

Fayoum University of Medicine Faculty Anesthesia Department جامعة الفيوم كلية الطب قسم التخدير

البحث الثانى

- عنوان البحث باللغه الانجليزيه:

Gastric Residual Volume Assessment by Gastric Ultrasound in Fasting Obese Patients: A Comparative Study

المشرفين على البحث حسب الترتيب:

د عاطف محد سید محمود خلیل، د. صفاء جابر رجب، د. جوزیف مکرم بطرس، د. حازم علي عبد العال، أد.ماجد لبیب بولس.

- نوع البحث:

بحث مشترك منشور مشتق من رساله الماجيستيرلد. حازم علي عبد العال و سبق تقييمه في لجنة ترقية أدم. عاطف محجد سيد خليل المنعقده في 25 مارس عام 2022 الي درجة أستاذ مساعد وحصل علي تقدير جيد 71.3% و عدد نقاط البحث 11.4.

- مكان و تاريخ النشر:

- Anesthesiology and Pain Medicine.
- Published 3/02/2021.
- 2021 February; 11(1):e109732.
- ISSN:2228-7523E-ISSN:2228-7531

•

ملخص البحث باللغه الانجليزيه:

Background:

Gastric ultrasound is an emerging tool for preoperative evaluation of gastric content and volume.

Objectives:

To assess gastric residual volume in normal-weight and obese patients scheduled for elective surgery.

Methods:

This prospective observational study was conducted on 100 patients assigned to two groups of 50 patients each. The obese group included patients with body mass index (BMI) of 30 - 40 and American Society of Anesthesiologists (ASA) grade II and those with BMI > 40 and ASA III without other comorbidities; the normal-weight group included patients with normal BMI and ASA I. Gastric volume was predicted in each group using sonographic measurement of antral cross-sectional area (CSA) in semi-sitting and right lateral positions (RLP); the two groups were compared to assess the risk of aspiration for each group preoperatively.

Results:

Despite intergroup differences in antral CSA, the sonographically predicted gastric volume was < 1.5~mL/kg in both groups in both positions. Both groups were at a low risk for aspiration, and 98% of the patients showed grade 0~or~1

in antrum assessments, corresponding to an empty antrum and minimal fluid only in the RLP, respectively. Only 2% of the patients in both groups showed a distended antrum in both positions.

Conclusions:

Despite the differences in CSA between obese and normal-weight participants in both positions (obese > normal- weight), both groups showed a low predicted gastric residual volume < 1.5 mL/kg and were at low risk for aspiration, provided that fasting was initiated at least 8 hours before elective surgery.