

A Case Report of an Aspiration-Related Event Leading to Cardiac Arrest in the Acute Post-Operative Period of a Patient on a GLP-1 Agonist.

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Background:

- FDA approved for T2DM & weight loss management.
- Mimics endogenously produced GLP-1 polypeptide.
 - Decreases gastric emptying and peristalsis
- GI upset is documented in up to 60% of patients.¹
- Concern for increased risk of aspiration under anesthesia.
 - 2000 to 2014, 115 aspiration events – 14% severe, 57% fatal.²
 - Recall this is BEFORE the surge of GLP-1RA use!
- Recent release of multisociety guidance recommendations.³

Balance need for GLP-1RA with individual patient risk:

- Escalation Phase
- Dose
- Frequency
- Presence of GI Symptoms
- Comorbidities

Minimize aspiration risk of delayed gastric emptying:

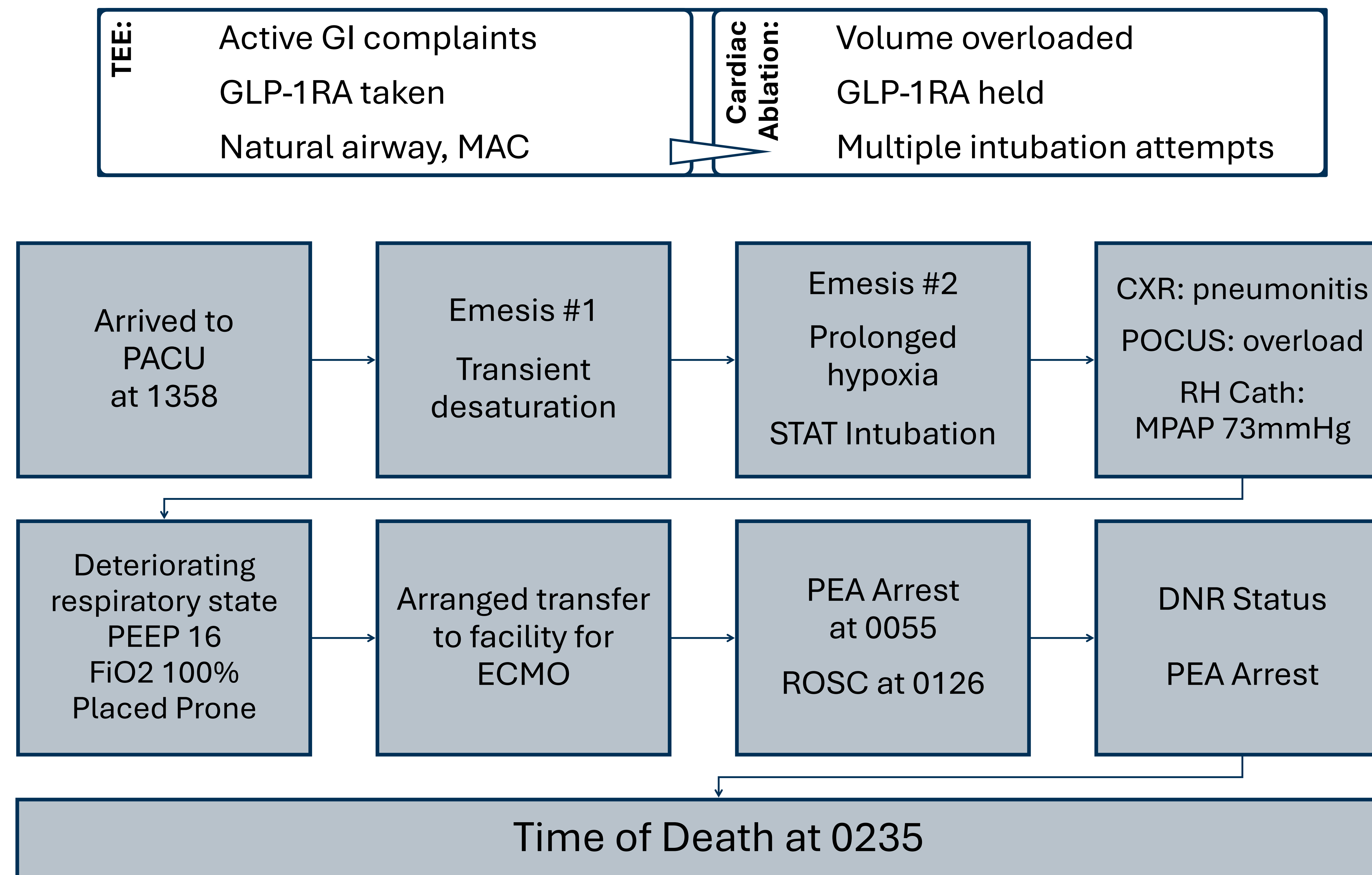
- Diet modification
- Gastric US
- Rapid Sequence Induction

ASA Consensus-Based Guidelines on Preoperative Management of Patient's on GLP-1 Receptor Agonists.

Daily Dosing:
hold **24-Hours**

Weekly Dosing:
hold **1-Week**

47-year-old male history of HFrEF 20%, NICM with ICD, atrial fibrillation, T2DM, CKDIIIB, OSA and morbid obesity on daily liraglutide presented for elective TEE and cardiac ablation.



Discordant guidelines continue to cause clinician frustration and catastrophic outcomes in patients taking GLP-1 RAs while undergoing anesthesia.

Discussion:

- Prescription growth rates range from 12.9% to 250%.⁴
- GI symptoms directly correlate with residual gastric volume.
 - Residual gastric content in 24.2% vs. 5.1% in non-GLP1.⁵
- Gastric US proves promising when used in the right context.
 - Up to 30% residual volume despite following NPO guidelines.⁶
- Documented data remains limited, but continues to expand.
 - Regurgitation during EGD in a patient without co-risk factors.⁷
 - Perioperative aspiration despite current NPO compliance.⁸
- Enforce detailed preoperative aspiration risk assessments.
- Conduct multidisciplinary risk vs. benefit discussions.
- Continue to anxiously await evidence-based guidelines.
- Trust your best clinical judgement when proceeding!

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