Centre for Perioperative Care

Response to the American Society of Anaesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

The American Society of Anaesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

In June 2023, the American Society of Anaesthesiologists released new guidance[1] advising:

- For patients on daily dosing consider holding GLP-1 agonists on the day of the procedure/surgery. For patients on weekly dosing consider holding GLP-1 agonists a week prior to the procedure/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 hyperglycaemia.

This contradicts current UK guidance from both the Centre of Perioperative Care (CPOC) and Joint British Diabetes Societies (JBDS) ,[2,3,] in which the current advice is to take as normal irrespective of the dosing schedule.

The Centre of Perioperative Care in collaboration with multiple stakeholders involved in the perioperative management of diabetes have reviewed the available evidence and are of the opinion that the UK guidance should remain to "take as normal". As delayed gastric emptying is a recognised side-effect of the GLP-1 agonists. Anaesthetic practitioners should undertake individualised clinical assessment and then take prudent precautions in managing patients with diabetes on GLP-1RAs. The risk assessment should consider the presence of diabetic gastroparesis, and other risk factors for aspiration. The precautions include the options of: regional anaesthesia; intubation; modified rapid sequence intubation; ramped position; awake extubation; and preoperative gastric ultrasound when available. First generation supraglottic airway devices cannot be recommended in the management of these patients[4.] Since people with diabetes may have gastroparesis caused by autonomic neuropathy and that gastric emptying may be delayed by acute and chronic hyperglycaemia[5], this advice may not alter many anaesthetists' existing strategy for managing patients with diabetes.

A review of this controversial area will be submitted to the British Journal of Anaesthesia in due course, and in the meantime, clinicians should report any untoward reaction of GLP-1 agonists to the Medicines and Healthcare products Regulatory Agency using the Yellow Card.

References

1 American Society of Anaesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists. Available from https://www.asahq.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperative

2 CPOC diabetes https://cpoc.org.uk/guidelines-resources-guidelines-resources/guideline-diabetes

3 JBDS https://abcd.care/resource/jbds-03-management-adults-diabetes-undergoing-surgery-and-elective-procedures-improving

4 Robinson M, Davidson A. Aspiration under anaesthesia: risk assessment and decision-making. Continuing Education in Anaesthesia, Critical Care & Pain. 2014 Aug 1;14(4):171-5.

5 Xiao MZ, Englesakis M, Perlas A. Gastric content and perioperative pulmonary aspiration in patients with diabetes mellitus: a scoping review. British journal of anaesthesia. 2021 Aug 1;127(2):224-35.