



**TO:** Catholic Health Providers  
Operating Room Directors

**FROM:** Victor Filadora II, MD, MBA, Chief Physician Executive  
Alan Wang, MD, Chair Department of Anesthesiology

**Date:** November 11, 2024

**RE:** New ASA GPL-1 Guidelines

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The purpose of this memo is to summarize perioperative concerns regarding patients taking GLP-1 agonists (Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza, Byetta, Saxenda, Adlyxin, Bydureon) and SGLT-2 inhibitors (Jardiance, Farxiga, Invokana, Steglatro, Brenzavvy, Synjardy), and to outline the latest guidance. It is important to note that these are two distinct classes of diabetic medications with different mechanisms of action and that they have unrelated potential adverse effects in the perioperative setting. The goal at Catholic Health is to avoid disruptions and cancellations on the day of surgery and to proceed safely for the benefit of our patients.

**Glucagon-Like Peptide 1 (GLP-1) agonists** lower blood sugar by stimulating insulin secretion and inhibiting glucagon production. They also decrease appetite and delay gastric emptying, raising their popularity as weight loss medications. Unfortunately, **slowed gastric emptying can lead to higher than usual residual gastric contents** despite following typical NPO timelines before surgery. This creates an increased risk of pulmonary aspiration of gastric contents under anesthesia. Last year, the American Society of Anesthesiologists issued national guidelines regarding managing patients who present for surgery while taking GLP-1 agonists. However, in a new consensus statement published on October 29, 2024, the American Society of Anesthesiologists, American Gastroenterological Association, American Society for Metabolic and Bariatric Surgery, International Society of Perioperative Care of Patients with Obesity, and the Society of American Gastrointestinal and Endoscopic Surgeons now recommend that **patients should continue taking their GLP-1 agonist medications before surgery**. Patients taking higher doses of GLP-1 agonists or who are at greater risk for delayed gastric emptying should be on a **liquid diet for 24 hours before the procedure**. The anesthesia plan can be adjusted to minimize aspiration risk, and case delays/cancellations should only be considered when a patient has active G.I. symptoms (nausea, vomiting, abdominal pain, shortness of breath, bloating, or constipation) on the day of elective surgery.

**Sodium-glucose cotransporter-2 (SGLT-2) inhibitors** lower blood sugar levels by interfering with glucose reabsorption in the kidneys. The concern with this class of diabetic medication is there have been reports of **rare (0.1%)** but serious complications, including **euglycemic ketoacidosis**. Under surgical conditions, when patients are in a state of carbohydrate starvation, dehydration, and stress, continued loss of glucose in the urine can result in ketosis while blood sugar levels appear normal. Symptoms of postoperative ketoacidosis are non-specific (nausea, vomiting, abdominal pain, fatigue, confusion, dyspnea) and normal glucose levels may delay diagnosis. The FDA revised their labels for SGLT-2 inhibitors to include warnings regarding significant acidosis and serious UTIs along with a



recommendation to "**consider stopping**" these medications for 3-4 days prior to surgery. There is no anesthesia directive that states surgeries should automatically be canceled if SGLT-2 inhibitors are not held for this time frame. Rather, surgeons and medical providers are advised to follow these recommendations but, if a patient still presents for surgery without holding their SGLT-2 inhibitor as recommended, the **providers may choose to proceed with the planned procedure** as long as they are highly cognizant of the possibility of this rare but serious complication.

Reference:

<https://www.asahq.org/about-asa/newsroom/news-releases/2024/10/new-multi-society-glp-1-guidance>

[Most Patients Can Continue Diabetes, Weight Loss GLP-1 Drugs Before Surgery, Those at Highest Risk for GI Problems Should Follow Liquid Diet Before Procedure](#)

Most patients should continue taking their glucagon-like peptide-1 (GLP-1) receptor agonists before elective surgery, suggests new clinical guidance released by the American Society of Anesthesiologists (ASA), American Gastroenterological Association, American Society for Metabolic and Bariatric Surgery, International Society of Perioperative Care of Patients with Obesity, and the Society of American Gastrointestinal and Endoscopic Surgeons. Patients at the highest risk for significant gastrointestinal (GI) side effects should follow a liquid diet for 24 hours before the procedure or other measures, depending on the specific circumstances.

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