

Operative fasting guidelines and postoperative feeding - Current concepts

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Sir,

We appreciate the interest in the article with acceptance towards a liberal approach for clear fluids.^[1] We aimed to provide the current updates on established data on fasting guidelines both preoperative and postoperative through this article. Mention of special situations is to highlight the possibility of deviations from normalcy. We need to remember that all obese children don't regurgitate and aspirate at induction or extubation phase.^[2] Morbidly obese children are at greater risk, due to increased intraabdominal pressure and more chances of hiatus hernia.^[3] Aspiration depends on multiple factors such as diabetes mellitus, raised intracranial pressure, hiatus hernia, gastrointestinal obstruction, recurrent regurgitation, dyspeptic symptoms, intermittent positive pressure ventilation insufflating gas into the stomach,^[4] lighter plane of anaesthesia evoking the airway reflexes and gastrointestinal motor responses leading to distension of the stomach and thus aspiration. Currently, no guidelines exist to quantitatively define the duration of fasting for these special situations. To do justice to the topic, a separate review article highlighting the effect of obesity on anaesthetic management in children is needed.

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Conflicts of interest

There are no conflicts of interest.

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