

## MEMO

**To:** Erlanger PAT, Surgeons, and Proceduralists

**From:** ACE Clinical Guidelines Committee

**Date:** November 14, 2024

**Subject:** Updated Preoperative Guidelines for Patients on Long-Acting GLP-1 Agonists

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### Overview:

As part of Erlanger's commitment to maintaining best practices for patient safety and procedural efficiency, we have updated our preoperative guidelines for patients using long-acting GLP-1 agonists. This memo outlines the new standard of care, which will apply to all anesthetizing locations and procedural settings within our system.

### Guidelines:

1. **Discontinuation of GLP-1 Agonists:** Patients prescribed long-acting GLP-1 agonists are required to discontinue the medication 7 days prior to surgery.
2. **Dietary Restriction:** To optimize perioperative management, patients must adhere to a clear liquid diet for the 24 hours preceding the procedure.
3. **NEST Documentation:** If a patient is unable to meet these guidelines, the surgeon or proceduralist should document the NEST (Non-Elective Surgery Triage) classification associated with the procedure.

### Rationale for Updated Guidelines:

The decision to standardize these guidelines is driven by the need for consistency, safety, and efficiency across all anesthetizing environments. Recent literature has proposed that some patients may not need to discontinue GLP-1 agonists before surgery. However, these recommendations involve complex algorithms that can be challenging for patients to follow and do not adequately consider patients with multiple comorbidities. By instituting a clear, universal guideline, we eliminate ambiguity, reduce scheduling complexity, and prioritize patient safety.

This standardized approach supports streamlined scheduling and uniformity in our perioperative management protocol. Please review these guidelines with your teams and incorporate them into preoperative planning for relevant patients. Thank you for your attention to this update.