

# ATTITUDES OF ANESTHETISTS TOWARDS THE IDEA OF



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## Introduction

Recent evidence shows that fasting for clear liquids might not be required to ensure an empty stomach, and strong evidence to suggest liberal drinking of clear fluids reduces residual gastric volume and raises pH [1,2]. Other studies have found that milk in tea or coffee may also follow the same fasting restrictions as clear fluids [3]. This could lead to a reduction in adverse effects of prolonged fasting, such as hypoglycaemia, ketosis and dehydration, leading to an improvement in patient well-being (2,3).

Current ANZCA guidelines recommend clear fluids may be taken up to two hours prior to anaesthesia for adults, and no more than 3ml/kg/hr up to one hour prior to anaesthesia for paediatric patients. In reality patients fast for much longer than this is, and various audits have shown this can be up to 9-12h [2]

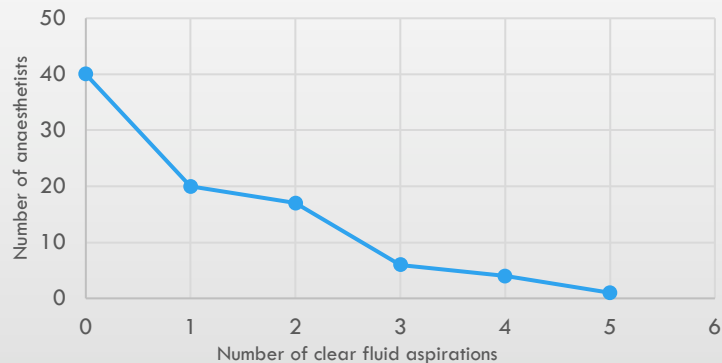


Figure 2. The number of clear fluid aspirations during a career of an anaesthetist.

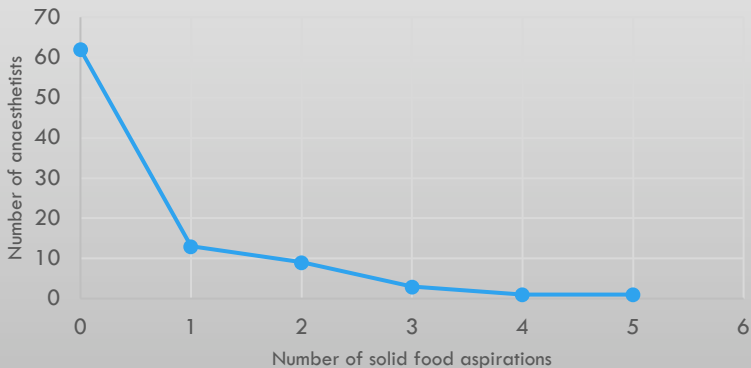


Figure 3. The number of solid food aspirations during a career of an anaesthetist.

## Adult responses

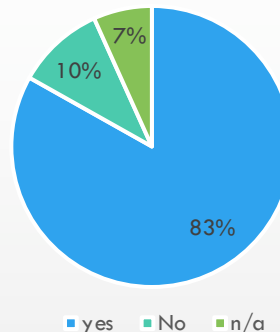


Figure 1. Percentage of anaesthetists voting yes to incorporating sipitil send.

**Results:** Ninety participants responded to the survey; 72 consultants, 4 fellows and 13 registrars. Analysed data shows that 89% of anaesthetists were happy to adopt “sipitil send” for adults and almost 97% for paediatric patients (Figure 1, 4). In a total of 3382 anaesthetist years, 93 cases of clear fluid aspirations were recalled, which equals 1 aspiration in 36.4 years. If on average an anaesthetist performs 1000 GA's/year that is a risk of 0.003%. There were 49 cases of solid food aspirations recalled. Fifty percent of anaesthetist would be happy to include milk 15mls (3 teaspoons) in tea or coffee on arrival to hospital (Figure 5). Most who voted no to milk expressed the difficulty in policing the quantity and the possibility of misinterpretation with some patients, whilst adding little benefit. Some expressed the preference to having a limitation for kids in ml/kg/hr. Some voted “No” due to the discrepancy with the current. ANZCA guideline. We have found that increased number of previous aspirations does not correlate with accepting “sipitil send”.

**Discussion:** Most anaesthetists were happy to adopt “sipitil send” which will simplify pre-operative preparation for theatre and significantly reduce post operative complications of fasting. Future surveys will be sent to other campuses to compare the concerns of various consultants in this adaptation. Individual anaesthetists can individualise fasting instructions for specific patients if they feel it is clinically appropriate.

## References

- (1) Fasting from midnight – the history behind the dogma J. Roger Maltby Best Practice & Research in Clinical Anaesthesiology 2006: 20(3) ; 363-378
- (1) Two hours too long: time to review fasting guidelines for clear fluids. Christa E. Morrison1, Susanna Ritchie-McLean1, Arunita Jha2 and Monty Mythen3,4 BJA 2020 124(4) 363-366
- (1) Does Adding Milk To Tea Reduce Gastric Emptying? S. Hillyard1,2, S. Cowman2, R. Ramasundaram2, P. T. Seed3 and G. O'Sullivan2 BJA 2014: 112(1):66-71

**Objective:** To introduce a “sipitil send” or “0” hour fasting rule where patients are free to have clear fluids until they are sent for theatre at 170ml per hour for adults, and 3ml/kg/hr for paediatric patients. This survey was sent to gauge the opinions and concerns from staff for implementation in our hospital.

**Methods:** An electronic internet survey using “surveymonkey” was distributed to anaesthetists across the two hospitals over email, to gauge their ideas about “sipitil send”. This was done by direct questions and white box questions. Additional questions were asked about whether they would be comfortable with allowing 15mls (3 teaspoons) of milk in tea or coffee on arrival to hospital.

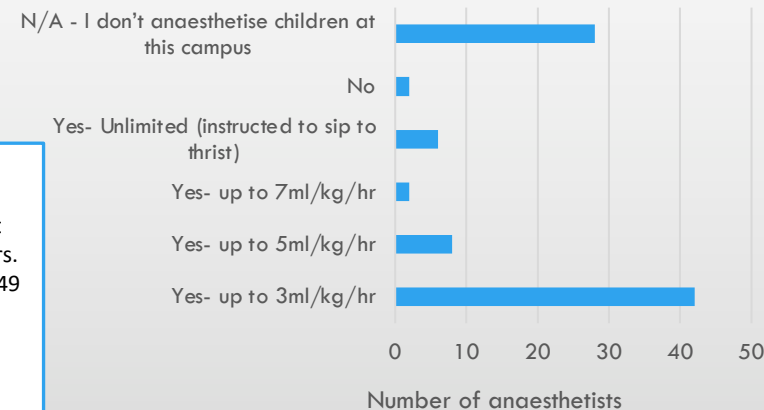


Figure 4. Responses to the amount of fluid limitations prior to being sent for theatre in paediatric patients.

## Responses to milk

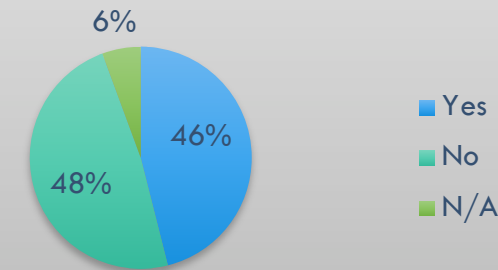


Figure 5. Percentage of anaesthetists voting yes to incorporating 15mls of milk in tea or coffee sent for theatre.