fasting guidelines very rarely causes problems during induction of anesthesia. The change of guidelines generates better communication between the operating room and the ward where the patient is waiting. This practice has in many cases improved patient flow through the system. A recent survey of daily practice from 5 countries in Europe, where many hospitals follow modern fasting guidelines, strongly suggests that this works in daily practice.[3] As commented in an editorial accompanying this paper, it is likely to be much more worthwhile to spend time implementing modern care than producing yet another study showing improved therapy that will not be used in daily practice.[4]

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(The authors reply)

We appreciate and agree with the comments made by Drs. Søreide and Ljungqvist. One of the goals of the Evidence Based Reviews in Surgery (EBRS) is to provide best evidence and hopefully change practice. Thus, while it is our impression that a fast of NPO after midnight remains the standard practice in most institutions, we are certainly NOT advocating this practice. We did not argue against the modern guidelines. Rather, we agree with Drs. Søreide and Ljungqvist that the evidence suggests a shorter fast is safe and that practice guidelines that reflect this evidence-based recommendation should be followed.

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