

Fasting and Surgery Timing Audit in a Base Hospital in Sri Lanka

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Prolonged fasting can lead to many complications apart from patient discomfort such as dehydration, electrolyte imbalance, delayed recovery, postoperative nausea and vomiting and poor patient outcome. This study was aimed at assessing the adherence to the standard guidelines proposed by the American Society of Anaesthesiologists for fasting patients, awaiting routine surgery. Data was collected using a questionnaire from patients awaiting routine surgery at a Base Hospital in Sri Lanka over a 10 days' period and analysed. Of the 104 surgical patients 76% (n=80) were females. There were 36 (34.6%) general surgical, 49 (47%) obstetric, 18 (17.3%) gynaecological and 1 (0.9%) ophthalmological surgeries. The average fasting period for solids in all surgeries was 12.7 hours and that for clear liquids was 7.7 hours. The average fasting periods for solids were 13, 13.7 and 12.1 hours in general surgical, gynaecological and obstetric patients respectively. The average fasting durations for clear liquids were 9.9, 7.8 and 5.9 hours in general surgical, gynaecological and obstetric patients respectively. Sixty-six (63%) patients were kept fasting for solids 12 hours or more. Seventy-nine (75.9%) were kept fasting for clear liquids double the time recommended. Regardless of the international and local fasting guidelines patients are kept fasting for solid food and clear liquids for a significantly longer period than expected. It implies that there should be more planning regarding timing of surgery by both surgical and anaesthetic teams.

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