

Pre-operative medication guidelines

Medication can be taken with a small sip of water, up to two hours prior to surgery

Drugs to be given on day of surgery

Antibiotics	Antifungals	Nitrates
Beta-blockers	Antiepileptics	Antiparkinsonian drugs
Antiarrhythmics	Antianginals	Corticosteroids
Bronchodilators	H2 antagonist/PPIs	Levothyroxine
Aminophylline/theophylline	Progesterone only pill	Antipsychotics
Glaucoma drugs	Immunosuppressants	Drugs of dependence
Antidepressants	Lithium	Antidepressants
Buprenorphine patch and s/l ¹	Fentanyl patch	Oral opioids

For drugs not listed in this table or uncertain about continuation or discontinuation of drugs contact the anaesthetist

These guidelines are not applicable to cataract surgery, please see the Royal College of Ophthalmologists

Drugs to be stopped in the pre-operative period

Drug		Comments/Reference
Aspirin	<p>Do not stop prior to surgery</p> <p>Exception:</p> <ul style="list-style-type: none"> omit on morning of surgery if fasting doses of 300mg or higher, may need to be stopped 7 days prior to surgery, consult surgeon 	
Aspirin – spinal surgery	Stop 10 days prior to surgery or on recommendation by surgeon	Refer to cardiologists if drug eluting stent within one year Refer to patients' consultant if stroke/TIA within previous 6 months.
NSAIDS	Do not stop, except spinal surgery. Stop 7 days prior to spinal surgery	
Warfarin	See Trust guideline for the management of adult patients on therapeutic anticoagulation who require elective surgery or an invasive procedure	
Clopidogrel		See GL on peri-operative risk for non-cardiac surgery and GL for the use of Clopidogrel for patients with stents.
Ticagrelor	Stop 7 days prior to surgery, except vascular surgery, refer to separate guidelines	Refer to cardiologists if drug eluting stent within one year. Stroke/TIA patients: switch to Aspirin 7 days prior to surgery and switch back to Clopidogrel as soon as possible after surgery, except for spinal surgery.
Prasugrel		
Dipyridamole	Continue if single agent, when other antiplatelet agents are continued pre-operatively stop 24 hours prior to surgery	Does not alter bleeding times or laboratory platelet aggregation PJ 2012;288:179
Dabigatran		
Rivaroxaban		
Apixaban	See Trust guideline for the management of adult patients on therapeutic anticoagulation who require elective surgery or an invasive procedure	
Edoxaban		

¹ If patch > 140mcg/h or s/l > 4mg/d, consult anaesthetist and pain team

Etanercept	If to be withheld pre-op, stop 3 weeks prior to surgery, consult Rheumatologist	Rheumatology guidelines, 2010: Recommendation 18 – 20 Do not restart after surgery until there is good wound healing and no evidence of infection.
Infliximab	If to be withheld pre-op, stop 6 weeks prior to surgery, consult Rheumatologist	
Adalimumab (Humira)	If to be withheld pre-op, stop 3 months prior to surgery, consult Rheumatologist	
Leflunomide	If leflunomide is discontinued, a five day washout should be instigated before surgery to clear the active metabolite from the patient. Leflunomide can then be restarted after surgery.	Sanofi Aventis communication <i>Wash – out:</i> Cholestyramine 8g tds for 5 days to clear active metabolite
DMARDs	Stop if evidence of infection, consult Rheumatologist	Sulphasalazine, Penicillamine, Hydroxochloroquine, Azathioprine, Ciclosporin
Methotrexate	Major abdominal surgery – stop 1 week prior to surgery	Not necessary to stop before orthopaedic or other surgery
HRT	4 weeks prior to surgery if risk of thrombosis	If NOT stopped provide thromboprophylaxis cover until patient fully mobile
Herbal Medicines	Stop 1 week prior to surgery	
Combined oral contraceptives	4 weeks prior to surgery for patients undergoing major elective surgery, all surgery to legs or surgery which involve prolonged immobilisation of a lower limb.	Advice on alternative contraceptive choice. If not possible to stop, patients should have anti-embolic stockings and prophylactic LMWH until fully mobile.
Tamoxifen	Continue , but may need to stop 4 weeks pre-op for major surgery because of thromboembolic risk. Discuss with surgeon. If stopping please consult with oncologist.	If not stopped provide thromboprophylaxis cover until patient fully mobile
Insulin and antidiabetic drugs	See separate trust guideline Peri-operative care of diabetic patients	
Dementia drugs	Decision to stop or continue to be made on clinical grounds	Donepezil, Galantamine and Rivastigmine are cholinesterase inhibitors and are likely to exaggerate succinylcholine type muscle relaxation during anaesthesia
Diuretics/ ACE inhibitors and ARBs	Do not give on the night before or on morning of surgery, if used for LVF consult anaesthetist.	All other antihypertensives can be given on the morning of surgery.

References:

1. Electronic Medicines Compendium, accessed March 2013, www.medicines.org.uk/emc
2. British National Formulary 64, September 2012. 15:Anaesthesia
3. Drug & Therapeutics Bulletin 1999. Drugs in the peri-operative period Vol 37, 62-64; 68-70; 78-80; 89-92
4. Rahman M et al. Medication in the per-operative period. The Pharmaceutical Journal 2004; 272:287-289
5. Rahman M et al. Peri-operative care and diabetes. The Pharmaceutical Journal 2004; 272:323-325
6. Rahman M et al. Peri-operative medication in patients with cardiovascular disease. The Pharmaceutical Journal 2004;272:352-354
7. Sarah Blood, Medication considerations before surgery. The Pharmaceutical Journal 2012;288:179-185
8. Tina Ding et al. BSR and BHPR rheumatoid arthritis guidelines on safety of anti-TNF therapies, the British Society for Rheumatology, June 2010
9. Personal Communication with Sanofi Aventis, December 2008

Approved by: North East Essex Medicines Management Committee
Review by: January 2019

Version: 2

Author: Sharon Bynoth, Dagmar Schiller, Temi Abimbola and consultation of surgeons, anaesthetists and rheumatologist