

# AANA issues considerations for GLP-1 receptor agonist use before surgery

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Considerations for anesthesia care in relation to use of glucagon-like peptide-1 (GLP-1) receptor agonists before surgery are addressed in a report published March 11 by the American Association of Nurse Anesthesiology (AANA).

AANA developed policies and procedures that align with best available evidence for treating patients taking GLP-1 receptor agonists, which increase insulin synthesis and secretion, suppress glucagon secretion, reduce [food intake](#) through [appetite suppression](#), slow gastric emptying, and promote beta-cell proliferation.

Considerations related to preoperative use of GLP-1 receptor agonists include withholding medication on the day of surgery/procedure in the case of a daily dose or the week before surgery in the case of a weekly dose. At this point, there are no changes to fasting guidelines. However, improvements in outcomes have been reported with changes such as a longer fasting period or clear-liquid diet for one to three days before surgery.

Gastric point-of-care ultrasound (POCUS) should be considered to assess gastric contents and aspiration risks; the gastric antrum should be visualized when performing POCUS. Where gastric contents are present, a volumetric assessment should be performed to stratify aspiration risks. GLP-1 receptor agonists should be restarted after the procedure at the next scheduled dose.

"Open communication between [patients](#) and the [surgical team](#) is important with regard to recommendations for withholding GLP-1 agonist medications prior to surgery," Micah Walden, D.N.P., a member of the AANA Practice Committee, said in a statement. "As providers, we take that information into account to perform an individualized, case-by-case assessment and create a care plan that will keep the patient safe and comfortable before, during, and after the procedure."

**More information:** [More Information](#)

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