

Perioperative Management of Chronic Medications

Cardiovascular

Beta blockers (metoprolol, atenolol, others)

- Should be continued until and including the day of operation

Pletal (cilostazol)

- Should be discontinued 7 days prior to elective surgery where surgical bleeding potential exists

Ace inhibitors (ACEI) & Angiotensin receptor blockers (ARB) (captopril, lisinopril, losartan, candesartan, others)

- These should be continued until the day before the operation, but discontinued on the day of the operation. This applies to patients booked for general anesthesia. Patients booked for MAPS should continue these medications until and including the day of the operation.

Calcium channel blockers (nifedipine, diltiazem, others)

- Should be continued until and including the day of the operation

Nitrates (nitroglycerin, isosorbide, others)

- Should be continued until and including the day of the operation

Alpha-2 agonists (clonidine, others)

- Should be continued until and including the day of the operation

Aspirin

- Should be discontinued at least one week prior to the planned operation, unless specifically stated otherwise by the surgical service

Clopidogrel (plavix)

- Should be discontinued at least one week prior to the planned operation, unless specifically stated otherwise by the surgical service
- Patients taking clopidogrel (plavix) or aspirin for coronary stents should be seen by an anesthesiologist in the preoperative anesthesia clinic. Please do not discontinue either aspirin or clopidogrel in patients with coronary stents unless given specific permission to do so by the cardiologist who prescribed these medications.

Oral anticoagulants (warfarin, coumadin)

- Should be discontinued at least 5 days prior to the planned operation, unless specifically stated otherwise by the surgical service

Diuretics (furosemide, hydrochlorothiazide, others)

- Should be taken until the day before the operation, but discontinued the day of the operation

Cardiac rhythm management medications (digoxin, beta-blockers, quinidine, amiodarone, others)

- Should be continued until and including the day of the operation

Statins (atorvastatin, simvastatin, others)

- Should be continued until and including the day of the operation

Cholesterol lowering medications

- Should be taken until the day before the operation, but discontinued the day of the operation

Central Nervous System Medications

Anticonvulsants (phenytoin, tegretol, others)

- Should be continued until and including the day of the operation

Antidepressants (imipramine, sertraline, others)

- Should be continued until and including the day of the operation

Monoamine oxidase inhibitors (very rarely used)

- Should be discontinued at least 2 full weeks prior to the planned operation

Antianxiety medications (diazepam, lorazepam, others)

- Should be continued until and including the day of the operation

Antipsychotics (haloperidol, risperdal, others)

- Should be continued until and including the day of the operation

Lithium

- Should be continued until and including the day of the operation

Antiparkinson drugs (sinemet, others)

- Should be continued until and including the day of the operation

Recreational drugs (marijuana, cocaine, others)

- Should be discontinued as soon as possible prior to any planned elective operation

[Management of Sublingual Buprenorphine \(Suboxone and Subutex\) in the Acute Perioperative Setting \(pdf\)](#)

Vitamins/Nutritional Supplements

Over the counter vitamins

- May be continued until the day before the planned operation

- Except preparations containing vitamin E, which should be discontinued one week prior to the planned operation

Herbal/Alternative preparations

- Should be discontinued at least one full week prior to the planned surgical procedure

Pulmonary Medications

Asthma medications (theophylline, inhaled steroids, others)

- Should be continued until and including the day of the operation

COPD medications (theophylline, ipratropium, inhaled steroids, others)

- Should be continued until and including the day of the operation

Pulmonary hypertension medications (sildenafil, prostacyclin, others)

- Should be continued until and including the day of the operation

Endocrine

Insulin

http://www.med.umich.edu/preopclinic/guidelines/diabetes_mgt.pdf

Oral Hypoglycemics

- Should be taken until the day before the operation, but discontinued the day of the operation

Thyroid medications (synthroid, dessicated thyroid, propylthiouracil, others)

- Should be continued until and including the day of the operation

Steroids (prednisone, cortef, others)

- Should be continued until and including the day of the operation

Oral contraceptives

- Should be continued until and including the day of the operation

Renal

Phosphate binders, renal vitamins, iron, erythropoietin, others

- Should be taken until the day before the operation, but discontinued the day of the operation

Gynecology/Urology

Prostate medications (terazosin, tamsulosin, others)

- Should be continued until and including the day of the operation

Hormonal medications

- Should be continued until and including the day of the operation

Oral contraceptives

- Should be continued until and including the day of the operation

Analgesics

Aspirin

- Should be discontinued at least one week prior to the planned operation
 - Unless specifically stated otherwise by the surgical service

Opiate containing analgesics (vicodin, tylox, methadone, others)

- Should be continued until and including the day of the operation, without exception

Non-steroidal anti-inflammatory compounds (ibuprofen, naproxen, others)

- Should be discontinued at least 5 days prior to the planned surgical procedure

Gastrointestinal

Gastroesophageal reflux (GERD) medications (ranitidine, omeprazole, others)

- Should be continued until and including the day of the operation

Antiemetics (ondansetron, metaclopramide, others)

- Should be continued until and including the day of the operation