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ORIGINAL ARTICLE

Audit of Preoperative Fasting for Elective General Surgeries in the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria

Audit du Jeûne Préopératoire pour les Chirurgies Générales Électives dans le Complexe Hospitalier Universitaire Obafemi Awolowo, Ile-Ife, Nigeria

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ABSTRACT

BACKGROUND: Despite overwhelming evidence in favour of a relaxed fasting protocol, the traditional practice of keeping patients nil per oral from midnight before the day of surgery for all elective operations still appears to hold sway in many practices.

METHODS: A prospective study to evaluate the pattern of preoperative fasting among patients undergoing elective general surgical operations in the Department of Surgery, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria, was conducted between June and December 2020. Data obtained was analysed using the IBM SPSS Statistics for Windows, version 24, and presented as descriptive statistics in the form of frequencies and percentages.

RESULTS: The mean prescribed fasting duration was 11.2 ± 2.4 hours. The mean actual fasting duration of 17.6 ± 13.1 hours was significantly longer than the mean prescribed fasting duration ($p = <0.001$). Eighty-nine percent of patients fasted for >12 hours before their surgical operations. Bowel surgeries had the longest actual fasting duration of 34.9 ± 27.5 hours, while ventral hernia repairs and superficial mass excisions had the shortest duration of 13.5 ± 0.7 hours. Surgeries performed after noon had the longest actual fasting duration compared to those performed before noon (21.5 ± 18.7 hours vs. 15.6 ± 8.6 hours). Ninety percent of respondents reported hunger score of ≥ 4 while fasting.

CONCLUSION: Preoperative fasting duration in our surgical unit remains long and conventional. The potential implications of this practice on patients' physiological status and surgical outcomes are strong enough to motivate a change. **WAJM 2023; 40(8): 786–791.**

Keywords: American Society of Anaesthesiologists (ASA), Hunger Score, Nil Per Oral (NPO), Overnight fasting, Prolonged fasting, Traditional fasting protocol.

RÉSUMÉ

CONTEXTE: Malgré les preuves accablantes en faveur d'un protocole de jeûne assoupli, la pratique traditionnelle consistant à maintenir les patients à jeun par voie orale à partir de minuit avant le jour de l'intervention chirurgicale pour toutes les opérations non urgentes semble toujours avoir cours dans de nombreux cabinets.

MÉTHODES: Une étude prospective visant à évaluer le modèle de jeûne préopératoire chez les patients subissant des opérations chirurgicales générales non urgentes dans le département de chirurgie, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria, a été menée entre juin et décembre 2020. Les données obtenues ont été analysées à l'aide du logiciel IBM SPSS Statistics for Windows, version 24, et présentées sous forme de statistiques descriptives sous forme de fréquences et de pourcentages.

RÉSULTATS: La durée moyenne de jeûne prescrite était de $11,2 \pm 2,4$ heures. La durée moyenne du jeûne effectif de $17,6 \pm 13,1$ heures était significativement plus longue que la durée moyenne du jeûne prescrit ($p = <0,001$). Quatre-vingt-neuf pour cent des patients sont restés à jeun pendant plus de 12 heures avant leur intervention chirurgicale. Les opérations de l'intestin ont eu la durée de jeûne réelle la plus longue, soit $34,9 \pm 27,5$ heures, tandis que les réparations de hernies ventrales et les excisions de masses superficielles ont eu la durée la plus courte, soit $13,5 \pm 0,7$ heures. Les interventions chirurgicales réalisées après midi ont eu la durée de jeûne réelle la plus longue par rapport à celles réalisées avant midi ($21,5 \pm 18,7$ heures contre $15,6 \pm 8,6$ heures). Quatre-vingt-dix pour cent des personnes interrogées ont signalé une sensation de faim ≥ 4 pendant le jeûne.

CONCLUSION: La durée du jeûne préopératoire dans notre unité chirurgicale reste longue et conventionnelle. Les implications potentielles de cette pratique sur l'état physiologique des patients et les résultats chirurgicaux sont suffisamment fortes pour motiver un changement. **WAJM 2023; 40(8): 786–791.**

Mots-clés: American Society of Anaesthesiologists (ASA), Score de faim, Nil Per Oral (NPO), Jeûne de nuit, Jeûne prolongé, Protocole de jeûne traditionnel.

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