Does fasting time alter fluid responsiveness after induction of anaesthesia?

Editor—We congratulate Muller and colleagues on the novel use of dynamic and static echocardiographic measures during the preoperative period. Their study demonstrated that haemodynamic measurements were not inferior, in predominantly ASA, 1-2 patients who had been fasted for eight hours, compared with the same patients at admission. Muller and colleagues conclude that vasopressors should be used in preference to fluid therapy to treat intraoperative hypotension. As no measurements were made following the induction of anaesthesia, we question whether their evidence supports this. It should be noted that fluid therapy, given according to a goal directed regiment, improves outcomes. There are also non-haemodynamic reasons to minimize fasting times. Enhanced recovery programs use carbohydrate drinks up to two hours before surgery to modify the stress response; minimized fasting times are associated with safer blood glucose control and better patient comfort.

The clinically important questions revolve around the effect of fasting time on haemodynamic changes following induction of anaesthesia, and which treatment modality provides the best solution. We believe that future studies should therefore also perform measurements in anaesthetised patients.

Conflict of interest
None declared.

Stephen Wythe
James Hanison*
Kunal Lund
Salmin Aseri
Phillippa Shorrock
Brian Williams
Matthew James Jackson, On Behalf of NWRAG
North West Deanery, UK

*E-mail: jameshanison@nhs.net

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