MEG Demo (Staff App) - MEG Demo - MEG Staff app: Pre-Op section

Notes

Content update approved by Perioperative Medicine Drugs & Therapeutics Subcommittee Chairperson September 2022 *Read in conjunction with Q-Pulse "Pre-Operative Fasting Times for Adult Surgery Guideline"*

Notes

- In the immediate pre-operative period, interruption to the patient's normal drug regimen can result in poor control of underlying disease.
- In general, medication should be continued and given on the morning of surgery.
- Some medication, if continued, may interact with anaesthesia or adversely affect the surgical procedure and should be held in advance of surgery.

Prescribed medications (including pre-medication) can be taken up until induction of anaesthesia with a small drink of water (less than 30 mL) EXCEPT IN THE FOLLOWING CIRCUMSTANCES:

- Do not administer if there are specific directions to hold one or many medications for a patient (e.g. "hold" beside drugs on the patient's drug chart or anaesthesiologist note on pre-assessment sheet);
- 2. Do not administer if the patient is **unable to swallow oral medication** (fasting for surgery is not in itself a reason to withhold medication): If the **drug belongs to the drug classes below- CHECK WHAT TO DO**. The table below is not exhaustive.
 - Where there is concern, refer the patient to the anaesthesiologist, surgeon or prescribing team for a decision on an individual basis.
 - Inform anaesthesiologist if any drug in the table below was given even though it should have been held.
- Some medications may be omitted prior to surgery as result of other protocols e.g. anticoagulants and oral hypoglycaemic agents. Refer to the
 appropriate protocols (for example within the Medicines Guide) and/or Consultant's notes.
- Unless otherwise requested by the Consultant, or specified below, analgesic drugs should not be omitted due to fasting.
- · Postoperatively, oral medications can be given as appropriate when free oral intake is established.

CARDIOVASCULAR SYSTEM & ANTICOAGULATION

the drug belongs to the drug classes	a below- CHECK W	HAT TO DO.		_		
Otherwise, if not in the table, prescribed i	medications (includin	g pre-medication) ca	n be taken up until induction of	anaesthe	ia with a	
mail drink of water (less than 30 mL) Generic exam	intes		Brand examples	Recomm	62/2020	
6	ARDIOVASCULAR	SYSTEM, ANTICO	AGULATION			
unticoagulants (Oral)		cique		Assess in		
				n advance	ad	
Jabigairan		Pradaxa		eurgery; usually held. Warfarin may		
citoraban		Lixana				
Nväroxaban		Kanelto		require bridging, however DOACs do		
Wartann		Wartant	tant hot. Refe		10	
Antiplateires		thepter.1		thepter 11		
knopraneners Kapirin		NU-Sears Aspirin		Aspen 75		
-separati -separative -separative -separative		Nuprin		usually continued. Kasesa individually n advance of surgery: refer to, state thepter 2. For dipyridamole		
		Manix				
		reisantin, Asasante	Resard			
		client				
and the second se				discuss wi	th	
icagrelor		Britique prescribir porsultar				
CE Inhibitors						
Captopri		Capoten, Capozide,	Capito-Co			
naspri		nnovace, innozide		1		
osnopri				1		
mdipril		Lanatri Cestrii, Zestoretic, C	arace Pha. Acervoal	Hold on m surgery	oming of	-
renndopni		Coversyl, Coversyl F	103	- Serv		
Gampni		Kamio, Tritace, Tria	pen	1		
Inandolapril Angiotensin II Antagoniats (and comb	ination with new 20	Gopten, Odrik, Tarki ain inhibitori)		1		
uzisartan	edarbi			-		
Candesarban	Alacand, Alacand P Tewsten, Tewsten Pl					
sprosartan Ibesartan	Aprovel, CoAprovel	105			Hold on	
coartan	Cozair, Cozair-Cor	np			morning	
3mesartan emisartan	Benetor, Omesar, S Micardis, Micardis P	evikar, Konverge			of surgery	
emisartan asartan	Drovan, Co-Drovan,	lus, Twynsta Extorge, Extorge HG	1			
arsartar/Sacubini	Entresio					
term inhibitors	HASSET HOLET PL				100100	
	NA, PARAME PIC				morning	
					of surgery	
Seta-Bisckers	Decra					
amaia	Atecor, Asecor C1					
sopraia	Braccor, Bracp	Silocor, Biaop				
Jarvechol	Eucardic				Continue	
aberaro	Translass				bn .	
Metoprotot	Setaloc, Metocor Corgard				morning bf surgery	
WENDIN	Nebliet, Nebliet Plus				or surgery	
nooror	Visken					
repranelel	inderal, Beta-Progra Sotacor, Sotoger	ne				
Calcium Channel Blockers	polaco, oologe					
Amlodipine	Arrilode, Islan			_		
relodipine	Plands Lecsipin, Zanidip				Continue	
ercenspille Wedpine	Adalat Relatid, Adal	2 LA			en .	
amodipine	Nimotop			_	morning of surgery	
Miszem	Adizem SH, Adizem Isopan, Verap	XL, Dilzem SR, Dila	am XL			
oop and Thiazide Diuretics		_				
endrollumethiazide	Centyl, Centyl K					
Sumetanide Zhorbeidone	Butnex Hygroton, Kalspare,	Alleor CT		_		
urcsemede	Lasox				Continue . on	
fvdrochiorthiazide					morning	
	Natritix, Icorvida SR			of surgery		
ndapamide Netotazone	Natrilo, Icorvida SR		Torem			
ndapamide Netolazone orscierrede	Ionem					
dapemide fetotazona orsdemide iparrese	Natrilo, Icorvida SR Tonam orunexan					
dipamde etotazone orisarrese ipanise otazzrum Spaning Drunetics miscrice	Ionem	custs, revispare				
pierencee	Torem oranisan Framit, Mosuret, Mo					
ensoride	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione				
pierencee	Forem promits Moduret, Mo rispita Polacione, Audacion		12234		Mata on morning	
челастоя срататиста оритополастота годителята	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione	1259			
pierencee	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione	2000		morning	
челастоя срататиста оритополастота годителята	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione	1230		morning of surgery note for s	
челастоя срататиста оритополастота годителята	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione	22201		morning of surgery Hold for 5	
enertea generation generation narroene verpfinalar vasiodateor 	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione	pononue and morm anaeathe		morning of surgery fails for 5 days pre-surgery	
enternak gastratiktik martaliene Menghtertal Vasiotstator econazos	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione	Continue and inform anaeathe Potential for bradycardia unres		morning of surgery fails for 5 days pre-surgery	
enertea generation generation narroene verpfinalar vasiodateor 	Forem promits Moduret, Mo rispita Polacione, Audacion	, Lastacione	pononue and morm anaeathe	iponsive to d decrease	morning of surgery note for 5 days pre-surgery atropine,	

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DIABETES

If the drug belongs to the drug class			
	d medications (including pre-medication) can	be taken up until induction of anaesthes	a with a small drink of water
(less than 30 mL)	c examples	Brand examples	Recommendation
Generi	DIABETES	bianu examples	Recommendation
Insulins	DIADETES		
	2 of the Cuide, or Adult Disbates Chart		
Sodium-Glucose Co-Transporter 2 In	2 of the Guide, or Adult Diabetes Chart		
Canagliflozin	Invokana, Vokanamet		Hold for 72
Canaginiozin			hours prior
			to surgery.
Dapagliflozin	Forxiga, Xigduo, Qtern		See <u>sectio</u>
			6.1.2 of the
Empagliflozin	Jardiance, Synjardy, Gly	kambi	Guide, or
			Adult
Ertugliflozin	Steglatro, Stegluromet, S	iteglujan	Diabetes
			Chart
Other Hypoglycaemic Agents			
Acarbose	Glucobay		
Alogliptin	Vipidia, Vipdomet		
Dulaglutide	Trulicity		
Exenatide	Byetta, Bydureon		
Glibenclamide	Daonil		
Gliclazide	Diamicron		
Glimepiride	Amaryl		Hold all oral
Glipizide	Minodiab		hypoglycaemic
Linagliptin	Trajenta, Jentadueto		and non-insuli
Liraglutide	Victoza, Saxenda		injections on morning of
Lixisenatide	Lyxumia		surgery.
Metformin	Glucophage, combination	n products	See <u>section</u> 6.1.2 of the
Nateglinide	Starlix		Guide, or Adul
Pioglitazone	Actos, Competact		Diabetes Char
Repaglinide	Prandin, Novonorm		
Saxagliptin	Onglyza, Komboglyze		
Semaglutide	Ozempic		
Sitagliptin	Januvia, Janumet		
Tolbutamide	Galvus		
Vildagliptin	Eucreas		

CENTRAL NERVOUS SYSTEM



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IMMUNE SYSTEM

Otherwise, if not in the table, presc (less than 30 mL)	ribed medica	ations (including pre-medication) can be taken up until induction	n of anaesthesia with a small drink of water	
mmunocupproceante		IMMUNE SYSTEM		
Immunosuppressants Generic examples		Brand examples	Recommendation	
DMARDs i.e.				
Azathioprine		Imuran	Continue	
Cyclosporin		Neoral, Sandimmun	If surgeon or prescribing team are concerned RE risk of infection	
Hydroxychloroquine		Plaquenil	(implants involved etc), depending	
			on the indication,	
Mycophenolate		Cellcept, Mycolat	it may be stopped 1 week prior to	
Sulfasalazine		Salazopyrin	operation. (Do not stop in	
			transplant patients)	
Leflunomide		Arava	Advice as per DMARDs above, but if stopping, stop 2 weeks prior to operation.	
Methotrexate			Advice as per DMARDs above.	
and the set of the set			Continue, but not on morning of surgery. If the weekly dose will therefore be missed, it can be given 24-48 hours postoperatively (48 hours if contrast involved) once renal function is normal.	
			Give the dose on the usual day the following week.	
Cytokine modulators		l		
Biologic agents		Stop prior to surgery and schedule surgery at the end of the d		
		Resume medications a minimum 14 days after surgery in the absence of wound healing problems, surgical site infection or systemic infection. Check with patient for their individual dosing interval (general dosing intervals below).		
		For non-rheumatology patients on immunomodulators undergoing surgery, discuss with prescribing team prior to holding or restarting post-surgery.		
Abatacept		Orencia	Dosing Interval Weekly (SC) or monthly (IV)	
Adalimumab		Humira, Amgevita, Hulio, Idacio, Imraldi	Weekly or every 2 weeks	
Anakinra		Kineret	Daily	
Certolizumab pegol		Cimzia	Every 2 or 4 weeks	
Etanercept		Enbrel, Benepali	Weekly or twice weekly	
Golimumab		Simponi	Every 4 weeks	
Infliximab		Remsima	Every 4, 6 or 8 weeks	
Rituximab		MabThera	Every 4-6 months	
Secukinumab		Cosentyx	Every 4 weeks	
locilizumab		RoActemra	Weekly (SC) or every 4 weeks (IV)	
Ustekinumab		Stelara	Every 12 weeks	
Vedolizumab		Entyvio	Every 2 weeks (SC) or every 4 or 8	
			weeks (IV)	
this. Surgery can be scheduled an infection.		weeks takes his treatment as usual on 1st June and was due f Oth June onwards. He restarts treatment 14 days after surgery		
Janus Kinase Inhibitors		Diumiont		
Baricitinib		Olumiant	Withhold for 3 days prior to surgery.	
Filgotinib		Uyseleca	Resume medications a minimum 14 days after surgery in the absence of wound healing	
<u>Totacitinib</u>		Xeljanz	problems, surgical site infection or systemic infection.For non-rheumatology patients on	
Upadacitinib		Rinvoq	immunomodulators undergoing surgery, discuss with prescribing team prior to holding or restarting	
	soniv		post-surgery.	
Corticosteroids (Systemic outer				
Corticosteroids (Systemic oute: Betamethasone Budesonide	Betnesol	ortimet		
		ortimet	Continue oral steroids	
Betamethasone Budesonide Deflazacort	Betnesol Entocort, C	ortimet	Continue oral steroids	
Betamethasone Budesonide Detlazacort Dexamethasone	Betnesol Entocort, C	ortimet	Continue oral steroids preoperatively as normal (additional IV hydrocortisone may	
Setamethasone Budesonide Deflazacort Dexamethasone Fludrocortisone	Betnesol Entocort, C Calcort Florinet	ortimet Solu-Cortet	preoperatively as normal	
Betamethasone Budesonide Deflazacort Dexamethasone Fludrocortisone Hydrocortisone	Betnesol Entocort, C Calcort Florinet Efcortesol,		preoperatively as normal (additional IV hydrocortisone may also be indicated on induction of anaesthesia:	
Betamethasone Budesonide	Betnesol Entocort, C Calcort Florinet Efcortesol,	Solu-Corter	preoperatively as normal (additional IV hydrocortisone may also be indicated on induction of	
Betamethasone Budesonide Deflazacort Dexamethasone Fludrocortisone Flydrocortisone Methylprednisolone	Betnesol Entocort, C Calcort Florinet Efcortesol, Solu-Medro	Solu-Cortet ne, Depo-Medrone	preoperatively as normal (additional IV hydrocortisone may also be indicated on induction of anaesthesia:	

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OTHER DRUG CLASSES

If the drug belongs to the drug class Otherwise, if not in the table, prescribe			ion of anaesthesia with a small drink of water
(less than 30 mL)		ER DRUG CLASSES	
	Ŭ		For Major Surgery >45 minutes
			with high thrombosis risk or prolonged immobilisation:
			Hold HRT, OCP for 4 weeks pre-operatively
			For minor surgery <45 minutes with:
			- No other VTE risk factors – Continue HRT, OCP
HRT and oral contraceptives			- Other VTE risk factors (see
			section 11.1)- continue HRT, but
			hold OCP for 4 weeks
			pre-operatively
			See <u>sections 9.5</u> and <u>9.6</u> for more details
			Note: Progesterone-only methods
			can be continued perioperatively
			Note: Transdermal HRT can be
			continued perioperatively
			Consider stopping 4-6 weeks
			before surgery where prolonged
Tibolone	Livial		immobilisation is likely.
			If continuing, oncurs adoquate
			If continuing, ensure adequate thromboprophylaxis.
			Therapeutic doses > 5 mg:
			Consider stopping 4-6 weeks
Norethisterone	Primol	N	before surgery where prolonged
			immobilisation is likely.
			If continuing, ensure adequate
			thromboprophylaxis.
			For breast cancer, continue with
Tamoxifen	Nolvac	-D, Tamox	thromboprophylaxis.
		,	For other indications, hold for 6
			weeks pre-operatively
Raloxifene			Hold for 72 hours pre-operatively
Herbal medicines and supplements			Hold for two weeks pre-operatively
Strontium			Hold for two weeks pre-operatively
Bisphosphonates			Withhold on morning of surgery
			(requires swallowing with full glass of water)
Pentosan polysulfate sodium	Elmiro		Possesses mild anticoagulant
			activity.
			For high rick and
			For high-risk and intermediate-risk spinal
			procedures: Hold for 5 days
			pre-operatively. Can be resumed
			24 hours after the procedure.
Anion exchange resins			
Colesevelam	Cholestagel		
Colestipol	Colestid		Hold for 24 hours before surgery
olestyramine Questran			

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Last reviewed September 2022 (JM). checked COD. Minor update: 01/12/2022 JM. Checked COD 01/12/2022.

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