

HI Ross et al

Thank you for asking my opinions – it is a bit of a shame the ACI didn't ask directly as they've quoted my ABC articles as the stimulus for developing the guidelines.

I think it is great that they have tried to address the issue of prolonged fasting times, however I do feel they have missed the mark.

The 'Key Principles' misses the point of encouraging Carbohydrate rich fluids as the preferred fluid of choice. Point 8 states that 'Continuing fluids until two hours before a procedure replaces and/or maintain the body's water balance. Evidence shows that preoperative oral fluids can improve postoperative wellbeing and clinical outcomes.' Not all pre-operative fluids are the same – water doesn't provide calories neither does an oral rehydration drink (eg Hydralyte) which is basically an electrolyte hit. The evidence cited in the European Fasting Guidelines clearly states that the Oral Carbohydrate drinks are the ones that 'improves subjective well-being, reduces thirst and hunger and reduces postoperative insulin resistance'.

Whilst on the topic of pre-operative oral carbohydrates it would also have been useful if they had used the more recent review paper by 'Nygren, Thorral and Ljungqvist' on the topic published in June 2015 (copy attached).

The final comment relates to Diabetics. Diabetics should not be made second class citizens and when I last checked were not banned from consuming carbohydrates because it made their sugars hard to control. In Armidale we have used the Carbohydrate rich drink 'Pre-Op' for 15 months and took the approach of recommending its use to diabetics and request that they take their normal diabetic medications on the morning of surgery. We do mostly day surgery cases and still put the diabetics early on the list so many will be eating at a normal lunchtime. I have some 5<sup>th</sup> year medical students looking at the day surgery admission BSL's at the moment but we have had very few issues. The difficult patients are the diet controlled T2DM's who do come in a bit on the high side. We have also managed a gentleman on an insulin pump for a colonoscopy without incident.

It is a shame that the ACI experts have not been able to accept the very clear statement in the European Guideline that the pre-operative carbohydrate drinks can be used safely in Diabetics.

I plan to put something in writing to the ACI to highlight these two points.

Also of note is that ANZCA are currently reviewing PS07 (guidelines on the pre-anaesthetic consult) and are putting better fasting guidance into an appendix to the document. The draft over Xmas was weak and I haven't seen a follow up.

Thanks  
David