January 2025

8.0 Legislation, Regulations, Standards and References

8.1 Key References

- Cook T, Woodall N, Frerk C. 4th National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society: Major complications of airway management in the United Kingdom. 2011
- Frykholm P et al. Pre-operative fasting in children: A guideline from the European Society of Anaesthesiology and Intensive Care. Eur J Anaesthesiol. 2022; 39: 4-25
- Sands R, Wiltshire R, Isherwood P. Preoperative fasting guidelines in National Health Service England Trusts: a thirst for progress. BJA. 2022; e100-102
- McCracken GC, Montgomery J. Postoperative nausea and vomiting after unrestricted clear fluids before day surgery: A retrospective analysis. Eur J Anaesthesiol. 2018; 35 (5): 337-342
- De Klerk E S et al. Incidence of excessive preoperative fasting: a prospective observational study. BJA. 2023; e440-442
- Ng Y L et al. Preoperative free access to water compared to fasting for planned caesarean under spinal anesthesia: a randomised controlled trial. Am J Obstet Gynecol 2024; 231 (6): 651.e1 – 652.e11 https://doi.org/10.1016/j.ajog.2024.03.018
- Harnett C, Connors J, Kelly S, Tan T, Howle R. Evaluation of the 'Sip Til Send' regimen before elective caesarean delivery using bedside gastric ultrasound: A paired cohort pragmatic study. Eur J Anaesthesiol. 2024 Feb 1; 41 (2): 129-135 https://doi:10.1097/EJA.0000000000001926

8.2 Associated Documents

- Green SM et al. An international multidisciplinary consensus statement on fasting before procedural sedation in adults and children. Anaesthesia. 2020; 75: 374-385
- Beach ML, Cohen DM, Gallagher SM, Cravero JP. Major Adverse Events and Relationship to Nil per Os Status in Paediatric Sedation/Anesthesia Outside the Operating Room: A report of the Pediatric Sedation Research Consortium. Perioperative Medicine. 2016; 124: 80-88

9.0 Equality, Diversity and Human Rights Statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This document should be implemented with due regard to the commitment.

Appendix One: Equality Impact Assessment

- The below tool must be completed at the start of any new or existing policy, procedure, or guideline development or review. **N.B.** For ease, all documents will be referred to as 'Policy*'. The EIA should be used to inform the design of the new policy and reviewed right up until the policy is approved and not completed simply as an audit of the final Policy itself.

- EIAs must be sent for review prior to the policy* being sent to committee for approval. Any changes made at committee after an EIA has been sign off must result in the EIA being updated to reflect these changes. Policies will not be published without a completed and quality reviewed EIA.

1. Possible Negative Impacts

Protected Characteristic	Possible Impact	Action/Mitigation	
Age	Nil		
Disability	Nil		
Ethnicity	Nil		
Gender	Nil		
Marriage/Civil Partnership	Nil		
Pregnancy/Maternity	Nil		
Religion and Belief	Nil		
Sexual Orientation	Nil		
Trans	Nil		
Other Under Served Communities (Including Carers, Low Income, Veterans)	Nil		

2. Possible Opportunity for Positive Impacts

Protected Characteristic	Possible Impact	Action/Mitigation
Age	Nil	
Disability	Nil	
Ethnicity	Nil	
Gender	Nil	
Marriage/Civil Partnership	Nil	
Pregnancy/Maternity	Yes	Guidance adapted for women in labour according to low-risk/high-risk/epidural/emergency surgery requirements.
Religion and Belief	Nil	
Sexual Orientation	Nil	
Trans	Nil	

Other Under Served Communities (Including Carers, Low Income, Veterans)	Nil	

3. Combined Action Plan

Action (List all actions and mitigation below)	**Due Date**	**Lead** (Name and Job Role)	**From Negative or Positive Impact?**

4. Information Consulted and Evidence Base (Including any consultation)

Protected Characteristic	**Name of Source**	**Summary of Areas Covered**	**Web link/contact info**
Age			
Disability			
Ethnicity			
Gender			
Marriage/Civil Partnership			
Pregnancy/Maternity			
Religion & Belief			
Sexual Orientation			
Trans			
Other Under Served Communities (Including Carers, Low Income, Veterans)			

5. EIA Update Log

(Detail any changes made to EIA as policy has developed and any additional impacts included)

Date of Update	**Author of Update**	**Change Made**
15/11/24	**Dr Laura Wilson**	**New EIA**

6. Have all of the negative impacts you have considered been fully mitigated or resolved? (If the answer is no please explain how these don't constitute a breach of the Equality Act 2010 or the Human Rights Act 1998)

7. Please explain how you have considered the duties under the accessible information standard if your document relates to patients?

8. Equality Impact ~~A~~ssessment completed and signed off

Name: Dr Laura Wilson **Date:15/11/24**

Appendix Two: Document History and Version Control

Version	Date	Comments
1.0	15/11/24	New Policy