Prescribing fasting and determining its duration are the decision of the radiologist.

**PRESENTATION**

Before an examination with injection of iodinated contrast media (ICM), patients are often left on an empty stomach without the decision being based on clinical grounds or relying on published recommendation. This non prescribed fasting implies discontinuing treatments which should never be stopped, especially for patients with ischeamic heart disease or arterial hypertension; or it will not take into account an insulin-dependent diabetes. Thus, weighing the risks and benefits of fasting versus treatment interruption does not lead to the conclusion that fasting should be systematic before an examination with administration of ICM.

**Fasting should not be systematic before a radiological examination with injection of ICM because it can be deleterious:**

- It is often understood as implying the interruption of ongoing treatments and diets.
- It stands in contradiction with the need to hydrate the patient to prevent renal failure.
- It encourages faintness, lipothymia, hypoglycaemia, and vomiting.
- It is often a source of discomfort to the patient and of unnecessary delays in the examination.

**Fasting may be useful in some rare instances** (and for a limited amount of time), for technical reasons linked to the type of examination:

- to visualize the gallbladder.
- help visualize the gut wall (transit, entero-scan) or its vicinity (pancreas).
- facilitate specific actions requiring sedation or general anaesthesia.
PRACTICAL CONSIDERATIONS

- No treatment should be discontinued before the examination on the grounds of fasting.
- No fasting is necessary prior to most examinations. The orders are: a light meal, or at least unlimited soft drinks. In fact, drinking a lot before and after any examination with injection of ICM is strongly advised.
- If a fast has been prescribed prior to general anaesthesia for radiological reasons, the recommendations for fasting are the same ones as for any anaesthesia. The prescription is to be done by the anaesthesiologist during the anaesthesia consultation:
  - Ingestion of clear liquids up to 2 hours before (water, smooth fruit juices, tea, weak dark coffee, sodas). The beverages must be alcohol-free and the quantity ingested is less important than the clearness of the liquids.
  - Light meal no more than 6 hours before.
  - No smoking.
- If a fast has been prescribed for imaging technical reasons, it will include solids, liquids and tobacco. It should not exceed 6 hours and the examination has to be done as quickly as possible.

REFERENCES

5. Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedure. A report by the American Society of Anesthesiology Task Force on preoperative fasting. Anesthesiology 1999;90:896-905