

Perioperative Fasting Times and Patient Experience for Elective Cesarean Delivery: **Round 2** of a Quality Improvement Project Using the Plan-Do-Study-Act (PDSA) Method

Angus Royal, Luc Saulnier, Anton Chau

SOAP ERAC recommendations for Elective Cesarean Delivery

- Clear fluids until **2h** prior
- Light meal up to **6h** prior

PDSA Round 1

- 123 elective cesarean patients surveyed
- Significant difference in mean instructed vs. actual fasting duration:
 - Liquids: 6.6h vs. 8.5h, $p < 0.001$
 - Solids: 8.5h vs. 12.5h, $p < 0.001$
- Poor maternal experience, over 50% were thirsty and hungry
16% reported low energy levels
- Some reported they were given unclear or conflicting fasting instructions.

PDSA Round 2

- A standardized fasting information leaflet was introduced in 2019
- Survey repeated in 125 elective cesarean patients

Primary outcome: the difference between instructed vs actual fasting time for liquids and solids

Secondary outcomes:

- Patient satisfaction
- Perception of preoperative fasting instructions
- Factors that influenced their fasting behaviour



DEPARTMENT OF
ANESTHESIA

Results

Fasting times

Clear Fluids

Mean time	2018	2022
Instructed	6.5h	3.7h
Actual	8.5h	4.7h

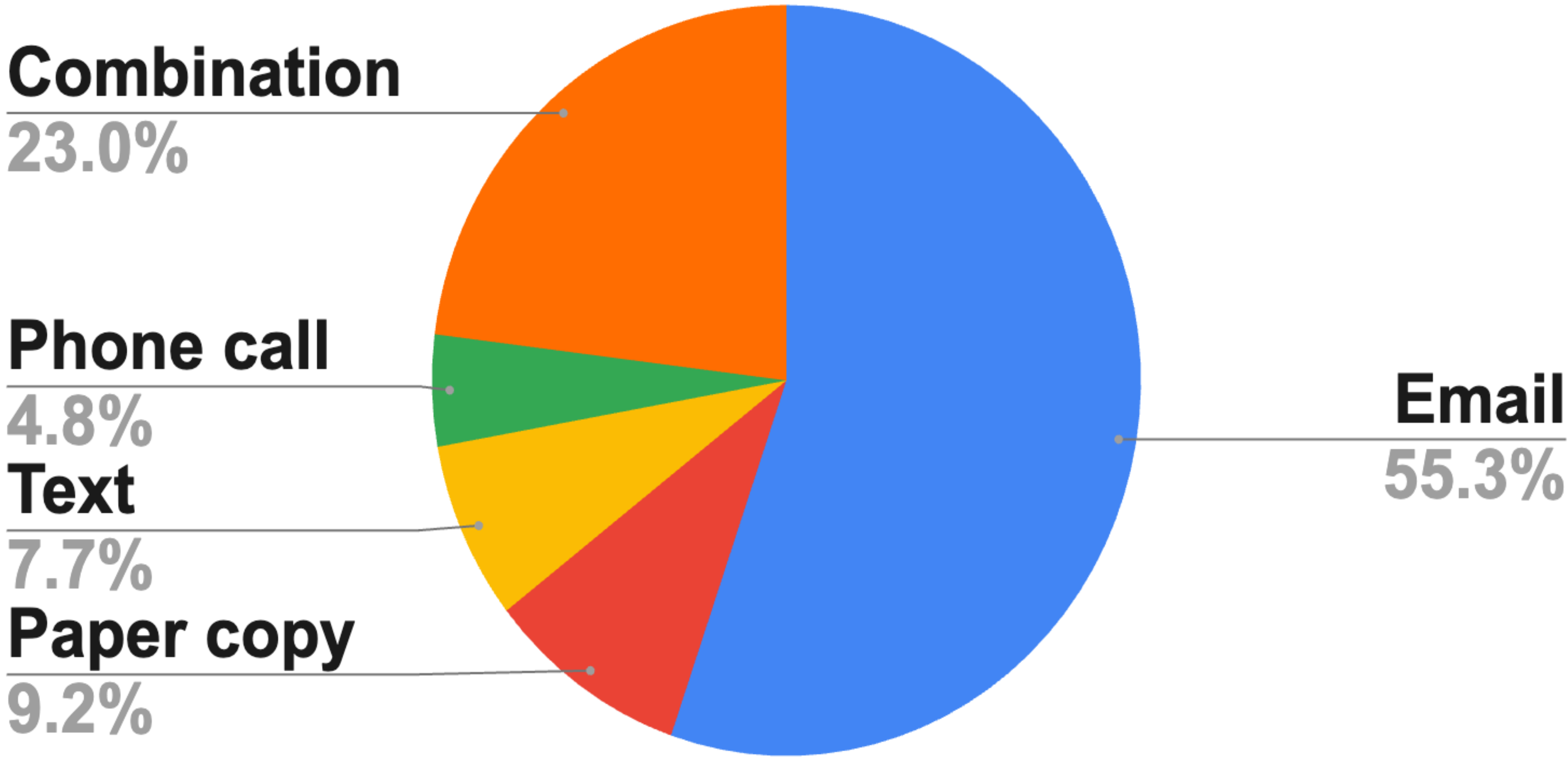
Solids

Mean time	2018	2022
Instructed	8.5h	8.8h
Actual	12.5h	12.1h

Patient Experience

Have you seen this leaflet before?	NO- 94%
Does it offer clear instructions?	YES- 79%
Would it have changed your fasting time?	YES- 74%
Do you understand the importance of fasting	YES- 67%
Factors influencing fasting time	Journey to hospital, sleep, meal times

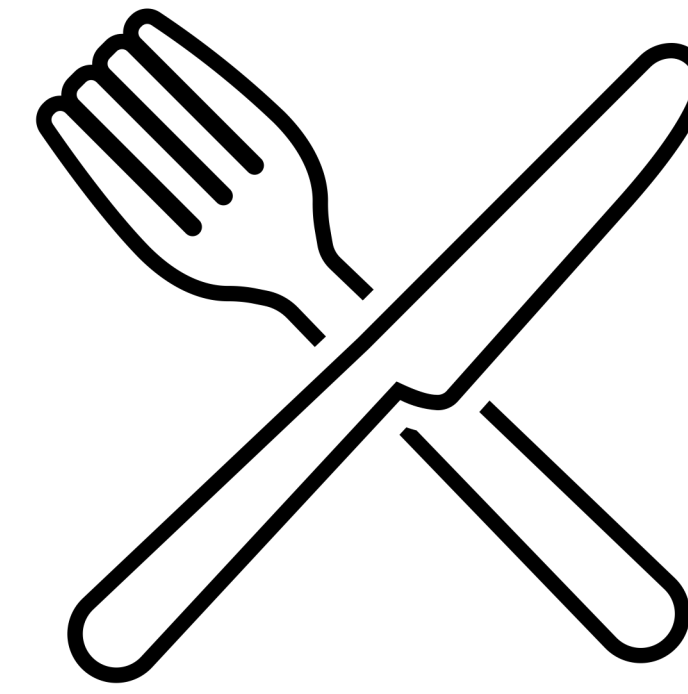
How patients would like to receive fasting instructions



Discussion

KEY FINDINGS

1. Fasting instructions given to patients were inconsistent and for too long
2. Dissemination of the information leaflet was very poor
3. Patients fasted for much longer than instructed, influenced by lifestyle factors (sleep routine, mealtimes and journey to hospital)



FUTURE DIRECTIONS

1. Collaborate with obstetric providers to disseminate up-to-date and consistent information
2. Improve the communication of fasting instructions via use of digital technology
3. Address patient factors that may influence fasting times

References:

1. Bollag L et al. Anesth Analg. 2021;132(5):1362-1377.