

ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

Preoperative fasting and medication guidelines

SECTION: NO. / N° : ADM ____ __

ISSUED BY: DATE ISSUED: yy/mm/dd

APPROVED BY: DATE REVIEWED: yy/mm/dd

DATE REVISED: yy/mm/dd

1 POLICY

Patients undergoing surgery should restrict oral intake of solids and liquids in the hours prior to surgery to reduce the risk of regurgitation and aspiration of gastric contents. Preoperative fasting should not preclude the use of medications given for concurrent medical conditions except where such medications might interfere with the safe conduct of anesthesia and surgery.

2 DEFINITION:

- 2.1 Solids refer to solid foods and liquids with protein or lipid content (milk, fruit juice with pulp, etc).
- 2.2 Clear fluids refer to liquids that permit the clear transmission of light (apple juice, soft drinks, etc).
- 2.3 Emergency surgery refers to patients admitted to hospital awaiting procedures on the emergency list.

3 PROCEDURE:

- 3.1 Elective surgery
 - 3.1.1 Solid food should be withheld at midnight
 - 3.1.2 Water may be consumed in unlimited quantities until 3 hours preoperatively
- 3.2 Emergency surgery
 - 3.2.1 The following are recommendations are minimum requirements. Fasting recommendations for emergent surgery must be modified to accommodate the urgency of surgery and the patient's underlying condition.
 - 3.2.2 Solid food should be withheld for a minimum of 6 hours preoperatively
 - 3.2.3 Clear fluids and water should be withheld for a minimum of 3 hours preoperatively
 - 3.2.4 The surgical service should order appropriate intravenous maintenance fluids for all patients awaiting emergent surgery
- 3.3 Wherever possible all usual medications should be continued preoperatively. The following classes of medications should be withheld prior to elective or emergent surgery. The duration of withdrawal is dependent upon the drug in question and the urgency of the procedure.
 - 3.3.1 Anticoagulants (heparin, warfarin, clopidogrel).
 - 3.3.2 Anticoagulants may be continued in patients undergoing ophthalmologic procedures.
 - 3.3.3 Oral hypoglycaemic agents (metformin, glyburide, gliclazide, acarbose, etc)
 - 3.3.4 Insulin. Specific orders for insulin, glucose, and glucose monitoring must replace usual insulin orders to accommodate pre and postoperative fasting.
 - 3.3.5 Monoamine oxidase inhibitors (phenelzine, mecloramide, etc)

4 RELATED POLICIES AND / OR LEGISLATION:

2002 CAS Guidelines to the practice of anesthesia. Can J Anesth 2002;49(9 Supplement)