

## Nothing By Mouth (NPO) Guidelines for Patients

Columbia Anesthesia is committed to providing you with a safe and pleasant experience for your upcoming surgery. With your safety in mind, it is imperative to follow the latest guidelines regarding what to eat and drink, and the timing of what you consume in relation to your planned surgery. Not following these guidelines puts you at risk for vomiting and getting the contents of your stomach into your lungs (aspiration), mild to severe pneumonia, and even possibly death.

To optimize your safety during your surgery, strict adherence to these guidelines will be observed. Not following these guidelines makes it unsafe to proceed with your planned surgery, and it will either need to be delayed or possibly rescheduled.

Please note that the amount of food or liquid ingested are irrelevant, and are not considered when NPO guidelines have been broken.

### Follow these instructions if taking a GLP1 medication.

If you are taking medication for Diabetes or Weight Loss, specifically a class of medications call the GLP1s, you need to start your preparation for surgery perhaps as much as a week before your procedure. If you are taking any of the following medications

GLP1 Generic Name	GLP1 Brand Name	Frequency	Stop Prior to Surgery
Exenatide	Byetta	BID	Day Before & Day Of Surgery
Semaglutide	Rybelsus	PO Daily	Day Before & Day Of Surgery
Lixisenatide	Adlyxin	Daily	Day Before & Day Of Surgery
Liraglutide	Victoza, Saxenda	Daily	Day Before & Day Of Surgery
Semaglutide	Ozempic	Weekly	7 Days & Day Of Surgery
Dulaglutide	Trulicity	Weekly	7 Days & Day Of Surgery
Exenatide ER	Bydureon bcise	Weekly	7 Days & Day Of Surgery

It is imperative that you stop taking this class of medication either the day before surgery, or for up to 1 week before your surgery.

Further, if you are on these medications, you should only consume a liquid diet (no solid food) the entire day BEFORE your surgery. All patients, regardless of which medication you take, should consume NOTHING after midnight the night before, and consume NOTHING the day of your surgery.

**More information on next page.**

**Follow these instructions if you are NOT taking a GLP1 medication.**

You may consume the following liquids or solids in relation to your planned surgery.

Time before surgery	What you may consume	Examples
0-2hrs	Nothing	-----
2-4hrs	Clear liquids Ensure Carbohydrate Drink Colonoscopy Prep Solution	Black coffee, plain tea, Gatorade, Water, Fruit Juice without pulp, carbonated soda
4-6hrs	Fruit Juices Breast milk	Fruit juice with pulp
6-8hrs	Infant formula, Milk, Light Food	Saltine crackers, Dry Toast
8hrs	Meat, Fried food, Fat containing food	-----

### **Enhanced Recovery After Surgery (ERAS) Carbohydrate Loading**

Depending on the type of surgery you are having, you may be given a carbohydrate rich solution to drink before your planned surgery. Patients who participate in carbohydrate loading in preparation for surgery have been found to have a reduced length of hospital stay, improved insulin sensitivity allowing for reduction in infectious morbidity, a reduction in the catabolic response induced by overnight fasting and surgery, improved post-op muscle function, reduced pre-op anxiety, hunger and thirst and reduced post-op nausea and vomiting when compared to placebo or fasting in adult patient undergoing elective surgery.

Carbohydrate loading should be encouraged before certain elective surgeries in adult patients, with the use of approved Pre-Surgery clear carbohydrate drink (50 grams of CHO in ~10 oz portion). Carbohydrate loading is safe and effective if consumed within a 10 minute period, at least 2 hours before, but no more than 4 hours prior to surgery.

### **DO NOT CONSUME THE CARBOHYDRATE DRINK IF...**

Exclusions to carbohydrate loading include patients taking GLP1 medications, pediatric patients, patients who have undergone previous gastric bypass surgery or banding, patients with severe gastroparesis, patients with type 1 diabetes and patients with poorly controlled/complicated type 2 diabetes (e.g. A1C >8% or POC BG >250 mg/dL). Carbohydrate loading is recommended in patients with type 2 diabetes when taking their normally prescribed diabetes medications up until time of surgery.