Does Pre-operative Gastric Ultrasound Influence Anaesthetic Decision-Making in Chronic Pain Patients? A Prospective Observational Cohort Study.

Research and Development Committee, Danat Al Emarat Hospital approval number (RPDAE/2026/102),

On 23rd February 2026

Consent Form for Participation in a Research Study

Title:

Does Pre-operative Gastric Ultrasound Influence Anaesthetic Decision-Making in Chronic Pain Patients? A Prospective Observational Cohort Study

Principal Investigators:

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Prof. Waleed Riad, Consultant Pain medicine & Anesthesia, Danat Al Emarat Hospital

Introduction:

Point-of-care gastric sonography offers an objective approach to assessing individual pulmonary aspiration risk before induction of general anaesthesia or Sedation. We aimed to evaluate the potential impact of pre-operative gastric ultrasound on peri-operative management in a cohort of adult patients undergoing chronic pain interventional procedures, including patients with chronic pain, poor acute-on-chronic pain control, and those receiving acute or chronic opioid therapy. These patients are at risk of delayed gastric emptying and may therefore benefit from additional pre-procedural assessment using gastric ultrasound prior to elective interventions.

Background and Purpose:

The aim of this study is to determine whether pre-operative gastric POCUS provides decision-relevant information that influences peri-operative aspiration risk assessment and leads to modification of pre-defined anaesthetic management plans in chronic pain patients undergoing elective interventional procedures under sedation.

You have been asked to participate in this study because:

You are 'An adult patient scheduled for elective chronic pain interventional procedures under procedural sedation and you are eligible for inclusion'.

The purpose of this study is:

According to pre-operative gastric ultrasound results, patients are classified as low risk (empty, gastric fluid volume ≤ 1.5 ml.kg-1 body weight) or high risk (solid, mixed or gastric fluid volume > 1.5 ml.kg-1 body weight) of aspiration. After sonography, anaesthesiologist would indicate changes in aspiration risk management (none; more conservative; more liberal) to their pre-defined anaesthetic plan and to adapt it if patient safety was at risk.

Study Visits and Procedures:

Pre-procedural gastric ultrasound will be performed immediately before initiation of sedation by the investigators experienced in gastric point-of-care ultrasound. A standardized scanning protocol is used. Qualitative assessment of gastric content is performed in the supine position and in the right lateral decubitus position. When patient-related factors precluded these positions, scanning is performed in a semi-recumbent position at approximately 45°.

Alternatives to Participation:

Your participation in the study is voluntary. Your chronic-pain interventional procedures will go on as scheduled even if you do not participate in this study.

Risks Related to Being in the Study:

There are no medical risks if you take part in this study.

Benefits to Being in the Study:

The study influences peri-operative aspiration risk assessment and can leads to modification of pre-defined anaesthetic management plans to enhance patient's safety.

Confidentiality:

If you agree to join this study, the study doctors will look at your personal health information and collect only the information they need for the study not including your personal information. All information collected during this study, will be kept confidential and will not be shared with anyone outside the study unless required by law. You will not be named in any reports, publications, or presentations that may come from this study. If you decide to leave the study, the information about you that was collected before you left the study will still be used. No new information will be collected without your permission

Questions:

If you have any questions, concerns or would like to speak to the study team for any reason, please call: Dr. Jinan Jameel Al Aloosi, or Prof. Waleed Riad through the hospital switchboard.

Consent:

This study has been explained to me and any questions I had have been answered. I know that I may leave the study at any time. I agree to take part in this study.

Print Study Participant's Name	Signature	Date

My signature means that I have explained the study to the participant named above. I have answered all raised questions.

Print Name of Person Obtaining Consent	Signature	Date

☐ The person signing below acted as a translator for the participant during the consent process and attests that the study as set out in this form was accurately translated and has had any questions answered.

Print Name of Translator	Signature	Date

Relationship to Participant	Language

☐ The consent form was read to the participant. The person signing below attests that the study as set out in this form was accurately explained to and has had any questions answered.

Print Name of Witness	Signature	Date