

Effectiveness of standard fasting guidelines as assessed by gastric ultrasound examination: A clinical audit

Sir,

We thank Dr Van de Putte *et al.*^[1] for their constructive comments on our paper.^[2] The incidence of delayed gastric emptying in the general population has been quoted to be 5–6.2%,^[3] which contrasted sharply with the 28.04% found in our study. The reasons for this are diverse. We had 77 patients who had at least one risk factor, 52 patients with two risk factors and 30 patients with more than three risk factors for aspiration. Presence of even one risk factor significantly increases residual gastric volume despite adequate hours of fasting. Moreover, one-third (23 out of 69) of the patients who were at risk for aspiration had chronic kidney disease (CKD). These patients are known to have gastroparesis due to various reasons. In other studies conducted on outpatients with CKD, the incidence of delayed gastric emptying has been 16.6–34%, as already quoted in our paper.^[4]

In our audit, all patients with an estimated glomerular filtration rate [calculated using the modification of diet in renal disease (MDRD) formula] of <60 ml/min/1.73m² were deemed to have CKD. With regards to gastro-oesophageal reflux disease (GERD), we included those patients with a prior diagnosis of GERD with no structural anomaly. Any patient with a recent history of upper gastrointestinal bleed or structural anomalies of the upper gastrointestinal tract (repaired or otherwise), was excluded.

In view of conflicting results obtained by various studies in various populations, we suggest that further studies need to be conducted to include a wider variety of co-morbidities.

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Conflicts of interest

There are no conflicts of interest.

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