Considerations For Medications Discontinued Pre-Operatively		Medications that do not contribute to the medical homeostasis of the patient should be discontinued in preparation for surgey
DRUG TYPE	DRUG/DRUG CLASS	CONSIDERATIONS
Anticoagulant/Antiplatelet	Aggrenox	Stop at least seven days before surgery
	Aspirin	Stop at least five days before surgery
	Cilostazol	Stop three days before surgery
	Dabigatran	Stop two days before surgery (CrCl >/= 50 mL/min.) Stop five days before surgery (CrCl < 50 mL/min.)
	Plavix	Stop at least five days before surgery – may need to hold elective procedures off for at least six months after stent
	Ticlopidine	Stop at least five days before surgery
	VKA (warfarin)	Stop at least five days before surgery.
Cardiovascular	ACEI/ARB	Hold morning of surgery/suspend for 1 dosage interval before surgery. If drug already taken, watch blood pressure closely at induction.
Diabetes	Oral agents	Hold morning of surgery/while nothing by mouth
	Metformin	Hold at least 24 hours before surgery to prevent lactic acidosis
Endocrine	Hormone therapy (estrogen)	Stop four weeks before surgery if able If unable to stop, ensure adequate venous thromboembolism prophylaxis perioperatively Weigh risk of symptoms/unwanted pregnancy vs. risk for developing clot.
Herbals	All types	Stop at least one week before surgery. Many prolong bleeding time/increase blood pressure. Inadvertent omega-3 administration day of surgery is not a contraindication to surgery.
NSAID	Non-COX selective	Short-acting (ibuprofen, indomethacin, etc.) – stop one day before surgery. Long-acting (naproxen, sulindac, etc.) – stop three days before surgery.
Osteoporosis	Raloxifene	Stop at least one week before high risk venous thromboembolism procedures.
	Alendronate	Stop perioperatively due to difficult administration during hospitalization.

Considerations For Medications Continued Pre-Operatively		"Medications contributing to the patient's current state of homeostasis should be continued."
DRUG TYPE	DRUG/DRUG CLASS	CONSIDERATIONS
Cardiovascular	Beta-blockers	Continue if patient has been taking Consider initiating if patient has high CV risk (ACC/AHA guideline)
	Clonidine	Continue – utilize patch formulation if anticipate extended NPO status
	Calcium channel blockers	Continue pre-operatively (Consider holding if left ventricular dysfunction)
	Statins	Continue if patient taking chronically Consider initiating if patient has high CV risk (ACC/AHA guideline)
	Anti-arrhythmics	Continue preoperatively
Diabetes	Insulin	Decrease basal/long acting insulin by up to 50% Cover with sliding scale, short-acting insulin
Endocrine	Thyroid replacement	Continue preoperatively
	Corticosteroid therapy	Continue – add stress dosing if > 5 mg prednisone per day (or equivalent) in six months prior to surgery, or on chronic therapy
HIV	All types	Continue – if necessary to discontinue, re-initiate all medication at the same time
Neuro/Psych	All types	Continue pre-operatively; With exception of MAO Inhibitors. (Consult with Anesthesia)
Osteoporosis	Tamoxifen	May increase risk of deep vein thrombosis – Discuss with oncologist before decided to stop medication preoperatively
Rheumatology	All types	Continue –per-operatively. Anecdotal evidence of increased wound infections/delayed healing.