

Teach Patients the Benefits of Preoperative Carbohydrate Loading and Hydration Optimization:

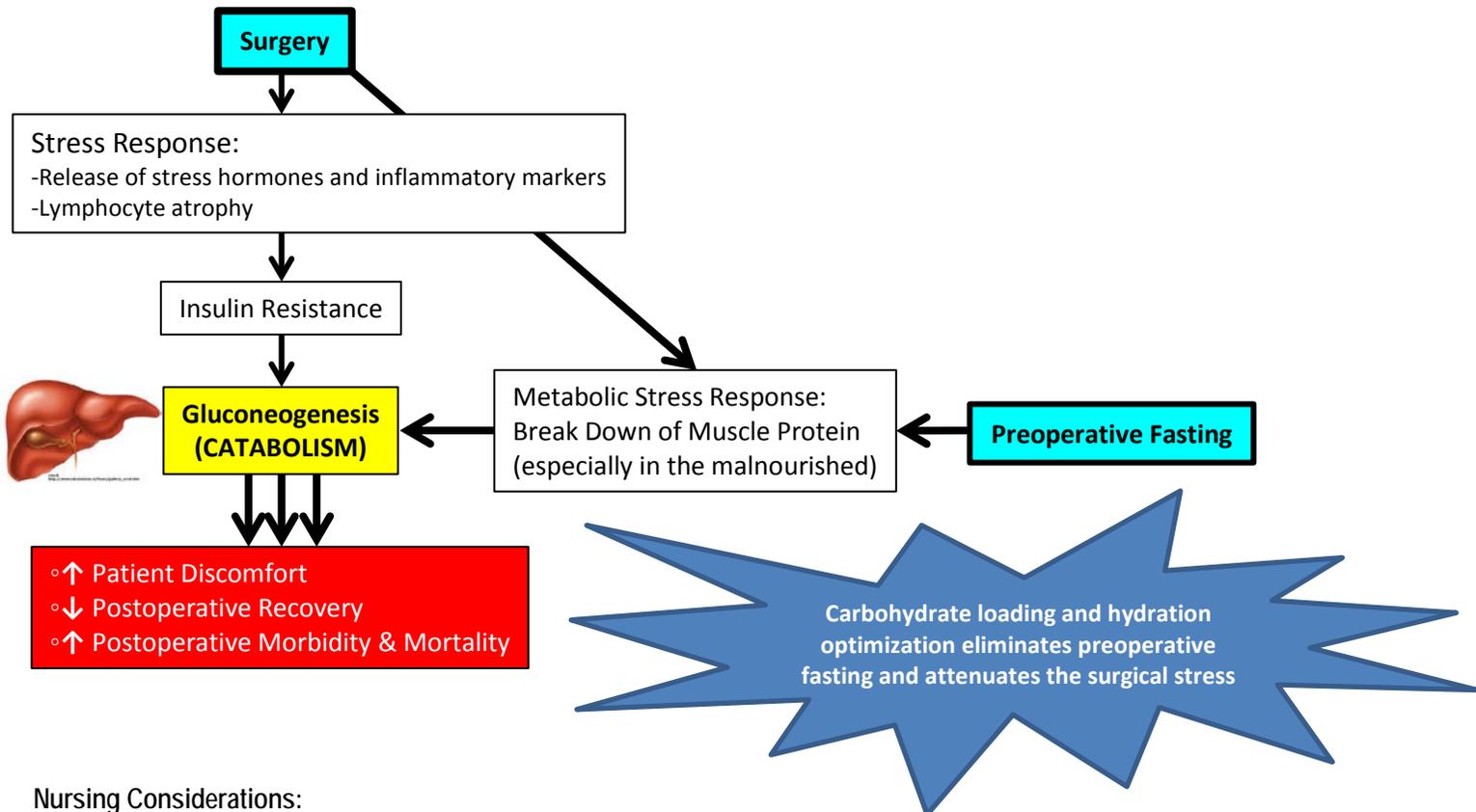
- ◇ Carbohydrate loading mitigates the surgical stress response and reduces postoperative metabolic changes.
- ◇ Intake of clear fluids up to 2 hours before surgery does not increase gastric residual volumes or risk of aspiration of gastric contents, and allows for replenishment of fluids that may have been lost through mechanical bowel preparation.
- ◇ Carbohydrate loading decreases postoperative insulin resistance by up to 50%, resulting in better-maintained insulin sensitivity following surgery.
- ◇ Carbohydrate loading and optimization of hydration reduces the patient's preoperative discomfort from thirst, dry mouth, and anxiety while improving postoperative recovery through a better-maintained metabolic state resulting in reduced postoperative complications, decreased length of stays and readmissions.

Instructions for Carbohydrate Loading and Optimizing Hydration Before Surgery:

| CARBOHYDRATE LOADING | | |
|-------------------------------|--------------------|--------------------------------|
| 12.5% carbohydrate-rich drink | | |
| (LOADING DOSE) | 100g carbohydrates | midnight the of day of surgery |
| (PRESURGICAL DOSE) | 50g carbohydrates | two hours before surgery |

| OPTIMIZING HYDRATION |
|---|
| Clear Fluids |
| Unlimited quantity up to 2 hours before surgery |

Effects of Surgery and Preoperative Fasting



Nursing Considerations:

- ◇ Note to hospital nursing staff: As the (preadmission testing) nurse reinforces instruction or the (preoperative) nurse evaluates, keep in mind that the 'cut-off' time for the patient's last solid food intake may vary between surgeons due to individual interpretation of ERP protocols; however, instruction to the patient for the sequencing of bowel preparation, carbohydrate loading and hydration optimization should not be affected.
- ◇ Preoperative nursing staff: because of the dynamic nature of the surgical environment, situations may present where a patient's case delay is foreseeable due to the cascade effect of late/delayed surgical cases preceding the patient's. In these situations, timely communication with the anesthesiology team is necessary to allow for initiation of 'rescue maneuvers' (i.e., fluids, carbohydrate-rich drink) in order to avoid placing the patient in an undesirable state of fasting.