



Preoperative Medication Management: Pathway & Guidance



What to **HOLD**, **CONTINUE**, or **ADJUST** before Surgery

HOLD
On Day of Surgery

- ACE inhibitors (ACE-I)**
- ARBs**
- Diuretics**
- Short-acting NSAIDs**
- Long-acting NSAIDs**
Hold 3 days prior
- COX-2 Inhibitors**
Hold 3 days prior
- MAO-I**
- Particulate antacids (Tums etc.)**
- Carafate**
- Appetite suppressants (phentermine etc.)**
Stop 7 days prior to surgery

CONTINUE — OKAY
TO TAKE AM/PM PRIOR

- Cardiac Meds**
Beta Blockers
Calcium channel blockers
Digoxin
Tikosyn
Hydralazine
Anti-anginals
Alpha-1 blockers
Flecainide
Midodrine
- Respiratory Meds**
Statins
Bronchodilators
Inhaled steroids
- Pain & CNS Meds**
Opioids & opioid antagonists
Calcium channel blockers
Digoxin
Tikosyn
Hydralazine
Anti-anginals
Alpha-1 blockers
Flecainide
Midodrine

SPECIAL GUIDANCE
(Anticoagulants & Diabetes Meds)

- Statins**
Bronchodilators
Inhaled steroids
- Opioid & opioid antagonists**
Opioids & opioid antagonists
Or per pain specialist
Lidocaine patch
Steroids
Thyroid hormone
Antidepressants
Lithium
Acetylcholinesterase inhibitors
Anticonvulsants
Stimulants/ADHD meds
Sleep aids (may take night prior)
Restless leg meds
- GI & Other Meds**
PPI
H2 blockers
Immunosuppressives (or per surgeon direction)
Estrogen patch

(C) Anticoagulant Guidance Table

Drug Name	Stop How Many Days Pre-Op	Special Notes
Eliquis	3 days	-
ASA	No restriction	-
Pletal	2 days	-
Plavix	5-7 days	-
Pradaxa	Adjust by CrCl	CrCl >50: 3 days CrCl 30-50: 4 days CrCl <30: 5 days
Lovenox	Therapeutic 24 hrs prior; 12 hrs if QDay or BID	-
Effient	7-10 days	-
Xarelto	3 days	-
Brilinta	5-7 days	-
Ticlid	3 days	-
Coumadin	5 days & normal INR	-

(D) Diabetes Meds Guidance Table

Drug/Class	When to Stop/Adjust	Notes
GLP-1 (oral/injectable)	Stop 7 days prior	Clear liquid diet for 24 hrs
SGLT-2	Stop 4 days prior	-
Insulin pump	Keep at usual rate	-
Oral diabetes meds	Take usual dose day prior	-
Rapid insulin	Take usual dose day prior	-
Intermediate (NPH, etc.)	Take half dose day prior	-
Long-acting (Lantus, etc.)	Take ¾ dose day prior	-

REMEMBER

- Always confirm with surgeon/anesthesiologist for exceptions.
- Adjust per organ function, clinical context, or specialist advice where indicated.
- Contact pain specialist for opioid/antagonist instructions if unclear.

