

Department of Anesthesiology, Perioperative and Pain Medicine
Shared Health Anesthesia

PERIOPERATIVE MANAGEMENT OF PATIENTS ON GLP-1 AGONISTS

As per the American Society of Anesthesiologists Society (ASA) consensus¹ on this subject, for patients scheduled for elective procedures consider the following:

Day(s) Prior to the Procedure:

- For patients on daily dosing hold GLP-1 agonists on the day of the procedure/surgery (last dose day before surgery). For patients on weekly dosing hold GLP-1 agonists a week prior to the procedure/surgery (last dose two weeks prior to surgery).
- This suggestion is irrespective of the indication (type 2 diabetes mellitus or weight loss), dose, or the type of procedure/surgery.
- If GLP-1 agonists prescribed for diabetes management are held for longer than the dosing schedule, consider consulting an endocrinologist for bridging the antidiabetic therapy to avoid hyperglycemia.

Day of the Procedure:

- If gastrointestinal (GI) symptoms such as severe nausea/vomiting/retching, abdominal bloating, or abdominal pain are present, consider delaying elective procedure, and discuss the concerns of potential risk of regurgitation and pulmonary aspiration of gastric contents with the proceduralist/surgeon and the patient.
- If the patient has no GI symptoms, and the GLP-1 agonists have been held as advised, proceed as usual.
- If the patient has no GI symptoms, but the GLP-1 agonists were not held as advised, proceed with 'full stomach' precautions or consider evaluating gastric volume by ultrasound, if possible and if proficient with the technique. If the stomach is empty, proceed as usual. If the stomach is full or if gastric ultrasound inconclusive or not possible, consider delaying the procedure or treat the patient as 'full stomach' and manage accordingly. Discuss the concerns of potential risk of regurgitation and pulmonary aspiration of gastric contents with the proceduralist/surgeon and the patient.
- There is no evidence to suggest the optimal duration of fasting for patients on GLP-1 agonists. Therefore, until we have adequate evidence, we suggest following the current ASA fasting guidelines^{3,4}.
- Please minimize the risk of large volume regurgitation/aspiration by using existing clinical practice guidelines.

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References:

1. *American Society of Anesthesiologists Consensus-based guidance on preoperative management of patients (adults and children) on glucagon-like peptide-1 (GLP-1) receptor agonists.* **American Society of Anesthesiologists (ASA).** (2023, June 29). <https://www.asahq.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperative>
2. *Are serious anesthesia risks of SEMAGLUTIDE and other GLP-1 agonists under-recognized? case reports of retained solid gastric contents in patients undergoing anesthesia.* **Anesthesia Patient Safety Foundation.** (2023, June 22). <https://www.apsf.org/article/are-serious-anesthesia-risks-of-semaqlutide-and-other-glp-1-agonists-under-recognized/>
3. *American Society of Anesthesiologists Committee. 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; 126:376-93.**
4. *Joshi GP, Abdelmalak BB, Weigel WA, et al. 2023 American Society of Anesthesiologists practice guidelines for preoperative fasting: clear liquids containing carbohydrates with or without protein, chewing gum, and pediatric fasting durations: A modular update of the 2017 American Society of Anesthesiologists Practice Guidelines for Preoperative Fasting.* **Anesthesiology 2023; 138:132-51.**