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EDITORIAL

Beyond "nil per mouth": towards evidence-based fasting and medication practices

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Excessive preoperative fasting remains entrenched across South African hospitals despite clear international guidance that prolonged fasting confers no benefit and can be harmful. In this issue, Du Pisanie et al.[1] add new data from district hospitals to prior tertiary-level reports, confirming that patients continue to experience fasting durations far exceeding guideline recommendations. Prolonged fasting contributes to dehydration, hypoglycaemia, patient discomfort, and increased perioperative stress, all of which may impact perioperative outcomes.[2]

Physiological and practical considerations

Traditional "nil per mouth from midnight" instructions are no longer defensible. Prolonged fasting leads to metabolic stress, worsens insulin resistance, and may impair haemodynamic stability.[2] At the same time, practical barriers remain: unpredictable theatre lists and delegation of fasting orders to junior staff encourage conservative, blanket instructions. These factors highlight the need for system-level interventions that balance safety with feasibility in busy, resource-limited environments.

Solutions: beyond "midnight fasting"

Several approaches can address these challenges:

The Centre for Perioperative Care (CPOC) in the United Kingdom has promoted "Sip 'til Send", permitting patients to drink clear fluids until transfer to theatre. This policy reduces fasting times, improves comfort, and maintains safety.[3]

The concept of structured "fasting clocks" may help operationalise fasting protocols by aligning timing of solids, fluids, and medications with theatre scheduling. Such tools could support accountability, ensure clarity for staff, and reduce unnecessary conservatism.[4]

Optimal perioperative chronic medication management is critical, particularly for conditions such as hypertension, diabetes mellitus, and atrial fibrillation.[5-8] Unplanned omission of therapy and prolonged fasting in these conditions risks increased perioperative haemodynamic and metabolic complications.[5-8] Protocols allowing sips of water for medications, dedicated "medication windows", and clear team responsibility are essential.[5-8]

Gastric ultrasound: towards individualised risk stratification

Point-of-care gastric ultrasound has emerged as a valuable adjunct in perioperative risk assessment.[9] Its ability to estimate gastric content and volume allows stratification of aspiration risk in patients with uncertain fasting histories or altered gastric emptying.[9] Incorporating ultrasound into practice could support more flexible fasting policies and improve safety in high-risk groups, including emergencies and patients with conditions associated with delayed gastric emptying.[9]

The challenge of GLP-1 receptor agonists

The rapid increase in GLP-1 receptor agonist use for patients with diabetes mellitus and for the management of obesity introduces new complexity.[10] Case reports and large series have linked these agents with delayed gastric emptying and aspiration during anaesthesia.[11,12] Recent consensus statements recommend caution, including consideration of a 24-hour clear fluid diet prior to anaesthesia in this group.[11,12] The prevalence of GLP-1 use in the South African context is unknown, and is an uncertainty that highlights the urgency of surveillance and guideline adaptation in our setting.

Moving forward

This district-level audit[1] reaffirms that fasting practice in South Africa remains misaligned with current best practice. Addressing this, requires a multipronged approach: strategies include adopting and implementing modern protocols such as Sip 'til Send, ensuring continuation of essential medications through clear role delineation, and utilising gastric ultrasound where available. The rise of GLP-1 receptor agonists adds a further layer of complexity that must be recognised in evolving guidelines. Ultimately, replacing "blanket rules" with flexible, evidence-based, and patient-centred policies is not only feasible, it is overdue.

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