

WARNING Stop Glucagon-like Peptide-1 (GLP-1) Receptor Agonists PRIOR to Elective Surgery

The American Society of Anesthesiologists (ASA) recommends withholding GLP-1 medications due to concerns of delayed gastric emptying which may cause patients undergoing anesthesia to experience aspiration, nausea, and vomiting.

Glucagon-like peptide-1 (GLP-1) receptor agonists include:

Administration Frequency	Brand Name (Generic)
<u>Daily</u>	Adlyxin (Lixisenatide) Byetta (Exenatide) Rybelsus (Semaglutide) Victoza and Saxenda (Liraglutide)
<u>Weekly</u>	Bydureon (Exenatide) Mounjaro (Tirzepatide) Ozempic and Wegovy (Semaglutide) Trulicity (Dulaglutide)

Below are ASA recommendations for perioperative management of patients taking GLP-1 agonists who are scheduled for ELECTIVE procedures:

- **Patient management recommendations for day or week prior to the procedure:**
 - » Patients taking the medication DAILY should discontinue GLP-1 agonists on the DAY of the procedure surgery.
 - » Patients taking the medication WEEKLY should suspend GLP-1 agonists a WEEK prior to the procedure/surgery.
 - » Consider consulting with an endocrinologist for diabetic patients taking GLP-1 agonists to effectively manage their condition and mitigate the risk of hyperglycemia.
- **Patient management recommendations for day of procedure:**
 - » If the patient is experiencing gastrointestinal symptoms like severe nausea, vomiting, bloating, and/or abdominal pain, consider postponing the procedure.
 - » If the patient does not exhibit gastrointestinal symptoms but did not discontinue GLP-1 medications, it is recommended to exercise caution by assuming the patient has a "full stomach."
 - » Consider conducting an ultrasound to evaluate stomach contents. If the ultrasound indicates an empty stomach, you may proceed as usual. However, if the stomach appears full or if the gastric ultrasound results are inconclusive or not possible, consider postponing the procedure or proceed while adhering to full stomach precautions.
 - » In the case of URGENT or EMERGENT procedures, it is essential to use full stomach precautions to minimize the risk of regurgitation and aspiration of gastric contents.
 - » Discuss the potential risk of regurgitation and aspiration with the proceduralist or surgeon, as well as with the patient.

We will continue to monitor changes in recommendations for patients receiving GLP-1 agonists and updating guidance. If you have further questions, please contact your Chief of Anesthesia.

This guidance is subject to the exercise of physician medical judgment.