



Limiting Nil Per Os Status.

Level of Evidence	Low
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Consensus Statement

Limiting nil per oz status for clear liquids (>2 hours before surgery) is reasonable after assessment of potential risk factors for aspiration.

Main Points

- Standard fasting guidance remains important, but selected low-risk cardiac surgery patients may be able to receive clear liquids up to 2 hours before surgery.
- Cardiac surgical patients may have additional aspiration risks, including delayed gastric emptying, low cardiac output, urgent status, and transesophageal echocardiography use.
- More cardiac surgery-specific evidence is needed before broader changes to fasting policy are adopted.

Key References

1. American Society of Anesthesiologists. Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures: an updated report by the American Society of Anesthesiologists Task Force on Preoperative Fasting and the Use Of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration. *Anesthesiology*. 2017;126:3763-93.
2. Association of Anaesthetists of Great Britain and Ireland. Preoperative assessment and patient preparation - the role of the anaesthetist. Accessed October 12, 2023.
<https://anaesthetists.org/Home/Resourcespublications/Guidelines/Pre-operative-assessment-and-patientpreparation-the-role-of-the-anaesthetist-2>

3. Australian and New Zealand College of Anaesthetists. PG07(A) Guideline on pre-anaesthesia consultation and patient preparation. Accessed October 12, 2023. [https://www.anzca.edu.au/getattachment/d2c8053c-7e76-410e-93ce-3f9a56ffd881/PG07\(A\)-Guideline-on-preanaesthesia-consultation-and-patient-preparation](https://www.anzca.edu.au/getattachment/d2c8053c-7e76-410e-93ce-3f9a56ffd881/PG07(A)-Guideline-on-preanaesthesia-consultation-and-patient-preparation)
4. Smith I, Kranke P, Murat I, et al. Perioperative fasting in adults and children: guidelines from the European Society of Anaesthesiology. *Eur J Anaesthesiol.* 2011;28:556.

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