Richard Flint Surgery

Your medications: a pre-op guide

Here are a few recommendations for how to take your medication or if you must stop it before your surgery. If you have any doubt, contact Dr. Flint or your GP.

Anticoagulants

These are usually prescribed for atrial fibrillation and can be stopped with minimum risk. If they are prescribed for other reasons, such as artificial heart valves or a clotting disorder, then you may need to have injections of Clexane in the days leading up to surgery.

- **Warfarin:** Stop 5 days before surgery.
- **Dabigatran (Pradaxa):** Stop 3 days before surgery.
- **Rivaroxaban (Xarelto):** Stop 3 days before surgery.

Antiplatelet medications

These are usually prescribed for ischaemic heart disease or mini strokes. They can be stopped with minimum risk unless a cardiac stent has been placed within the last 12 months.

- **Aspirin (Cartia):** Stop 7 days before surgery.
- **Clopidogrel (Arrow – Clopid):** Stop 7 days before surgery.
- **Ticagrelor (Brilinta):** Stop 5 days before surgery.

Diabetic medications

- **Gliflozins (SGLT2i) such as empagliflozin (Jardiance or Jardiamet), or dapagliflozin (Forxiga, Xigduo or Qtern):** These medications can lead to diabetic ketoacidosis post-operatively and should be stopped 3 days before surgery.
- **Metformin (Glucophage or Metomin):** This can lead to lactic acidosis following surgery so should be stopped 2 days before surgery.
- **Insulin, short acting (NovoRapid, Lispro) and premix (Humalog Mix25, Mixtard 30, NovoMix 30, Penmix30, Penmix 50):** Can be taken on the day before surgery but the dose of long-acting insulin (Lantus, Levemir) should be reduced by 20%.

  On the day of surgery, the short acting should be stopped.

  The long-acting insulin and premixed should be withheld if surgery is in the morning but can be given at half the dose if surgery is in the afternoon.

Immunosuppressants

These are usually prescribed for autoimmune conditions such as rheumatoid arthritis, multiple sclerosis, and lupus. Most, including prednisone, do not need to be stopped prior to surgery.
The exceptions are the biologic agents, JAK inhibitors and others as listed below:

- **Biologic agents:** Need to be stopped one dosing interval before surgery. E.g. If you are taking Infliximab every 8 weeks, then the last dose should be 9 weeks prior to surgery. They can be restarted 2 weeks after surgery.

  Examples of biologics: Infliximab (Remicade), Adalimumab (Humira), Etanercept (Enbrel), Ustekinumab (Stelara), Golimumab (Simponi), Abatacept (Orencia), Certolizumab (Cimzia), Rituximab (Rituxan), Anakinra (Kineret), IL-17 secukinumab (Cosentyx), Ixekizumab (Taltz), IL-23 guselkumab (Tremfya).

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- **JAK inhibitors such as tofacitinib (Xeljanz), baricitinib (Olumiant) and upadacitinib (Rinvoq):** Should be stopped 3 days before surgery and restarted 2 weeks after surgery.
- **Others:** Withhold 1 week before surgery, including azathioprine, mycophenolate, cyclosporine, tacrolimus, belimumab.

Antihypertensives

- **Angiotensin II antagonists/blockers (e.g. candesartan, losartan):** Do not take on the day of surgery, as they can cause blood pressure problems during anaesthesia.
- **ACE inhibitors – ACEIs (e.g. captopril, cilazapril, celiprolo enalapril, lisinopril, quinapril):** Do not take on the day of surgery, as they can cause blood pressure problems during anaesthesia.

Other medications

- **Sacubitiril + Valsartan (Entresto®) for heart failure:** Stop a day before surgery, as it can cause blood pressure problems during anaesthesia.
- **PDE-5 inhibitors for erectile dysfunction such as sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra):** Stop for 2 weeks before surgery, as there is a potential link with Anterior Ischaemic Optic Neuropathy that can lead to blindness.
- **Methylphenidate (Ritalin or Rubifen):** Stop on the day of surgery, as it may precipitate heart arrhythmias and hypertension.
- **Reversible monoamine oxidase inhibitors such as moclobemide (Aurorix) or rasagiline (Azilect):** These can interfere with anaesthetic drugs and cause uncontrollable hypertension. Withhold for a day before surgery.
- **Diet pills such as phentermine (Duromine) and naltrexone/bupropion (Contrave):** Stop Duromine 2 weeks before surgery, and Contrave 3 days before surgery, as they can lead to blood pressure problems during anaesthesia.
- **GLP-1 receptor agonists such as Dulaglutide (Trulicity), liraglutide (Saxenda), Semaglutide (Wegovy, Ozempic), Tirzepatide (Mounjaro, Zepbound), Exenatide (Byetta, Bydureon), lixisenatide (Adlysin):** These don't need to be stopped before surgery, but because they can slow gastric emptying and increase the risk of aspiration during anaesthesia, you should only drink clear fluids (no solid food) for 24 hours before your surgery.

Should I stop smoking before surgery?

It is best to stop smoking at least 6 weeks before surgery as it takes time for the cilia in your lungs to recover their ability to clear mucus.

What do I need to tell the anaesthetist before surgery?

The anaesthetist will need to know if you have had any previous difficulties with anaesthesia, such as trouble with intubation, anaphylaxis to medications, or any unexpected ICU admissions.

They will also need to know if you have a pacemaker or medical condition such as malignant hyperthermia, myasthenia gravis, Guillain Barré syndrome, or transverse myelitis. It's best if they know a few days before surgery so they can properly prepare for the operation.

If you still have any questions or doubts after reading this information, don't hesitate to contact your GP or Dr. Flint.

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