



What medications should you continue to take before surgery?

Please let us know about any medications that you are taking. There are certain medications that should be stopped before your procedure. Talk with the doctors prior to your procedure to make a plan for medications before, during, and after surgery and make sure to read through the medication guidelines given to know which medications to avoid and which ones are safe to take before surgery. Please note that a comprehensive list of medications to avoid will be provided in your pre-op packet.

Here are a few guidelines about medications that you should and should not take before surgery.

If you're taking beta-blockers for high blood pressure, it's important that you continue to take this medication on the day of your surgery and in the period afterwards. Stopping beta blockers can cause a dangerous spike in your blood pressure and an elevation in your heart rate, which may lead to a heart attack or stroke.

Common beta-blocker medications include:

- Betapace (sotalol)
- Corgard (nadolol)
- Inderal (propranolol)
- Lopressor (metoprolol)
- Normodyne (labetalol)
- Tenormin (atenolol)
- Toprol (metoprolol)
- Trandate (labetalol)
- Zebeta (bisoprolol)

Likewise calcium channel blockers, another class of medication for high blood pressure, should also be taken as prescribed.

Common calcium channel medications include:

- Norvasc (amlodipine)
- Plendil (felodipine)
- DynaCirc (isradipine)
- Cardene (nicardipine)
- Procardia XL, Adalat (nifedipine)
- Cardizem, Dilacor, Tiazac, Diltia XL (diltiazem)
- Sular (Nisoldipine)
- Isoptin, Calan, Verelan, Covera-HS (verapamil)

If you are on medications for hypo (low) or hyper (high) thyroid disorders, epilepsy, or acid reflux those medications should be taken the day of surgery with a small sip of water.

If you routinely use asthma medications, you should use your inhaler on the day of surgery.



What medications should you stop taking before surgery?

Two classes of high blood pressure medication -- ACE Inhibitors and Angiotensin Receptor Blockers – should not be taken the day of your surgery. These medications might affect the control of your blood pressure while under general anesthesia.

Common medications in these classes include:

- Accupril (quinapril)
- Aceon (perindopril)
- Altrace (ramipril)
- Atacand (candesartan)
- Avapro (irbesartan)
- Benicar (olmesartan)
- Capoten (captopril)
- Cozaar (losartan)
- Diovan (valsartan)
- Exforge (amlodipine and valsartan)
- Lotensin (benazepril)
- Mavik (trandolapril)
- Miscardis (telmisartan)
- Monopril (fosinopril)
- Prinivil (lisinopril)
- Teveten (eprosartan)
- Univasc (moexipril)
- Vasotec (enalapril)
- Zestril (lisinopril)

Aspirin and Non-Steroidal Anti-Inflammatory Drug (NSAIDs) commonly used for pain relief, such as Ibuprofen (Advil) or Naprosyn, should be stopped a minimum of 7 days prior to surgery. These medications might cause increased blood loss during surgery.

Plavix, Coumadin, Eliquis, Pradaxa, Xarelto, and Aggrenox, which are commonly used to prevent blood clots, should be stopped as prescribed by your doctor.

Phentermine, Qsymia or Conclave, prescribed for weight loss, should be stopped at least 14 days before surgery due to its effects on blood pressure with general anesthesia.

Monoamine Oxidase (MAO) inhibitors, commonly used to treat depression, should be stopped at least 14 days before surgery. These medications can interact with commonly used anesthesia and pain medications and cause a stroke or heart attack.

All herbal and vitamin supplements should be stopped at least 7 days prior to surgery. Many of these supplements, although found over the counter, can increase your risk of bleeding, affect your blood pressure under anesthesia, or interfere with how your body processes the anesthetic agents.

This list is far from complete, so please ask if you have any questions regarding any medications that you are presently or considering taking.