REVITALIZE
PLASTIC SURGERY & MEDICAL SPA

COLUMBIA
SURGICAL CENTER

PERI-OPERATIVE MEDICATION PROTOCOLS

Medications to Take the Day of Surgery

Alpha-2 Agonist
- Clonidine (Catapres)

Allergy
- Cetirizine (Zyrtec)

Antiarrhythmic Agents
- Amiodarone (Cordarone)
- Disopyramide (Norpace)
- Digoxin (Lanoxin)
- Quinidine

Antibiotics
- Amoxicillin-clavulanate (Augmentin)

Anticholinergics
- Ipratroprium Inhaler (Atrovent)
- Ipratropium/Albuterol (Combivent)
- Tiotropium (Spiriva)

Anticonvulsants
- Carbamazepine (Tegretol)
- Gabapentin (Neurontin)
- Lacosamide (Vimpat)
- Lamotrigine (Lamictal)
- Levetiracetam (Keppra)
- Oxcarbazepine (Trileptal)
- Phenobarbital (Luminal)
- Phenytoin (Dilantin)
- Valt ramate (Topamax)
- Valproic Acid (Depakote)

Antidepressants
- Bupropion (Wellbutrin)
- Duloxetine (Cymbalta)
- Maprotiline
- Mirtazapine (Remeron)
- Nefazodone
- Trazodone (Desyrel)
- Venlafaxine (Effexor)

Anti-Fungals
- Fluconazole (Diflucan)

Anti-Hyperlidpidemic "Statins"/ HMG Co-A Reductase Inhibitors
- Atorvastatin (Lipitor)
- Fluvastatin (Lescol)
- Lovastatin (Mevacor)
- Pitavastatin (Livalo)
- Pravastatin (Pravachol)
- Rosuvastatin (Crestor)
- Simvastatin (Zocor)

Antineoplastic
- Hydroxyurea (Hydrea)
- Ruxolitinib (Jakifi)

Antiparkinson Agents: Abrupt withdrawal adverse effects may include Parkinson symptoms and neuroleptic malignant syndrome. Giving Metoclopramide (Reglan) to patients with Parkinson can worsen their symptoms.
- Amantidine (Gocovri, Osmolex ER)
- Entacapone (Comtan)
- Levodopa/Carbidopa (Sinemet)
- Pramipexole (Mirapex)
- Rolpinirole (Requip)
- Tolcapone (Tasmar)

Antiparkinson Agents MAOI-B: Abrupt withdrawal adverse effects may include Parkinson symptoms and neuroleptic malignant syndrome. Hypertension risk if given with sympathomimetic agents. Potential for drug-drug interaction with meperidine resulting in serotonins syndrome.
- Rasagiline (Azilect)
- Selegiline oral (Eldepryl)

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Antipsychotics: Withdrawal symptoms may include psychiatric symptoms, nausea, vomiting, and abdominal pain. Adverse effects may include hypotension, arrhythmia, and QT prolongation

- Aripiprazole (Abilify)
- Brexpiprazole (Rexulti)
- Clozapine (Clozaril)
- Haloperidol (Haldol)
- Lurasidone (Latuda)
- Lithium (Lithibid)
- Olanzapine (Zyprexa)
- Paliperidone (Invega)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)
- Ziprasidone (Geodon)

Anxiety Medications

- Buspirone (Buspar)

Beta-Adrenergic Blocking Agent (Beta-Blockers)

- Acebutolol (Sectral)
- Atenolol (Tenormin)
- Betaxolol (Kerlone)
- Bisoprolol (Zebeta)
- Carteolol (Cartrol)
- Carvedilol (Coreg)
- Metoprolol (Lopressor, Toprol XL)
- Nadolol (Corgard)
- Nebivolol (Bystolic)
- Penbutolol (Levatol)
- Pindolol
- Propranolol (Inderal)
- Sotalol (Betapace)
- Timolol (Blocadren)

Beta-Agonists

- Albuterol (Proventil): Bring Albuterol inhaler day of surgery
- Formoterol/Mometasone (Combivent)
- Formoterol/Mometasone (Dulera)
- Levalbuterol (Xopenex)
- Salmeterol (Serevent)
- Sameterol/Fluticasone (Advair)
- Sameterol/Budesonide (Symbicort)

Bediazepines: ONLY TAKE IF USING ON A REGULAR BASIS, OTHERWISE HOLD 24 HOURS PRIOR TO SURGERY. Abrupt withdrawal may include agitation, hypertension, and seizures. Adverse effects may include hypotension and additive sedation.

- Alprzolam (Xanax)
- Clordiazepoxide (Librium)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Oxazepam (Serax)

Biologic Response Modifiers: Discuss with prescriber.

- Dupilumab (Dupixent)

Calcium Channel Blockers

- Amlodipine (Norvasc)
- Diltiazem (cymb, Cartia)
- Felodipine (Plendil)
- Isradipine (DynaCirc)
- Nicardipine (Cardene)
- Nifedipine (Procardia)
- Nislodipine (Sular)
- Verapamil (Calan, Covera)

Cholinesterase Inhibitors

- Donepezil (Aricept); Potential for increased muscle relaxation effects with Succinylcholine. Potential for decreased muscle relation effects with non-depolarizing neuromuscular blockers.
- Galantamine (Razadyne)
- Rivastigmine (Exelon)

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Medications to Take the Day of Surgery

Disease-modifying anti-rheumatoid drugs (DMARDs): May impair wound healing and increase risk for infection.
- Abatacept (Orencia)
- Adalimumab (Humira)
- Etanercept (Enbrel)
- Hydroxychloroquine (Plaquenil)
- Infliximab (Remicade)
- Leflunomide (Arava)
- Methotrexate (Trexall; Rheumatrex)
- Tofacitinib (Xeljanz)

GI Stimulant: Dopamine antagonist properties
- Metoclopramide (Reglan)

Glaucoma Medications
Latanoprost (Xalatan)

Glucocorticoids (Steroids) oral/inhaled/intranasal

Oral
- Dexamethasone (Decadron)
- Methylprednisolone
- Prednisolone
- Prednisone

Inhaled
- Beclomethasone (Beconase)
- Budesonide (Pulmicort)
- Flunisolide (Aerobid)
- Fluticasone (Flovent)
- Mometasone (Asmanex)
- Triamcinolone (Aristocort)

Intranasal
- Fluticasone (Flonase)
- Flunisolide (Nasarel)
- Mometasone (Nasonex)

Histamine 2 Receptor Antagonists (H2RAs)
- Famotidine (Pepcid)
- Nizatidine (Axid)
- Ranitidine (Zantac)

Leukotriene Receptor Antagonists
- Montelukast (Singulair)
- Zafirlukast (Accolate)
- Zileuton (Zyflo)

Motion Sickness
- Meclizine (Bonine, Medi-Meclizine, Travel-Ease)

Movement Disorder
- valbenazine (Ingrezza)

Nausea
- Ondansetron (Zofran)

Neuromuscular Stimulant: Potential for muscarinic adverse effects (nausea, diarrhea, increased salivation and bronchial secretions).
- Pyridostigmine (Mestinon)

NMDA Receptor Antagonist: Methylene Blue/Serotonergic Agents-Drug/drug interaction and possible serotonin syndrome.
- Memantine (Namenda)

Opioid Agnoist: Abrupt withdrawal may cause nausea, vomiting, anxiety, seizures.
Tramadol (Ultram)Opioid Antagonist
- Buprenorphine/naloxone (Suboxone): call prescribing physician/pain consultant for alternative treatment before surgery.

Proton Pump Inhibitors
- Dexlansoprazole (Dexilant)
- Esomeprazole (Nexium)
- Lansoprazole (Prevacid)
- Omeprazole (Prilosec)
- Pantoprazole (Protonix)
- Rabeprazole (Aciphex)

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Medications to Take the Day of Surgery

Selective Serotonin Reuptake Inhibitors (SSRI): Abrupt withdrawl may cause nausea, salivation and sweating.

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)
- Vortioxetine (Trintellix)

Sex Hormones (Oral Contraceptives); Surgeon may advise to discontinue 4 weeks before surgery if surgery associated with high DVT risk and/or prolonged immobilization

- Levonorgestrel/ ethinyl estradiol (Seasonique)
- Norethindrone/ ethinyl estradiol (Ortho-Novum)
- Norgestrel/ ethinyl estradion (Lo-Ovral)
- Norgestimate/ ethinyl estradiol (Ortho/ Tri-Cyclen)
- Progesterone/Testosterone

Smoking Cessation Products

- Varenicline (Chantix)
- Bupropion (Zyban)

Tricyclic Agents: Adverse effects may include hypotension and arrhythmias

- Amitriptyline
- Amoxapine
- Clomipramine (Anafranil)
- Desipramine (Norpramin)
- Doxepin (Sinequan)
- Imipramine (Tofranil)
- Nortriptyline (Pamelor)

Protriptyline (Vivactil)

Thyroid Hormones

- Liothyronine (Cytomel)
- Levothyroxine (Synthroid)
- Thyroid (Armour Thyroid)

Xanthine Derivative

- Theophylline (Theodur)

Medications to Stop 4 Hours Prior to Surgery

Antiplatelets: Stop therapy to decrease risk of serious perioperative hemorrhage

- Cangrelor (Kengreal)

Unfractionated Heparin (UFH): Stop therapy to decrease risk of serious perioperative hemorrhage.

- Heparin: IV Heparin hold 4 hours prior to surgery. SQ Heparin hold morning of surgery.
- Argatroban

Medications to Stop 8 Hours Prior to Surgery

Sleep Aids

- Eszopiclone (Lunesta)
- Hydroxyzine (Vistaril, Atarax)
- Zaleplon (Sonata)
- Zolpidem (Ambien)

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Medications to Stop the Day Before Surgery (24 hours) and Hold the Day of Surgery

Angiotensin Converting Enzyme Inhibitors (ACEI)

<u>If in combination with calcium channel blocker or diuretic, only hold the day of surgery</u>

- Benazepril (Lotensin)
- Captopril (Capoten)
- Enalapril (Vasotec)
- Fosinopril (Monopril)
- Lisinopril (Zestril)
- Moexipril (Univasc)
- Perindorpil (Aceon)
- Quinapril (Accupril)
- Ramipril (Altace)
- Trandolapril (Mavik)

Angiotensin Receptor Blockers (ARB)

- Azilsartan (Edarbi)
- Candesartan (Atacand)
- Eprosartan (Teveten)
- Irbesartan (Avapro)
- Losartan (Cozaar)
- Olmesartan (Benicar)
- Telmisartan (Micardis)
- Valsartan (Diovan)

Anti-Alcoholic Agents

- Disulfiram (Antabuse)

Antibiotics

- Minocycline (Minocin)

Anticholinergics

- dicyclomine (Bentyl)

Anti-Fungals

- Nystatin (topical powders/creams)

Alpha-1 Anatagonist

- Doxazosin (Cardura)
- Prazosin (Minipress)
- Tamsulosin (Flomax)
- Teraszosin (Hytrin)

Appetite Stimulants

- Megestrol (Megace)

Attention Deficit Disorder Agents: May cause hypertension and arrhythmia

- Amphetamine/dextroamphetamine (Adderall)
- Lisdexamfetamne dimesylate (Vyvanse)
- Methylphenidate (Concerta)

Cholesterol Medications

- Ezetimibe (Zetia)
- Evolocumab (Repatha)
- Fenofibrate (Triglide, Fibricor, Lipofen)
- (topical powders/creams)

Cox-2 Inhibitor

- Celecoxib (Celebrex)

Direct Renin Inhibitor

- Aliskiren (Tekturna)

Diuretics

Loop Diuretics

- Bumetanide (Bumex)
- Ethacrynic Acid (Edecrin)
- Furosemide (Lasix)
- Torsemide (Demadex)

Thiazide Diuretics

- Chlorthalidone (Thalitone)
- Hydrochlorothiazide (Hydrodiuril, Microzide)
- Hydrochlorothiazide/ Amiloride (Moduretic)
- Hydrochlorothiazide/ Triamterene (Maxide)
- Hydrochlorothiazide/ Spironolactone (Aldactazide)
- Indapamide
- Metalozone (Zaroxolyn)

Edible Marijuana

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Medications to Stop the Day Before Surgery (24 hours) and Hold the Day of Surgery

Estrogen Replacement: Risk of DVT. Surgeon may advise to discontinue 4 weeks before surgery if surgery associated with high DVT risk and/or prolonged immobilization.

- Topical patch ok to continue if not high risk for DVT. Must remove on day of surgery if in the surgical field.

Glucocorticoids (Steroids)- TOPICAL
Kenalog topical (Triamcinolone)

Gout Medications:

- Colchicine (Colcrys)

Migraine Medications:

- Almotriptan (Axert)
- Eletriptan (Relpax)
- Frovatriptan (Frova)
- Naratriptan (Amerge)
- Rizatriptan (Maxalt)
- Sumatriptan (Imitrex, Onzetra, and Tosymra)
- Zolmitriptan (Zomig)

Nausea

- Compazine (prochlorperazine)

Pain Medications: If patients take only as needed (not daily), then stop 24 hours prior to surgery. If patients take regularly, they should continue to take on their regular schedule due to concerns of withdrawal.

- Butalbital-acetcyanocaminophen-caffeine (Fioricet)
- Hydrocodone
- Norco
- Oxycodone
- Pyridium

Potassium Sparing Diuretics

- Amiloride (Midamor)
- Amiloride/ Hydrochlorothiazide (Moduretic)
- Spironolactone (Aldactone)
- Spironolactone/ Hydrochlorothiazide (Aldactazide)
- Triamterene (Dyrenium)

Carbonic Anhydrase Inhibitors

- Acetazolamide (Diamox)
- Methazolamide

Lipase Inhibitor
Orlistat (Alli, Xenical)

Low Molecular Weight Heparins (LMWH):
Stop therapy to decrease risk of serious perioperative hemorrhage. May need to consider holding anticoagulant for a longer time in patients with impaired renal function. Enoxaparin (Lovenox): Patients on every 24hr LMWH hold 24 hour prior to surgery. Patients on every 12hr LMWH hold 12 hours prior to surgery.

Muscle Relaxers

- Cyclobenzaprine (Fexmid, Flexeril, and Amrix)
- Methocarbamol (Robaxin)

Opioid Agnoist: Abrupt withdrawal may cause nausea, vomiting, anxiety, seizures.
Methadone

Selective Estrogen Receptor Modulators: Take day of surgery if use is for breast cancer prevention. Surgeon and Oncologist may advise to hold 72 hours before surgery if major surgery with prolonged immobilization. Hold 72 hours if use if prevention of osteoporosis.

- Letrozole (Femara)
- Raloxifene (Evista)
- Tamoxifen (Soltamax)

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Medications to Stop the Day Before Surgery (24 hours) and Hold the Day of Surgery

Hormone Blockers
- Exemestane (Aromasin)

Sulfonylureas
- Glimepiride (Amaryl)
- Glipizide (Glucotrol)
- Glyburide (Diabeta)
- Tolbutamide

Nitroglycerin

Non-Sulfonylureas
- Acarbose (Precose)
- Metformin (Glucophage)
- Miglitol (Glyset)
- Nateflinide (Starlix)
- Pioglitazone (Actos)
- Repaglinide (Prandin)
- Rosiglitazone (Avandua)

Topical Anesthetics
- Lidocaine-prilocaine (EMLA)

Topical Hair Growth Supplements
- Minoxidil

Vasodilators
- Isosorbid dinitrate (Isordil)
- Isosorbid mononitrate (Imdur, Ismo)
- Hydralazine (Apresoline)

Medications to Stop 2 Days (48 hours) Prior to Surgery

Antiplatelets: Stop therapy to decrease risk of serious perioperative hemorrhage
- Cilostazol (Pletal)
- Dipyridamole (Persantine)
- Edoxaban (Savaysa)
- Pentoxifylline (Trental)

Impotence Agents-Phosphodiesterase Inhibitors: Potential for hypotension and drug interaction with nitrates
- Sildenafil (Viagra)
- Tadalafil (Cialis)
- Vardenafil (Levitra)

Miscellaneous Anticoagulant
- Pentosan Polysulfate (Elmiron)

Direct Acting Oral Anticoagulants (DOAC): Risk of bleeding with surgical or other procedures if rivaroxaban not held for at least 24 hours. Prescriber may consider holding for only one day in low bleeding risk procedures. Prescriber may consider holding longer than 2 days in pts with severe renal impairment based on surgery type and risk of bleeding.
- Apixaban (Eliquis)
- Edoxaban (Savaysa)
- Rivaroxaban (Xarelto)

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Medications to Stop 3 Days (72 hours) Prior to Surgery

Anorexiants: May cause hypertension and arrhythmia

- Diethylpropion (Tenuate)
- Naltrexone/bupropion (Contrave)
- Phentermine (Adipex)

SGLT2 inhibitors (Diabetes Medications)

- Dapagliflozin (Forxiga)

Medications to Stop 4 Days (96 hours) Prior to Surgery

Low Molecular Weight Heparins (LMWH): Stop therapy to decrease risk of serious perioperative hemorrhage. May need to consider holding anticoagulant for a longer time in patients with impaired renal function.

- Fondaparinux (Arixtra)

Medications to Stop 5 Days Prior to Surgery

Antiplatelets: Stop therapy to decrease risk of serious perioperative hemorrhage

- Ticagrelor (Brilinta)

Vitamin K Antagonist: Stop therapy to decrease risk of serious perioperative hemorrhage.

- Warfarin (Coumadin)

Direct Acting Oral Anticoagulants (DOAC)

- Dabigatran (Pradaxa): Prescriber may choose to hold based on patients renal function. Consider holding longer times for pts undergoing major surgery, spinal puncture, or if plan placement of spinal or epidural catheter/port

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Medications to Stop 7 days (1 week) Prior to Surgery

Antiplatelets: Stop therapy to decrease risk of serious perioperative hemorrhage.

- Aspirin (If heart stents stop 3 days prior to surgery)
- Aspirin/ Dipyridamole (Aggrenox)
- Clopidogrel (Plavix)
- Prasugrel (Effient)

Biologic Response Modifiers: Discuss with prescriber may hold 7-14 days prior to day of surgery. Increased risk of infection/ may delay wound healing.

- Abatacept (Orencia)
- Adalimumab (Humira)
- Anakinra (Kineret)
- Etanercept (Enbrel)
- Infliximab (Remicade)

Breast Cancer Medications (Other)

- Abemaciclib (Verzenio)
- Ribociclib (Kisqali)- hold 3 weeks post

GLP-1, GLP-2 (Injection and Oral): stop at least one week prior to surgery with clear liquids only 24 hours prior to surgery.

- Dulaglutide (Trilicity)
- Gattex
- Jardiance
- Semaglutide (Wegovy, Ozempic, Rybelsus)
- Teduglutide
- Tirzepitide (Mounjaro)

Hormone Blockers

- Anastrozole (Arimidex)

Immunosuppressants

- Mycophenolate mofetil (Cellcept)

Nonsteroidal Anti-inflammatory Agents (NSAID)

NSAIDs Intermediate Half-Life: Do not have to hold unless advised by surgeon or has a planned Neuraxial Anesthesia.

- Diclofenac: oral and transdermal patch (Flector Patch)
- Diflunisal (Dolobid)
- Ketoprofen (Orudis, Oruvail)
- Etodolac (Lodine)
- Naproxen (Naprosyn, Aleve)
- Sulindac (Clinoril)

Opioid Antagonist

- Buprenorphine
- Butrans Patch
- Naltrexone Tablets (ReVia)
- Naltrexone Injection (Vivitrol Injection; intramuscular): MAY need to hold 1 month. IM administration ½ life is 5-10 days and can remain in the body for at least 4 times the half-life; one month.
- Pentazocine/naloxone (Talwin NX): Call prescribing physician for alternative treatment before surgery. Can hold 1-2 days prior to surgery.

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Medications to Stop 10 days Prior to Surgery

Nonsteroidal Anti-inflammatory Agents (NSAID)

NSAIDs Short Half-Life

- Diclofenac: tablets and gel (Voltaren, Solaraze, Cataflam)
- Fenoprofen (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Motrin, Advil)
- Indomethacin (Indocin)
- Ketorolac (Toradol)
- Meclofenamate (Ponstel)

NSAIDs Long Half-Life:

- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Oxaprozin (Daypro)

Medications to Stop 2 Weeks (14 days) Prior to Surgery

Anti-neoplastics

- Fruquintinib (Fruzaqla)

Anti-platelets: Stop therapy to decrease risk of serious perioperative hemorrhage

- Ticlopidine (Ticlid)

Mono Amine Oxidase Inhibitos (MAOI) A and B: Hypertension with sympathomimetic agents. Potential for drug-drug interaction with meperidine; resulting in serotonin syndrome.

- Isocarboxazid (Marplan)
- Tranylcypromine (Parnate)
- Selegiline Transdermal Patch (Emsam)

Medications to Stop 28 Days Prior to Surgery

Antineoplastic Agent-Monoclonal Antibody: Discuss with Oncologist/Prescriber. Increased risk of infection/ may delay wound healing.

- Bevacizumab (Avastin)

- Marijuana
- Dronabinol (marinol)
- Nicotine
- Smoke/Vape

Do not stop any medications without physician approval.

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