

Patient Positivity on a Sip 'Til Send Policy

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Introduction

Patients undergo pre-operative fasting periods far exceeding European Society of Anaesthesiology (ESA) and Association of Paediatric Anaesthesia (APA) guidance. Prolonged fasting is associated with patient dissatisfaction and harm through increased irritability, general malaise, nausea and vomiting, and dehydration. Reasons for excessive fasting include lack of knowledge amongst staff, fear of cancellation and uncertainty around theatre start time. The latter particularly affects patients awaiting emergency surgery.

A growing body of evidence and changes in local practices across the UK support the implementation of liberal fluid fasting policies, removing altogether the limit for fasting of clear fluids before surgery. These 'Sip 'Til Send' policies have been shown to reduce pre-operative fluid fasting times and rates of post-operative nausea and vomiting (PONV), without increasing aspiration risk. However, patient perspective on such policies remains unstudied.

This quality improvement project aims to reduce pre-operative fluid fasting times by implementing a Sip 'Til Send policy in Aneurin Bevan University Health Board (ABUHB) and gathers patient feedback on their experience.

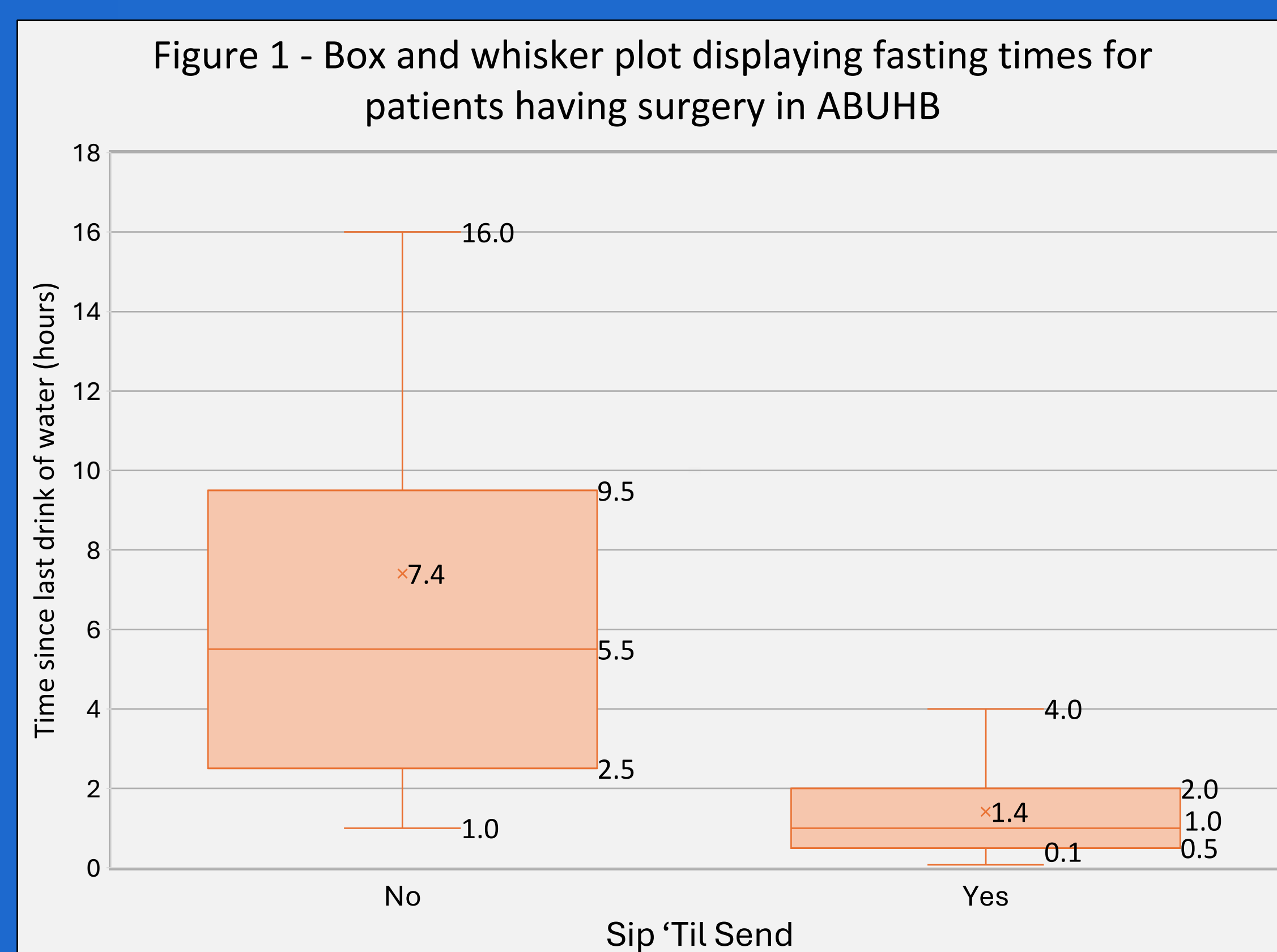
Methods

During a trial period of a Sip 'Til Send fluid fasting policy adult patients undergoing elective and emergency surgery in ABUHB followed either ESA pre-operative fasting guidance or the ABUHB Sip 'Til Send policy. This allowed patients to sip up to one hospital cup (approx. 150mls) of water per hour until collected for their surgery. Patient allocation to these groups was at the discretion of the anaesthetist responsible for that list.

Patients were surveyed on admission to the anaesthetic room to collect fluid fasting data. The anaesthetic technique administered, and incidence of aspiration or regurgitation events was also recorded. A Mann Whitney U calculation was used to test the null hypothesis that there is no difference between the fluid fasting times of these two patient groups.

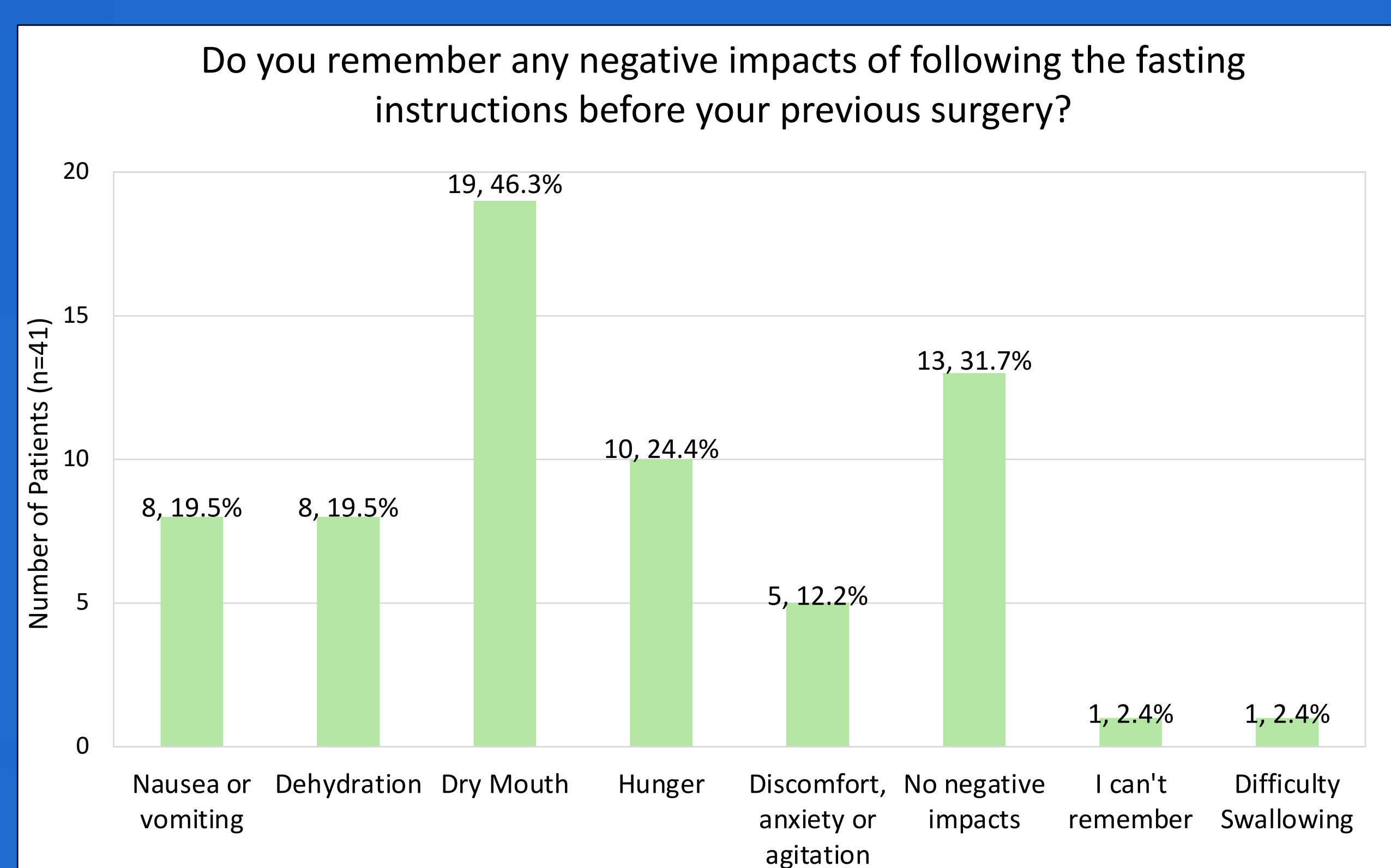
Sip 'Til Send later became the default fasting guidance for all patients in ABUHB. 51 patients undergoing elective surgery completed a day-of-surgery questionnaire. This surveyed patient satisfaction with the Sip 'Til Send policy, the incidence of common fasting associated complaints experienced whilst fasting for any previous surgery, and any benefits on these experienced from following a Sip 'Til Send policy. Patients were also invited to provide additional comments through free text answers.

Results & Discussion

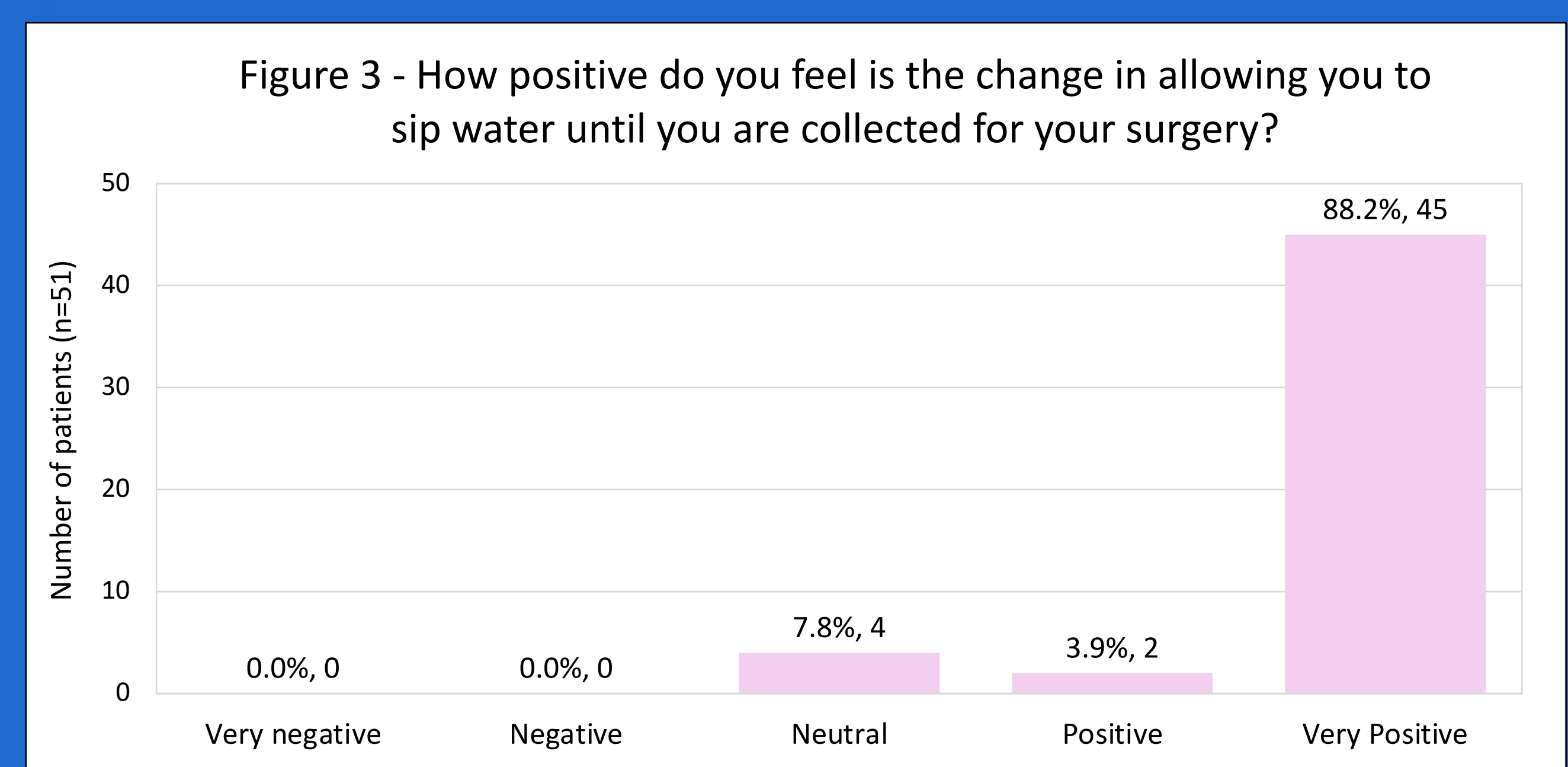


Median fluid fasting time for patients following ESA guidance (n=27) was 5.5 hrs vs 1.0 hrs for those following the Sip 'til Send policy (n=34) (p-value <0.00001) (Figure 1). No cases of aspiration were observed. A statistically significant reduction in fasting time was also observed when analysing only those patients undergoing emergency surgery (8.0 hrs vs 2.0 hrs, p-value <0.0048, n=21).

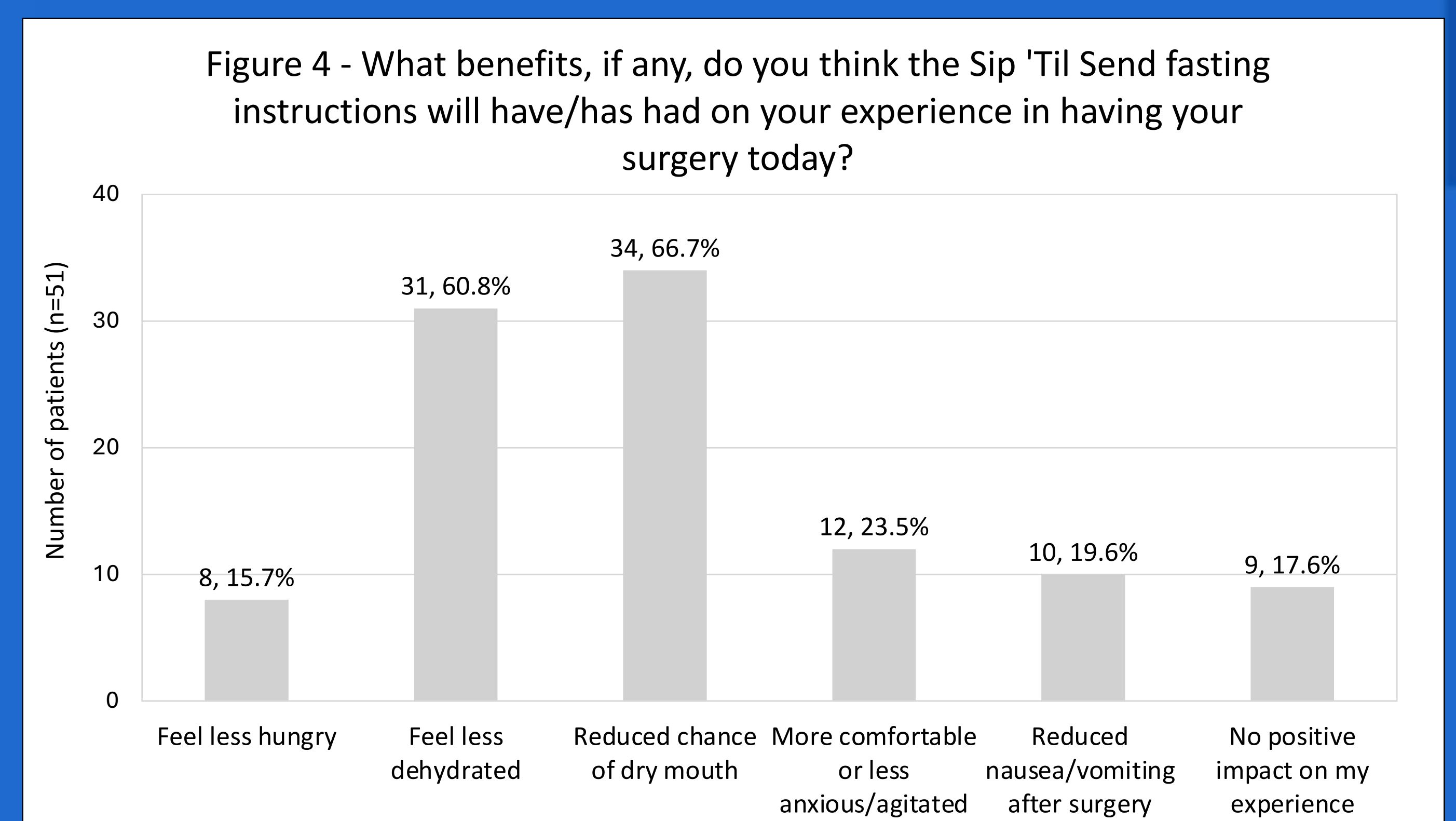
With theatre times being difficult to predict, emergency patients are likely to benefit most from Sip 'Til Send. Such policies have therefore been applied to emergency patients at a number centres across the UK. However, there remains a lack of evidence demonstrating its safety profile in terms of aspiration risk in this cohort of patients.



41 patients had undergone previous surgery. Dry mouth was the most common complaint, whilst 31.7% couldn't recall any negative impacts of previous fasting instructions. 40% of patients reported at least 2 negative impacts of previous fasting instructions (Figure 2).



88.2% of patients were "very positive" about the Sip 'Til Send policy (Figure 3).



Patients felt Sip 'Til Send had a positive impact on several fasting associated complaints. The most common of which were dehydration and dry mouth. 23.5% and 19.6% felt it would make them more comfortable and reduce PONV, respectively. 17.6% of patients felt that Sip 'Til Send had no benefit at all on their experience (Figure 4). 54.9% of patients reported Sip 'Til Send had a positive impact on 2 or more common fasting complaints.

When invited to provide additional comments patients described Sip 'Til Send as a "great addition to the pre-operative process". They also reported it as beneficial in promoting hydration, and that it made them feel "much more comfortable". Subjective patient feedback such as this, in addition to objective data (e.g. incidence of PONV) can provide a more comprehensive view on patient centred outcomes.

Conclusion

This Sip 'Til Send or 'Llymeidiau tan y Llawdriniaeth' policy is a first in Wales and reduces pre-operative fluid fasting times. Patients are positive about its implementation and recognise associated benefits that may improve their experience. A large-scale study is required to demonstrate its impact on aspiration risk in patients undergoing emergency surgery. Until then, these patients are likely to benefit most from Sip 'Til Send, and it is the default guidance for all surgical patients in ABUHB. Extension of this policy to specific patient groups cared for by ambulance services should also be explored.

