

Preoperative Fasting: Closing the Gap Between Theory and Practice

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“Patients should not be subjected to extensive fasting regimes. Despite this, traditional practices persist...”

Abstract

Prolonged preoperative fasting is experienced internationally, as healthcare professionals struggle to discard the traditional practice of “NPO” after midnight and implement new guidelines advocating shorter fasting times for patients. This literature review aims to address the continued practice of prolonged preoperative fasting and to provide a synopsis of the most up-to-date literature.

The researched literature included in-depth discussion of current guidelines and actual clinical practice, nursing and other healthcare professional perspectives, patient perspectives, and evidence-based practices. The author feels that further research examining the gap between preoperative fasting guidelines and actual practice would benefit the development of effective measures for change.

Introduction

Preoperative fasting requires all patients to fast absolutely from food and fluids for a specified minimum amount of time prior to anaesthesia. It is a necessary precaution to decrease the risk of pulmonary aspiration. It is an age-old tradition that began when Mendelson reported incidents of pulmonary aspiration during obstetric anaesthesia¹. During anaesthesia, a patient’s cough and gag reflex are affected, increasing the risk of pulmonary aspiration with potentially fatal consequences².

New evidence-based practices, which advocate shorter fasting times while ensuring no increase in patient risk, have been met with a reluctance by healthcare professionals to discard the trusted traditional practice³. The author developed an interest in the issue of prolonged preoperative fasting during work in various surgical specialities. It seems that, regardless of the speciality or the institution, prolonged fasting times can occur.



