Unrestricted sips of water before Caesarean section

Editor—In our unit, women awaiting elective Caesarean section are commonly delayed (sometimes for many hours) by emergency cases from the delivery suite.

In early 1998, we led a move to allow unrestricted sips of water after the last ‘proper’ drink (tea, coffee or fruit squash 2 h before the scheduled time of operation). This was applicable to women expecting either regional or general anaesthesia.

Since the introduction of this policy, over 2340 elective Caesarean sections have been performed (5.8% under general anaesthesia), with no apparent instances of pulmonary aspiration of gastric contents. We are unaware of any women who have abused the privilege (i.e. exceeded the permitted ‘sips’ of water).

Many studies have shown that residual gastric volume is, if anything, decreased when the fasting interval for fluids is reduced.1 Analyses of aspiration incidents have not identified recent preoperative oral fluid ingestion as a risk factor.2–3 In the absence of pain or opioid intake, women in the third trimester of pregnancy do not have delayed gastric emptying.4–5 Indeed, gastric emptying (measured by both acetaminophen absorption and ultrasound) was faster in pregnant women at term after ingestion of 300 ml compared with 50 ml of water.6

Mendelson’s syndrome, defined from his series of labouring women, is the spectre that haunts moves to liberalize preoperative oral fluid regimens. The only two deaths, in an era that predated respiratory intensive therapy by decades, were from airway obstruction by solid, undigested food.7

We believe that sips of water are innocuous and make a contribution to the comfort of women waiting for Caesarean section. There is evidence that shortening the duration of oral fluid deprivation reduces the incidence of nausea and vomiting after non-obstetric surgery.8–9 We hope that 6 yr of our apparently safe practice in a UK teaching hospital obstetric unit might offer some reassurance to others contemplating the introduction of more liberal preoperative fluid regimens.

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DOI: 10.1093/bja/aeh565