



Perioperative Fasting & Feeding in Adults, Obstetric, Paediatric and Bariatric Population

Practice Guidelines from the Indian Society of Anaesthesiologists 2020

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SUMMARY OF RECOMMENDATIONS

Recommendations	Level of Recommendation (GRADE)
Adult Section	
Clear liquids should be allowed up to 2 h prior to administration of sedation or anaesthesia.	Strong
The volume of clear liquid consumed may be restricted to < 450mL, 2 h prior to administration of sedation or anaesthesia.	Weak
Non-clear liquids may be allowed up to 4 h prior to administration of sedation or anaesthesia.	Weak
Light meals may be allowed up to 6 h prior to administration of sedation or anaesthesia.	Weak
If the patient has consumed heavy meals, it may be prudent to wait for at least 10 h prior to administration of sedation or anaesthesia.	Weak
Heavy meal consumption is not advisable the night prior to surgery.	Strong
Routine use of aspiration prophylaxis in adequately fasted patients is not advised prior to administration of sedation or anaesthesia.	Strong
Aspiration prophylaxis is advised in high risk patients as identified by the anaesthesiologist.	Weak
H2 receptor blockers, proton pump inhibitors and prokinetic drugs may be used as prophylaxis in high risk patients.	Weak
Obstetric Section	
Women in early or late pregnancy when administered sedation or anaesthesia may be considered to be at high risk for aspiration.	Weak
Clear liquids may be allowed up to 2 h prior to administration of sedation or anaesthesia in pregnant women.	Weak
Non-clear liquids may be allowed up to 4 h prior to administration of sedation or anaesthesia in pregnant women.	Weak
Light meals may be allowed up to 6 h prior to administration of sedation or anaesthesia in pregnant women.	Weak
If the pregnant woman has consumed a heavy meal, it may be prudent to wait for at least 10 h prior to administration of sedation or anaesthesia.	Weak
Heavy meal consumption is not advisable the night prior to surgery in pregnant women.	Strong
Pregnant women requiring sedation or anaesthesia should be administered aspiration prophylaxis.	Strong
H2 receptor blockers, proton pump inhibitors either alone or in combination with prokinetic drugs can be administered for aspiration prophylaxis.	Weak
Clear liquids can be allowed orally 8 h after caesarean section under regional/ general anaesthesia.	Strong

SUMMARY OF RECOMMENDATIONS

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Paediatric Section

Consumption of water, up to 3mL/kg should be allowed until 1 h prior to administration of anaesthesia.	Strong
Consumption of clear liquids other than water, up to 3 mL/kg can be allowed until 2 h prior to administration of anaesthesia.	Weak
Human milk and fully skimmed non-human milk can be allowed until 4 h prior to administration of anaesthesia.	Weak
Non-clear liquids, non-human milk, formula feeds, light breakfast or light meal may be allowed until 6 h prior to administration of anaesthesia.	Weak
The attending anaesthesiologist can decide for or against the administration of aspiration prophylaxis in adequately fasted children.	Weak
The attending anaesthesiologist can decide on the duration of fasting for procedural sedation within operating room or at remote location.	Weak
The oral consumption of clear liquids in the postoperative period should be resumed at the earliest where no medical or surgical contraindications exist.	Strong

Bariatric Section

Obese individuals may be considered to be at higher risk for aspiration in comparison to non-obese individuals when administered sedation or general anaesthesia.	Weak
In obese individuals, the advice on preoperative fasting practices may be the same as in non-obese individuals prior to the administration of sedation or anaesthesia.	Weak
Aspiration prophylaxis may be administered in obese patients prior to the administration of sedation or anaesthesia.	Weak
H2 receptor blockers, proton pump inhibitors either alone or in combination with prokinetic drugs can be administered for aspiration prophylaxis.	Weak

Gastric Ultrasonography Section

Gastric ultrasonography may be used as a bedside tool for assessing the quality and quantity of gastric contents in the preoperative period.	Weak
The quality and quantity of gastric contents should be assessed in the right lateral decubitus position.	Strong

CLASSIFICATION OF FOOD ITEMS INTO CLEAR LIQUIDS NON-CLEAR LIQUIDS, LIGHT MEAL, HEAVY MEAL

Type of Food	Name of the Food	Approximate time of Gastric emptying
Clear Liquids (Juices without pulp)	Coconut water (400 ml), Black Tea (200 ml), Black Coffee (200 ml), 25% dextrose, Watermelon juice, Pineapple juice, Apple Juice, Sandalwood Sharbat, Rooh Afzha, Khus Sharbat, Aerated cold drink, Tetra pack juice, Rice ganji (also called Kanji or Congee, strained), Clear Soup Broths, Dal Water, Green Tea, Maltodextrin Preparations.	<2 h
Non Clear Liquids	Rava porridge (200 ml), Ragi malt (200 ml), Sattu drink (200 ml), Milk (200ml), Buttermilk (300 ml), Milk Shake (200 ml), Fruit yoghurt (150 ml), Cold Coffee (200 ml), Tea (200 ml), Filter coffee (200 ml), Smoothie (200 ml)	2-4h
Light Meal	Bread slice (1 no.), Cream of soups, Curd rice (150 g), Dal rice (150 g), Poha (100 g), Phulka with vegetable (1 with 4 spoons of vegetable), Curd (200 ml), Milk shake with fruit (200 ml), Milk and corn flakes (1 cup), Idli with sambhar (1 no.), Poha / Avalakki soaked in water and eaten (30 g), Puffed rice (150 g), Marie biscuits (4 no.) with milk 150 ml, Glucose biscuit (4 no.) with milk 150 mL.	4-6 h
Heavy Meal	Thali (Chapathi+rice+dal+veg+curd), Noodles with curry (250 gms), Pongal with curd (2 bowls), Khichdi with curd and papad (2 bowls), Pesarattu/Dosa with chutney and sambhar (3 in no.), Thali Rice+Poriyal+sambhar+curd+pickle, Parantha (stuffed) with dahi and pickle (2 no.), Chicken curry and rice (1 bowl), Kebabs with chutney and french fries (4 in no.), Pizza (2 triangles) with coke, Burger (veg/ non veg) 1 no.	> 6 h

Note :

1. All volumes mentioned in brackets are with respect to adult patients only.
2. Volumes of clear liquid are taken as <450 mL unless specifically mentioned.

