



Master in Evidence-Based Practice e Metodologia della Ricerca Clinico-assistenziale



Centro Studi EBN

Azienda Ospedaliero - Universitaria di Bologna

Policlinico S. Orsola - Malpighi

Direttore del corso: Paolo Chiari

In collaboration:

The Joanna Briggs Institute (Australia): Tiffany Conroy

Thames Valley University (Gran Bretagna): Carol Pellowe

Protocol Sistematic Review

How time of fast from liquids can affect on discomfort caused by thirst on adult surgical patients during the early post operative period after elective surgery: a sistematic review

AUTHOR INFORMATION:

Reviewers: **Chiara Ridolfi, Marco Poli, Claudia Boninsegna**



Lavoro finale Joanna Briggs Institute (20-06-08)

Reviewers: Chiara Ridolfi, Marco Poli, Claudia Boninsegna

Review Title

How time of fast from liquids can affect on discomfort caused by thirst on adult surgical patients during the early post operative period after elective surgery: a sistematic review.

Review Question

The quantitative objective is to identify the consequences of fasting from midnight versus 180-240 minutes of preoperative fasting before elective surgery on patient's discomfort cause by thirst.

More specifically, our question is:

Can reducing the time of preoperative fasting from liquids decrease patient's discomfort caused by liquids in adult person during the first post surgical period after elective surgery?

Background

During the early post operative period (around 12 hours after surgery) one of the most frequent sintom shown by patients, indipendent from the kind of intervention, is a huge discomfort caused by thirst.

One recent sistematic review [Brady M, Kinn S, Stuart P; "Preoperative fasting for adults to prevent perioperative complications"; Cochrane Database of Systematic Review; 2003; issue 4; Art.No.: CD004423] has already reported that shift fasting period from "nil by mouth from midnight" to a few hours before surgery doesn't affect perioperative complications like risk of regurgitation and aspiration of gastric material. But that review doesn't discuss about discomfort caused by thirst that patient may prove after surgical procedure and that's why we're going to do our review.

In different surgical wards is still largely applied fasting policy of "nil by mouth from midnight".

Our intention is to check if there are relevant differences between time of preoperatory fasting from liquids on adult patient's thirst and the following discomfort in the early post operative period after elective surgery.

The early post operative period rapresents an important challange for the patient (that may prove nausea, vomiting, pain in the surgical site, general discomfort) and a demanding time for the nurse that have to assess and care for him.

So if nurse can alleviate just one of the sintoms that patient may have, in this particular case, the huge discomfort caused by thirst, it will be a great and important thing.

We perfectly know that it's just a drop in the sea about the several signs and sintoms that patient can have after the operating theatre, but we also know that the sea is made by drops.

Types of participant

The quantitative component of this review will consider studies that include all adult patient (+18) undergoing elective surgical procedures under general anesthesia.

Types of intervention(s)

The quantitative component of the review will consider studies that compare different time of preoperative fasting: "nil by mouth from midnight" or 180 minutes (to a maximum of 240 minutes).

Type of outcome

Quantitative (use for module2):

This review will consider studies that include the following outcome measures: sense of thirst and following discomfort notice by visual scale (0-10) or verbal scale or other validated tools.

Type of studies

The quantitative component of the review will consider any randomised controlled trials; in the absence of RCTs other research designs, such as non-randomised controlled trials and before and after studies, will be considered for inclusion in a narrative summary to enable the identification of current best evidence regarding preoperative fasting time from liquids and its consequences on patient's thirst and the following discomfort.

Search strategy

The search strategy aims to find both published and unpublished studies. A three-step search strategy will be utilised in each component of this review. An initial limited search of MEDLINE and CINAHL will be undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies.

The databases to be searched include:

- PUBMED
- CINAHL
- EMBASE
- COCHRANE LIBRARY (just for trial)

The search for unpublished studies will include:

- GRAY LITERATURE REPORT
- GOOGLE SCHOLAR

Initial keywords to be used will be:

Preoperative fasting/fast
thirst/thirsty
patient/s discomfort
post operative period/time

MeSH terms: "Postoperative period" [MULTI]

Patients
Inpatients
"Preoperative Care"
Fasting
Thirst

Text Words: Discomfort
Fast

Limits

adult patient;

published in the last 5 years because the systematic review that we've found was made in 2003 and so we're going to consider just RCTs made since 2003 till nowadays.

If it wouldn't be possible to find works made during this period (5 years is a very short time!) we will search for works from 1999 because in that year ASA (American Society of Anesthesiologists) made a guideline that recommends that adults stop intake clear fluids for 2 hours or more prior to induction of anaesthesia.

English/Italian Works

Assessment of methodological quality

Quantitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) (Appendix V).*

*Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Data collection

Quantitative data will be extracted from papers included in the review using the standardised data extraction tool from JBI-MAStARI (Appendix VI).*

*The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

Data synthesis

Quantitative papers will, where possible be pooled in statistical meta-analysis using the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI). All results will be subject to double data entry. Odds ratio (for categorical data) and weighted mean differences (for continuous data) and their 95% confidence intervals will be calculated for analysis. Heterogeneity will be assessed using the standard Chi-square. Where statistical pooling is not possible the findings will be presented in narrative form.

Conflicts of interest

None.