AB039. SOH21AS056. “What about my regular meds?”—a common question from the fasting patient: an audit

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**Background:** The long-established necessity for a pre-operative fast has recently come under scrutiny. In fasted preoperative cardiovascular patients, the omission of regular medications may result in perioperative arrhythmias, withdrawal syndromes and increased mortality. We sought to ascertain whether Vascular Surgery patients in St. James’s Hospital were receiving their cardiovascular medications prior to elective vascular surgical procedures and to determine the consequences of this decision.

**Methods:** All vascular in-patients operated on over the ten-week period to November 10th 2020 were collated. Using the randomization function in Microsoft Excel, fifty were sampled. Data was collected from pre-operative drug charts and the electronic patient record. Preoperative medications, whether patients received these immediately prior to surgery and the occurrence of post-operative morbidity or mortality were analyzed.

**Results:** In first cycle analysis (n=50, mean age 70±12 years, M:F 4:1), forty-three patients (86%) had an underlying cardiovascular condition for which they were receiving regular medication. All operations were carried out under general anesthetic and included both endovascular and open vascular procedures. Forty-two patients (84%) were found to have had some or all of these medications omitted on the morning of surgery.

**Conclusions:** It is clear that a significant proportion of patients are not receiving their regular medications pre-operatively, likely owing to concerns regarding pulmonary aspiration and a lack of clear fasting guidelines. Awareness of the available evidence regarding the safe intake of pre-admission medications will address this issue, while also helping to reduce perioperative morbidity. Second cycle analysis is planned for January 2021.

**Keywords:** Perioperative; fasting; medications; vascular; audit

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**Footnote**

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