

PERI-OPERATIVE MANAGEMENT OF PEOPLE TAKING GLP-1 RECEPTOR AGONISTS

1

USE SHARED DECISION-MAKING FOR RISKS AND MITIGATIONS

2

CONTINUE GLP-1 RA

3

ADHERE TO RECOMMENDED FASTING GUIDELINES

4

DON'T USE UPPER GI SYMPTOMS ALONE

5

CONSIDER REGIONAL ANAESTHESIA

6

CONSIDER GASTRIC ULTRASOUND

7

PERFORM INDIVIDUAL PULMONARY ASPIRATION RISK ASSESSMENT

8

ANAESTHESIA AND AIRWAY MANAGEMENT TO REDUCE RISK OF PULMONARY ASPIRATION

PERI-OPERATIVE MANAGEMENT OF PEOPLE TAKING SGLT2 INHIBITORS

1

USE SHARED DECISION-MAKING FOR RISKS AND MITIGATIONS

2

OMIT SGLT2is THE DAY BEFORE AND THE DAY OF A PROCEDURE

3

ADHERE TO RECOMMENDED FASTING GUIDELINES AND AVOID PROLONGED STARVATION

4

FOR DAY SURGERY, RESTART SGLT2is WHEN EATING AND DRINKING NORMALLY

5

FOR INPATIENT SURGERY, RESTART SGLT2is WHEN EATING AND DRINKING NORMALLY AND KETONES < 0.6 MMOL/L

6

SGLT2 INHIBITORS SHOULD BE STOPPED AT COMMENCEMENT OF THE LRD

7

PROVIDE WRITTEN SICK DAY RULES