INFOGRAPHICS IN ANESTHESIOLOGY

Complex Information for Anesthesiologists Presented Quickly and Clearly

NPO! Ready to Go?

Diabetes can cause
gastroparesis and delayed
gastric emptying. According to
ASA fasting guidelines, patients
with diabetes may require longer fasting intervals. In this issue, Perlas et al.
used gastric ultrasound to evaluate residual
gastric volume after standard fasting intervals before elective surgery in diabetic
and nondiabetic patients.1

Do Current Fasting Guidelines Ensure Empty Stomach in Diabetic Patients?



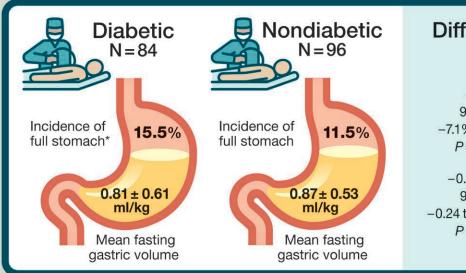
Inclusion:

- Age 18–85 yr old
- ASA Physical Status I–III
- BMI < 40 kg/m²

Exclusion:



- Prior GI surgery
- Upper GI disease
- Pregnant



Difference

4.0% 95% CI -7.1% to 15.2% P=0.568

-0.07 ml/kg 95% CI -0.24 to 0.10 ml/kg P=0.224

Question for Future Study²



Does administration of glucagon-like peptide-1 (GLP-1) agonists affect safe fasting guidelines?



Conclusion

Fasting guidelines are noninferior in diabetic patients compared to nondiabetic patients with BMI <40 kg/m².

ASA, American Society of Anesthesiologists; BMI, body mass index; GI, gastrointestinal; NPO, *nil per os* (nothing by mouth).

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^{*}Full stomach defined as ≥1.5 mL/kg of fluid or solid in the stomach.

^{1.} Perlas A, Xiao MZX, Tomlinson G, et al.: Baseline gastric volume in fasting diabetic patients is not higher than that in nondiabetic patients: A cross-sectional noninferiority study. ANESTHESIOLOGY 2024; 140:648–56

^{2.} Warner MA: Diabetic patients, assessment of preoperative gastric contents, and potential reduction of risk of pulmonary aspiration. ANESTHESIOLOGY 2024; 140:639-41