

Gastrointestinal disease

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Regurgitation risk Patients undergoing general anaesthesia or sedation have - a risk of regurgitation of stomach contents and aspiration pneumonia. To reduce this risk patients should fast preoperatively . This should be clearly explained to the patient: 6 hours for solids or non-clear fluids (e.g. milk), 2 hours for clear fluids and 4 /uni00A0 hours for infants consuming breast milk. encouraged. Patients with hiatus hernia, obesity , pregnancy or diabetes are at higher risk of pulmonary aspiration, even if they have been fasted appropriately before elective surgery . Clear antacids, H -receptor blockers, e.g. ranitidine, or proton pump 2 inhibitors, e.g. omeprazole, may be given at an appropriate time in the preoperative period to reduce stomach acidity . Liver disease In patients with liver disease, the cause of the disease needs to be known, as well as any evidence of clotting problems, renal involvement and encephalopathy . Elective surgery should be postponed until any acute episode has settled, e.g. cholangitis. The presence of ascites, oesophageal varices, hypoalbuminae mia or sodium and water retention should be noted, as all can influence the choice and outcome of anaesthesia and surgery . Patients with cirrhosis undergoing major surgery have a very high mortality; the Model for End-stage Liver Disease (MELD) can be used to predict mortality of cirrhotic patients undergo ing non-transplant surgery . If alcohol addiction is the aetiology then reduction of alcohol intake should be encouraged but abstinence must be medically supervised to prevent delirium tremens.

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