

SAMBA 2024 Annual Meeting

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GLP1 Agonists Pro/Con



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Disclosures

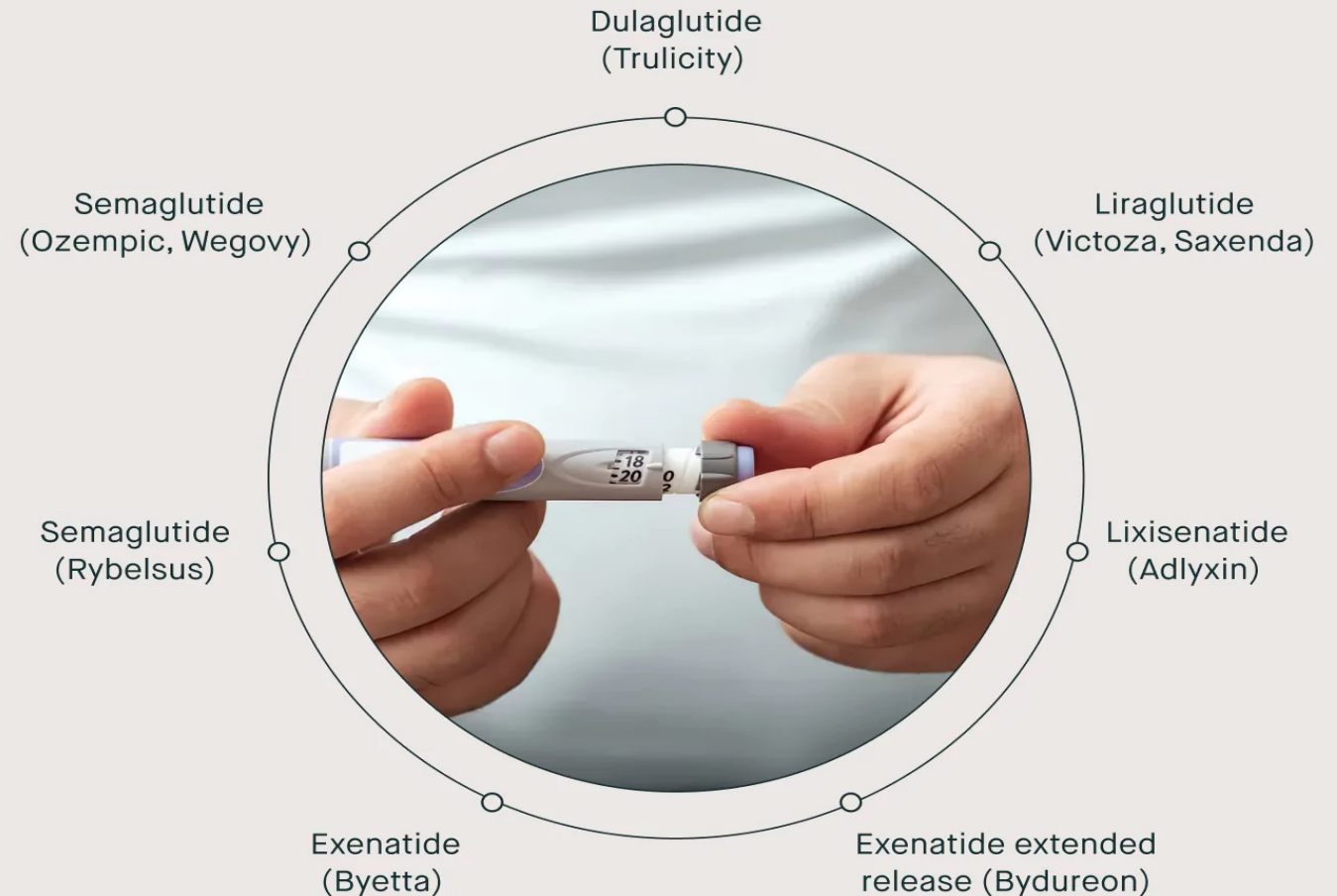
- I receive funding from the International Anesthesia Research Society
- I am an author of UpToDate “Preoperative Evaluation” and receive compensation
- I am the Executive editor of A&A Practice
- On editorial staff of Anesthesiology and Anesthesia and Analgesia
- I have received funding from Medtronic

Glucagon-like peptide-1 (GLP-1) receptor agonists

- ✓ Reports suggest GLP-1 increase regurgitation and aspiration during anesthesia
- ✓ ASA Consensus based Guidance:
 - ✓ **Consider** holding weekly meds a week before DOS
 - ✓ **Recommend** current ASA fasting guidelines

asahq.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperative

Types Of GLP-1 Agonist Medications:



Slow gastric emptying

ASA Recommendations are:

 **Not
good
enough**

Exenatide once weekly slows gastric emptying of solids and liquids in healthy, overweight people at steady-state concentrations

Karen L. Jones PhD^{1,2,3}  | Lian Q. Huynh BHLthMedSci^{1,2} |

“This randomised, controlled pilot trial has shown that, in obesity, liraglutide (3.0 mg daily) delays gastric emptying of solids, with persistent delay at 16 weeks of treatment.”



DOI: 10.1111/dom.13956

Lancet Gastroenterol Hepatol 2017; 2: 890–99

- Dulaglutide (Trulicity) gradually reaches maximum concentration in 48 h
- Has terminal elimination half-life of 5 days
- So 5 days after an injection ½ of this drug is still around!
- Ozempic has a half-life of 1 week
- So 1 week after an injection ½ of this drug is still around!
- Takes ~ 5 weeks to completely be eliminated

Clin Pharmacokinet 2016;55:625–634

Elimination Half-Life

“Length of time for the concentration of a particular substance (typically a drug) to decrease to half of its starting dose in the body”

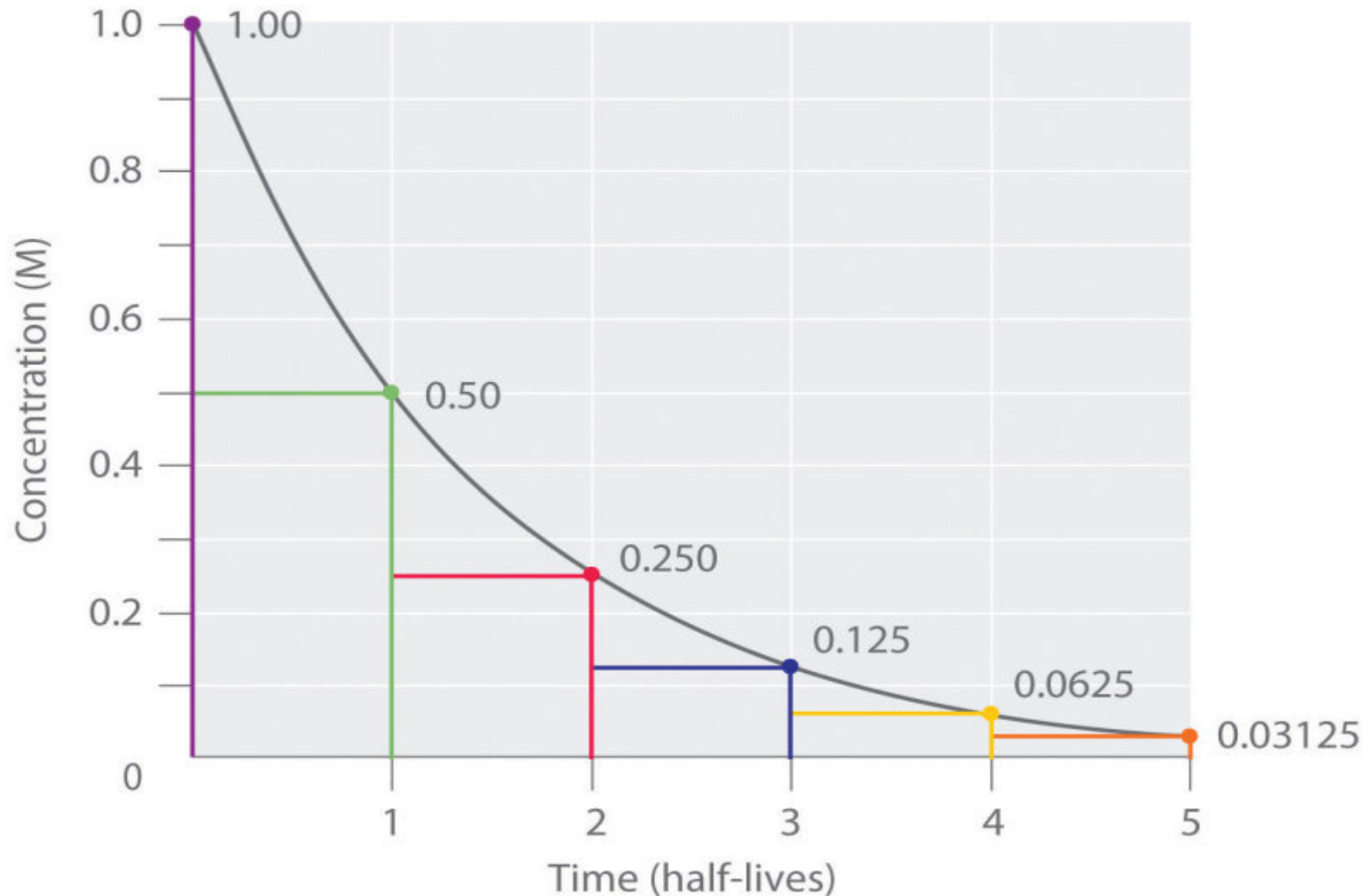
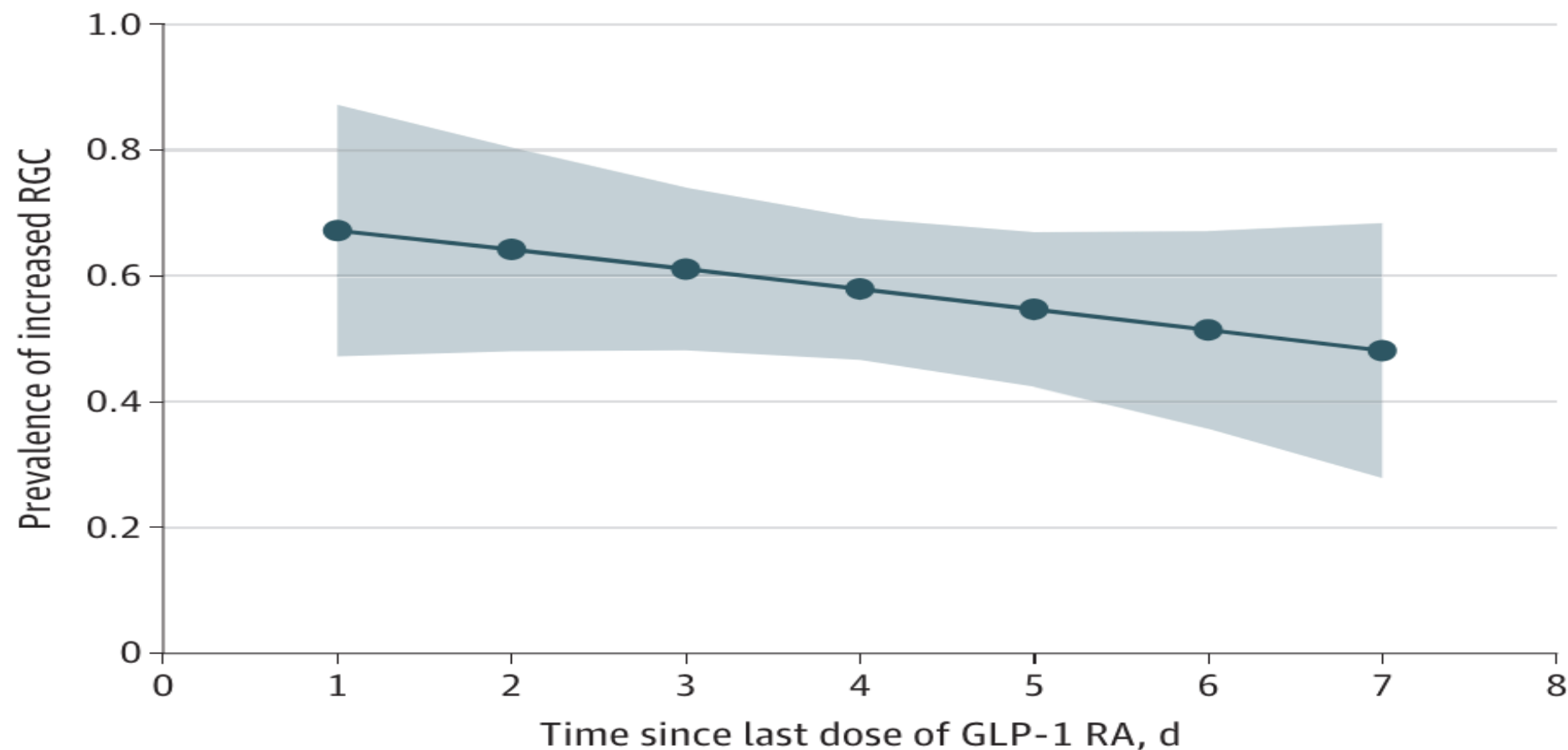


Figure 2. Time Since Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA) Drug Interruption and Prevalence of Increased Residual Gastric Content (RGC) Measured by Gastric Ultrasonography



JAMA Surg. doi:10.1001/jamasurg.2024.0111

Glucagon-Like Peptide-1 Receptor Agonist Use and Residual Gastric Content Before Anesthesia

Sudipta Sen, MD; Paul P. Potnuru, MD; Nadia Hernandez, MD; Christina Goehl, MD;
Caroline Praestholm, MS; Srikanth Sridhar, MD; Omonele O. Nwokolo, MD



CONCLUSIONS AND RELEVANCE Use of a GLP-1 RA was independently associated with increased RGC on preprocedural gastric ultrasonography. The findings suggest that the preprocedural fasting duration suggested by current guidelines may be inadequate in this group of patients at increased risk of aspiration under anesthesia.

Our Guidelines

Extended fasting instructions

- ✓ 72 hours before DOS eat a fiber restricted diet
- ✓ 48 hours before DOS only a full liquid diet (soups, smoothies)
- ✓ 24 hours before DOS only clear liquids (water, coffee/tea w/o milk, sports drinks, apple juice) until 2 hrs before arrival

Tips for a fiber-restricted diet

- ✓ Eat small meals
- ✓ Avoid grains, seeds, nuts, raw vegetables/fruits & meats
- ✓ Avoid acidic, spicy, fried, greasy & high-fat foods
- ✓ Lactose-free & non-carbonated products reduce gas or bloating

