Preoperative Management of Glucagon-Like Peptide-1(GLP-1) Agonists

TARGET AUDIENCE	Preoperative assessment Nurses, Anaesthetists and Surgeons
PATIENT GROUP	All patients undergoing surgery prescribed Glucagon Like Peptide 1 (GLP-1) agonists

Clinical Guidelines Summary

- There are an increasing number of patients presenting for surgery who are prescribed Glucagon Like Peptide-1 agonists (GLP-1). There is growing concern regarding the potential peri-operative complications particularly the risk of gastric aspiration.

- This guideline should be used in conjunction with national guidance from the Association of Anaesthetists **Elective peri-operative management of adults taking glucagon-like peptide-1 receptor agonists (GLP-1)** which can be found at:

  https://anaesthetists.org/Home/Resources-publications/Guidelines/Elective-peri-operative-management-of-adults-taking-glucagon-like-peptide-1-receptor-agonists-GLP-1

- The use of GLP-1 agonists no longer requires an Anaesthetic Case Note Review unless they are undergoing ENT procedures listed in Appendix 1.

- Inform List Anaesthetist for all patients taking GLP-1 Agonists regardless of the indication.

- For patients prescribed GLP-1 agonists for **diabetes mellitus**, a patient information leaflet should be provided and these drugs should be **continued** preoperatively (Appendix 2)

- For patients prescribed GLP-1 agonists for **weight loss** a patient information leaflet should be provided and allow the patient time to make an informed decision regarding continuation (Appendix 3). Patients will contact **preoperative assessment** only if they wish to **stop** the medication 6 weeks before surgery to allow an appropriate to come in date to be issued.

Guideline Body

Background and Rationale:

There are an increasing number of patients presenting for surgery who are prescribed GLP-1 agonists. The commonest use is for the management of diabetes mellitus, however, there is an increasing number of patients prescribed GLP-1 agonists for obesity with many of these prescribed privately.

There is growing concern regarding the potential peri-operative complications particularly the risk of pulmonary aspiration[1]. The incretin hormone GLP-1 is secreted from the lining of the small bowel resulting in a glucose-dependant increase in insulin secretion as well as reducing glucagon secretion and delaying gastric emptying thereby slowing the rise in postprandial glucose. Some studies have suggested an association between perioperative GLP-1 use and the increased incidence of pulmonary aspiration in both elective surgery and endoscopy[1-3].

There has been conflicting guidance about the cessation of GLP-1 agonists preoperatively and as a result the Association of Anaesthetists have produced updated guidance for the preoperative management of GLP-1 agonists[4]. This can be found here

https://anaesthetists.org/Home/Resources-publications/Guidelines/Elective-peri-operative-management-of-adults-taking-glucagon-like-peptide-1-receptor-agonists-GLP-1

Locally we are now reviewing a considerable volume of preoperative assessment case notes due to the use of GLP-1 agonists. The aim of this guideline is to improve the preoperative review process for those receiving GLP-1 agonists and to facilitate implementation of national guidance whilst allowing for a shared decision-making approach and ensuring informed patient consent.

Current National Recommendations[4]

Pre-operative:

- The risk of pulmonary aspiration and strategies should be discussed with the patient using a shared decision approach ahead of their planned surgery.
- Consider point of care gastric ultrasound if staff appropriately trained.

Intra-operative:

- Regional anaesthesia should be considered as the primary anaesthetic as appropriate.
- Aim to reduce risk of gastric aspiration with the use of prokinetics, rapid sequence induction, use of endotracheal tube, head-up positioning, use of NG tube to empty the stomach and awake extubation as appropriate.
- Adhere to local fasting guidelines.

Local Considerations:

The ability to provide a shared decision-making conversation prior to surgery for all patients taking GLP-1 agonists is not feasible therefore we will endeavour to provide the patient with information preoperatively via a patient information leaflet (Appendix 2 and 3).

Case notes no longer require a Consultant Anaesthetist review for the use of GLP-1 agonists alone unless they are undergoing an ENT procedure listed in Appendix 1.

The list anaesthetist should be informed for all patients.

For patients prescribed GLP-1 agonists for diabetes mellitus

- GLP-1 agonists should be **continued** throughout the perioperative period due to the risk of rebound hyperglycaemia and worsening long-term diabetic control.
- Provide Patient Information Leaflet GLP-1 Agonists for Diabetes Mellitus (Appendix 2)
- Patients should follow routine fasting guidelines.

For patients prescribed GLP-1 agonists for weight loss only

- Some studies have suggested stopping GLP-1 agonists for up to 5 half-lives to prevent the risk of pulmonary aspiration[5]. For Mounjaro this would be 4 weeks and for Wegovy 5 weeks. This may not be possible in all patients as patients may be assigned a date for surgery less than 5 weeks before the planned procedure.
- Provide patient with Patient Information Leaflet GLP-1 Agonists for Weight Loss at the time of preoperative assessment (Appendix 3).
- For all patients undergoing non-urgent elective surgery we should aim to allow the opportunity to stop GLP- agonists if the patient wishes to do so.
- We will ask patients to contact the **preassessment team only** if they plan to **stop** their GLP-1 agonists before surgery. This information should be listed on TrakCare to ensure theatre schedulers do not assign the patient a theatre slot with less than 5 weeks' notice.
- The preassessment team will assume the patient has chosen to continue the medication unless informed otherwise and the patient can be given a short notice date if available.
- For patients preassessed within 5 weeks of their planned surgery the decision to postpone surgery to allow cessation of GLP-1 agonist would be the patients. The surgical and anaesthetic team should not cancel the patient for continuation of GLP-1 use alone.

- Patients should follow routine fasting guidelines.

References/Evidence

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2. Milne AD, Berry MA, Ellis MW, Dobson GR: Rates of glucagon-like peptide-1 receptor agonist use and aspiration events associated with anesthesia at a Canadian academic teaching centre. Can J Anaesth 2024; 71: 673-675
3. Klonoff DC, Kim SH, Galindo RJ, Joseph JI, Garrett V, Gombar S, Aaron RE, Tian T, Kerr D: Risks of peri- and postoperative complications with glucagon-like peptide-1 receptor agonists. Diabetes Obes Metab 2024; 26: 3128-3136
4. El-Boghdadly K, Dhesi J, Fabb P, Levy N, Lobo DN, McKechnie A, Mustafa O, Newland-Jones P, Patel A, Pournaras DJ, Clare K, Dhatariya K: Elective peri-operative management of adults taking glucagon-like peptide-1 receptor agonists, glucose-dependent insulinotropic peptide agonists and sodium-glucose cotransporter-2 inhibitors: a multidisciplinary consensus statement: A consensus statement from the Association of Anaesthetists, Association of British Clinical Diabetologists, British Obesity and Metabolic Surgery Society, Centre for Perioperative Care, Joint British Diabetes Societies for Inpatient Care, Royal College of Anaesthetists, Society for Obesity and Bariatric Anaesthesia and UK Clinical Pharmacy Association. Anaesthesia 2025; 80: 412-424
5. Sen S, Potnuru PP, Hernandez N, Goehl C, Praestholm C, Sridhar S, Nwokolo OO: Glucagon-Like Peptide-1 Receptor Agonist Use and Residual Gastric Content Before Anesthesia. JAMA Surg 2024; 159: 660-667
6. Oprea AD, Ostapenko LJ, Sweitzer B, Selzer A, Irizarry-Alvarado JM, Hurtado Andrade MD, Mendez CE, Kelley KD, Stewart E, Fernandez Robles CR, Chadha RM, Camilleri M, Mathur R, Umpierrez GE, Hepner DL: Perioperative management of patients taking glucagon-like peptide 1 receptor agonists: Society for Perioperative Assessment and Quality Improvement (SPAQI) multidisciplinary consensus statement. Br J Anaesth 2025; 135: 48-78

Appendice

Appendix 1: ENT Procedures for Case Note Review

- Subglottic stenosis - dilatation +/- LASER
- Any Airway procedure with LASER
- EUA/ microlaryngoscopy and biopsy of larynx may require jet ventilation
- Laryngectomy / hemilaryngectomy - the upper oesophagus is open during surgery
- Excision of papilloma of larynx

Appendix 2: Patient Information Leaflet for Diabetes Mellitus

Glucagon-Like-Peptide-1 (GLP-1) Agonists for Diabetes Mellitus and Anaesthesia

Appendix 3: Patient Information Leaflet for Weight loss

Glucagon-Like-Peptide-1 (GLP-1) Agonists for DiabaGlucagon-Like-Peptide-1 (GLP-1) Agonists for Weight Loss and Anaesthesiaetes Mellitus and Anaesthesia

1. Governance information for Guidance document

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Endorsing Body:	Preassessment Cross-site Working Group
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Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	
Consultation Process / Stakeholders:	Discussions with preoperative assessment anaesthetists and nurses at UHW, UHH and UHM.
Distribution	All preassessment nurses and doctors. Should be available on guidelines app for all.

CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version No.**

		e.g. Review, revise and update of policy in line with contemporary professional structures and practice	1
			2
			3
		.	4
			5

2.You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance