

Preoperative clear fluid fasting duration and aspiration events following Sip Til Send implementation

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RESEARCH WEEK
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1 Background & methods

Background

ANZCA recommends clear fluids up to 2 hours before anaesthesia¹. Longer fasts can cause metabolic effects, discomfort and nausea¹. A pre-implementation audit found prolonged fasting, longest in emergency patients³.

What is Sip Til Send?²

-  **Sip:** clear fluids, up to 200 mL an hour, until sent to theatre
-  **Allowed:** water, apple juice, tea, black coffee
-  **Not for:** delayed gastric emptying, such as GLP-1 users

Methods

-  Audit in March 2025 at Epping (elective, emergency) and Broadmeadows (elective)
-  **1,044** adults (complete cohort), GLP-1 receptor agonist users excluded
-  **Outcomes:** clear fluid fast against ANZCA guidance¹, regurgitation and aspiration
-  Mann-Whitney U, Kruskal-Wallis and χ^2 tests
-  **Comparator:** pre-implementation audit³ (n=1,052)

2 Results

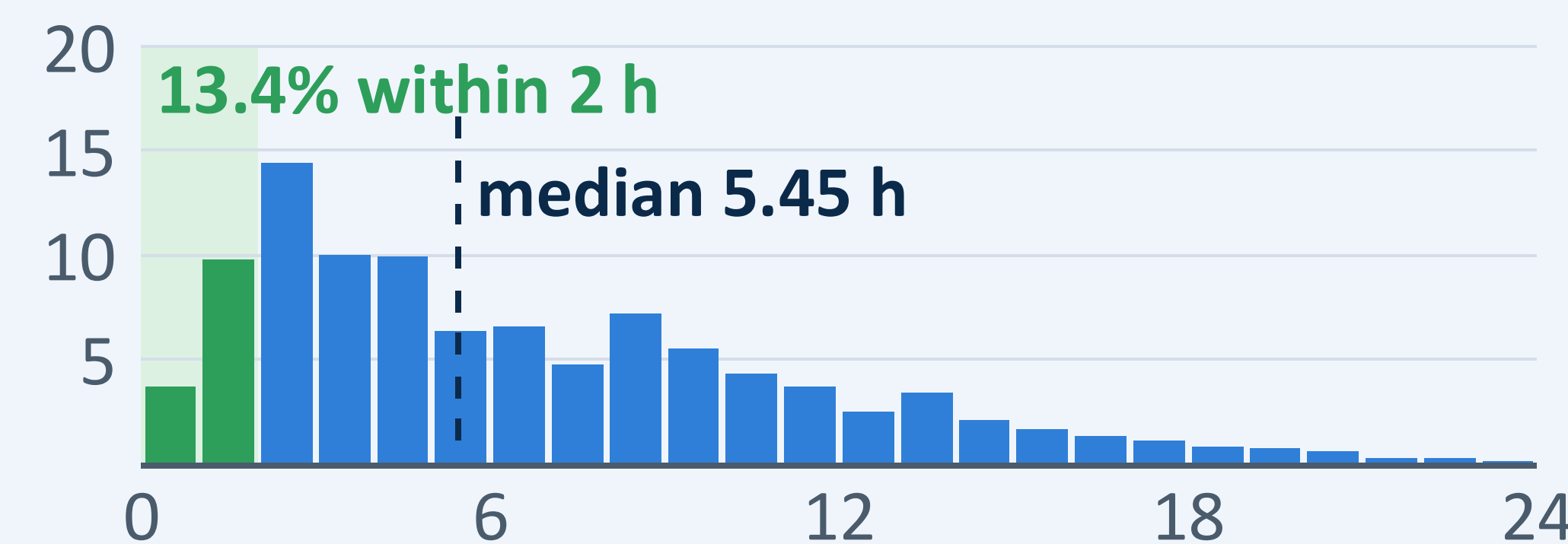
Median fasting fell by 2.8 hours

8.25 h → **5.45 h** vs **2 h**
before **after** **ANZCA guidance**

Median hours from last clear drink to anaesthesia

Yet most still fasted beyond 2 hours

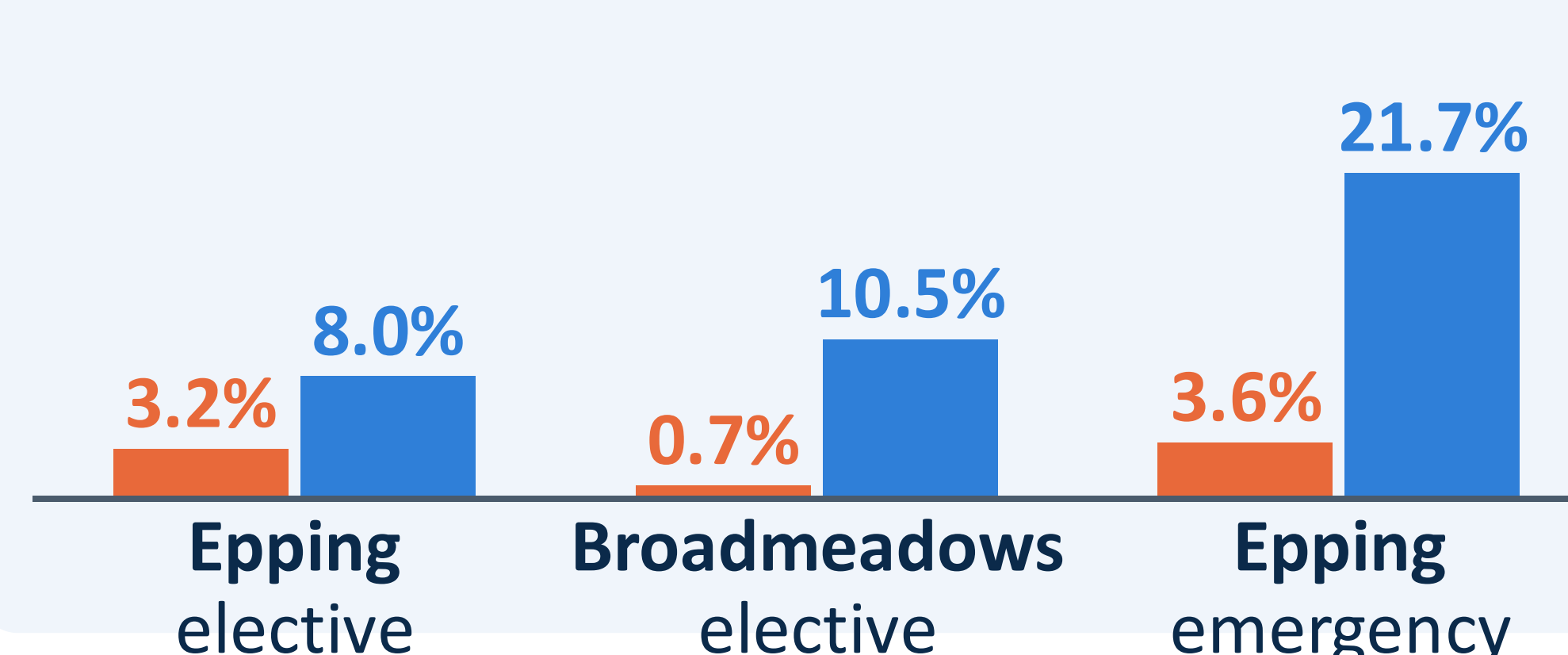
Patients (%) by hours since last clear drink



Beyond 12 h: **1 in 4** before, **1 in 7** after

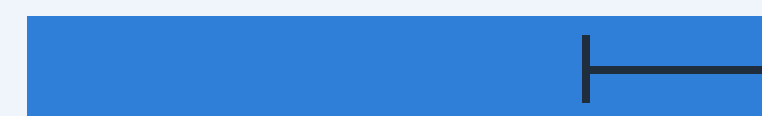
Emergency patients improved most

Drank within 2 h



Afternoon elective lists lagged

Drank within 2 h, with 95% CI

Morning  **13.0%**

Afternoon  **4.5%**

Nearly 3× RR 2.92 (95% CI 1.64-5.19)

No aspiration observed

1,043 anaesthetics → **2** regurgitations → **0** aspirations

Both regurgitations were in emergency cases and managed by LMA-to-ETT conversion. Aspiration upper 95% CI 0.35%.

3 Discussion

-  Shorter fasting with no aspiration observed
-  Emergency patients improved the most
-  **Afternoon elective lists:** offer sips in preoperative areas before the call to theatre
- Limitations:** documentation-based, no concurrent control, not designed to detect aspiration.