

PREOP HOME MEDICATION INSTRUCTIONS Continue All Meds Except:

Anticoagulants (including aspirin):

- Instructions on holding anticoagulants need to come from the prescriber, the surgeon, or a consultant
- NSAIDs: Hold for 7 days (unless otherwise instructed by the surgeon)

Insulins - Continue as normal until the morning of procedure:

- If blood sugar > 140, take one-half of AM dose of long-acting insulins (Lantus, Levemir, Toujeo, Tresiba, Basaglar, Semglee, Rezvoglar, glargine)
- If blood sugar less than 140 do not take any long-acting insulin
- Pumps – suggest decreasing the basal rate by one-half (patient may override this instruction, especially if pump coupled to CGM)
- Hold all other insulins

Oral diabetic meds - Hold the day of surgery EXCEPT for SGLT2 inhibitors:

- Canagliflozin: Invokana, Dapagliflozin: Farxiga, Empagliflozin: Jardiance, Ertugliflozin: Steglatro, Bexagliflozin: Brenzavvy, Sotagliflozin: Inpefa
- Surgical stress may cause euglycemic ketoacidosis in diabetics with prolonged fasting
- Hold the day of surgery for diabetics having minor procedures
- Hold for 3 days (4 days for Steglatro) for diabetics having intermediate or major surgery
- SGLT2 inhibitors should be continued the DOS in nondiabetic patients. (CKD/CHF)

GLP-1As:

- Semaglutide (**Ozempic, Wegovy, Rybelsus**(oral)) Liraglutide (**Victoza, Saxenda**) Dulaglutide (**Trulicity**)Tirzepatide (**Mounjaro, Zepbound**) Exenatide (**Byetta, Bydureon**) Lixisenatide (**Adlyxin**)
- Increased risk of aspiration due to delayed gastric emptying
- For those on once daily dosing (Rybelsus), hold the day of surgery
- Weekly injectable dosing instructions as follows:
 - Hold for 7 days for minor cases
 - Hold for 7 days if surgery is in ASC
 - Hold for 7 days if indication is only for weight loss.
 - Continue the regular dosing schedule for any immediate and major surgeries and:
 - ⇒ No solids the day before surgery
 - ⇒ 24-hour preop clear liquid diet
 - ⇒ Hold the day of surgery
 - Continue the regular dosing scheduled for colonoscopies
 - Xultophy- (insulin w/ GLP1)-hold day of surgery

Diuretics:

- Hold the day of surgery if no history of heart failure
- Continue if they are in combo with a BP med

DMARDs (Disease-Modifying Anti-Rheumatic Drugs):

- Immunosuppressants that impact wound healing and infection rates
- Conventional DMARDs: Methotrexate, Plaquenil, Imuran, Arava, Azulfidine, Cyclosporine
 - Hold the DOS
 - Prescriber or surgeon may want to hold Cyclosporine longer (7 days)
- Biologic DMARDs: Remicade, Humira, Enbrel, Orencia, Simponi, Cimzia, Rituxan, Actemra, Cosentyx, Stelara, Toltz, Tremfya
 - The timing of intermediate or major surgery should be delayed until 1 week has passed after the most recent dose.
 - For intermediate and major cases in which the patient has already taken their biologic within 7 days of the surgery, the surgeon should be notified (they may request a delay in the surgery date)
 - No such delay required for minor surgery
 - Guidelines from ACR recommend restart once wound shows evidence of healing, sutures/stitches out, no significant swelling/erythema (typically 14 days)
- Targeted Synthetic DMARDs - JAK inhibitors: Xeljanz, Rinvoq, Otezla
 - Same consideration as biologics, but only need held for 72 hours
- Tacrolimus should be managed like a biologic

MAO Inhibitors:

- Type-A MAO inhibitors for depression
 - Isocarboxazid (Marplan), Phenelzine (Nardil), Selegiline (Emsam), Tranylcypromine (Parnate)
 - Hold for 7 days but **only under psychiatric supervision/clearance**
 - Check with anesthesia before requesting them to be held
- Type B MAO inhibitors for Parkinson's
 - Selegiline(Emsam), Rasagiline(Azilect®), Safinamide(Xadago®)
 - Continue day of surgery

Narcotic antagonists:

- Includes all forms of buprenorphine (Belbuca, Bridaxi, Butrans, Sublocade), naloxone (Narcan), and naltrexone (Revia, Vivitrol), Contrave, Suboxone, Zubsolv, Lybalvi, Viberzi
- Could create ceiling effect for other narcotics, thus causing pain control issues
- Minor and intermediate surgery- continue day of surgery
- Major surgery – hold for 72 hours if possible; notify anesthesia for any issue
- IM forms (Vivitrol for alcoholism) hold for 1 month for major surgeries
- Ketamine okay to continue DOS
- Methadone okay to continue DOS
- Contrave (weight loss) hold 72 hours
- Lybalvi (Zyprexa/Samidorphan) for schizophrenia - always consult prescriber
- Viberzi (eluxadoline)-peripheral opioid receptor mixed antagonist/agonist for IBS agent– continue day of surgery

TCAR:

- Aspirin should be taken for at least 7 days prior to surgery
- Plavix (clopidogrel), Brilinta (ticagrelor), or Effient (prasugrel) should be taken for at least 7 days prior to surgery
- Statins should be taken for at least 5 days prior to surgery
- Notify surgeon if not on the above medications.

CABG/Open Heart:

- DOACs (Eliquis, Xarelto) stopped 2 to 3 days prior
- Plavix, Effient, Brilinta, fish oil and supplements should be held 5 to 7 days prior to surgery
- ACE/ARB stopped 48 hours prior to surgery
- SGLT2 stopped 3 days prior to surgery (Steglatro 4 days)
- Aspirin—hold day of surgery

MISC:

- Phentermine (Adipex) hold for 5 days
- Ashwagandha has significant interaction with anesthesia, discontinue two weeks
- Cannabis and all forms - do not consume 2 hours before arrival
- Herbals and supplements - hold for 7 days (will not cancel if not possible)
 - Iron okay to continue DOS if patient has anemia
 - Potassium okay to continue DOS if pt has history of hypokalemia
 - Sodium bicarb and Renavite okay to continue DOS for CKD/dialysis patients
 - Calcitrol okay to continue DOS
 - Prescription vitamin D 50,000 IUs weekly—okay to continue DOS
- Modafinil (narcolepsy) continue day of surgery
- ADHD medications—continue day of surgery
- Pyridostigmine (Mestinon) for MG continue DOS, but hold for 3 days for ocular MG
- Kratom- Continue DOS; stopping may cause withdrawal
- Robinul (glycopyrrolate)-continue for hyperhidrosis
- Desmopressin-diabetes insipidus take day of surgery
- Narcotic or antispasmodic (Baclofen) pumps - continue
- Cevimeline (Evovac), pilocarpine—cholinergic antagonist—hold day of surgery for Sjogren's
- Folic acid w/ methotrexate- hold day of surgery
- Salagen/ Pilocarpine – hold day of surgery
- Prednisone- 20mg daily for greater than 20 days- continue DOS, consider stress dosing
- Hydroxyurea- consult prescribing provider
- Bisphosphonates: Alendronate (Fosamax), Risedronate (Actonel), Ibandronate (Boniva), Zoledronic Acid (Reclast) – at least hold the DOS. Surgeon may elect to hold longer