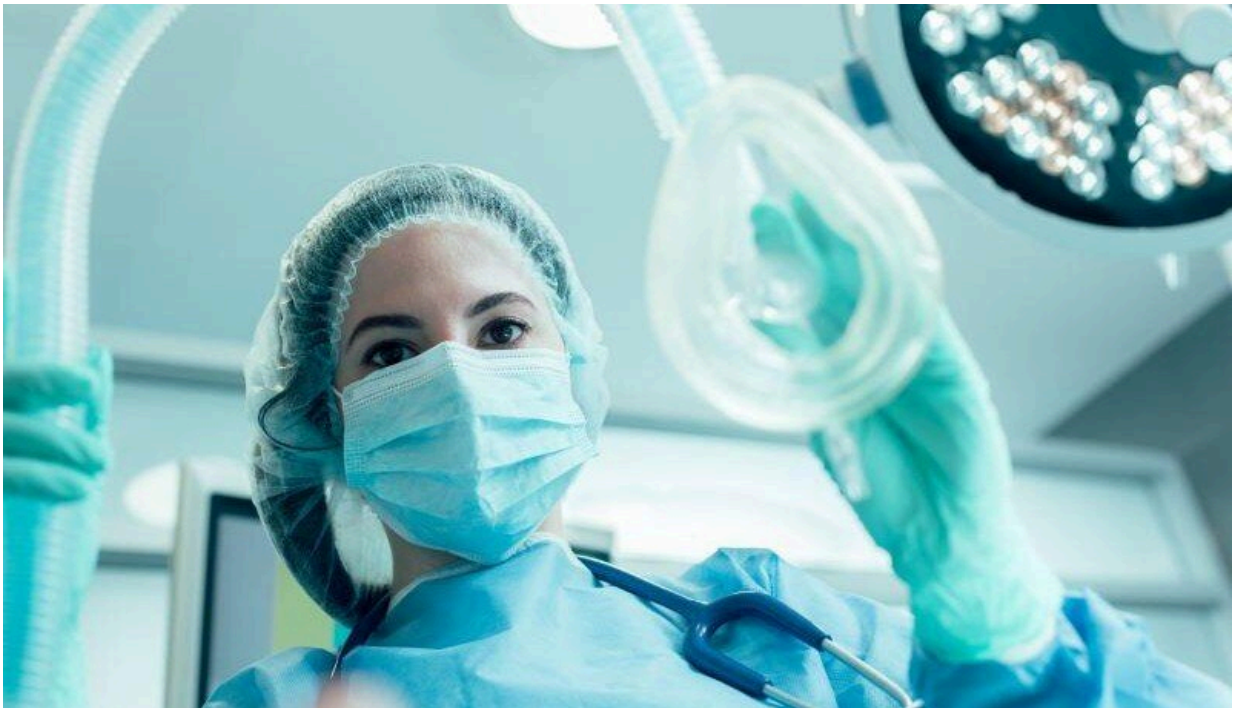


Preoperative GLP-1 agonist use does not increase aspiration

April 9 2024, by Elana Gotkine



Preoperative glucagon-like peptide-1 (GLP-1) agonist use does not increase the risk for aspiration or subsequent pneumonia in patients undergoing various surgical procedures, according to a study presented at the 49th Annual Regional Anesthesiology and Acute Pain Medicine Meeting, held from March 21 to 23 in San Diego.

Jashvant Poeran, M.D., Ph.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues examined the impact of GLP-1 agonists on aspiration and subsequent [pneumonia](#) risk in [patients](#) undergoing surgical procedures in a retrospective cohort study. Data were included for 186,975 lower-extremity joint replacements; 174,277 hysterectomies; 116,234 appendectomies; and 219,110 cholecystectomies.

Preoperative use of GLP-1 agonists varied from 0.6 to 2.0 percent. The researchers found that the aspiration risk was 0.20 percent overall and pneumonia risk was 0.68 percent. Preoperative GLP-1 use was not significantly associated with the odds of aspiration or pneumonia in multivariable models. In a propensity score analysis, the results were similar.

"In this observational national dataset, preoperative GLP-1 use appears not to be associated with odds of perioperative aspiration or pneumonia," the authors write. "We believe that these data add to the current sparse evidence base. Given the very recent increases in their use, continued monitoring will be prudent."

More information: [Abstract](#)

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