

PERIOPERATIVE MEDICATION GUIDELINES – 2025

ANTIHYPERTENSIVES			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Angiotensin Converting Enzyme (ACE) Inhibitors	Benazepril / amlodipine (Lotrel) Benazepril (Lotensin) Benazepril / HCTZ (Lotensin HCT) Captopril (Capoten) Captopril / HCTZ (Capozide) Enalapril (Vasotec) Enalapril / HCTZ (Vaseretic) Fosinopril (Monopril) Fosinopril / HCTZ (Monopril HCT) Lisinopril (Prinivil, Zestril) Lisinopril / HCTZ (Prinzide or Zestoretic) Moexipril (Univasc) Moexipril / HCTZ (Uniretic) Perindopril (Aceon) Quinapril (Accupril) Quinapril / HCTZ (Accuretic) Ramipril (Altace) Trandolapril (Mavik) Trandolapril/verapamil (Tarka)	HOLD Day of Surgery (Do NOT hold day of surgery for cataract patients)	Potential Hypotension intraop risk
Angiotensin Receptor Blockers (ARB)	Azilsartan (Edarbi) Candesartan (Atacand) Candesartan/HCTZ (Atacand HCT) Eprosartan (Teveten) Eprosartan/HCTZ (Teveten HCT) Irbesartan (Avapro) Irbesartan / HCTZ (Avalide) Losartan (Cozaar) Losartan / HCTZ (Hyzaar) Olmesartan (Benicar) Olmesartan / HCTZ (Benicar HCT) Telmisartan (Micardis) Telmisartan/HCTZ (Micardis HCT) Valsartan (Diovan) Valsartan / HCTZ (Diovan HCT)	HOLD Day of Surgery (Do NOT hold day of surgery for cataract patients)	Potential Hypotension intraop risk

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DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Beta Blockers	Acebutolol (Sectral) Atenolol (Tenormin) Betaxolol (Kerlone) Bisoprolol (Zebeta) Carvedilol (Coreg) Metoprolol (Lopressor, Toprol XL) Nadolol (Corgard) Nebivolol (Bystolic) Penbutolol (Levatol) Pindolol (Visken) Propranolol (Inderal) Sotalol (Betapace)	Do NOT hold prior to surgery	Withdrawal/rebound effects if held
Calcium Channel Blockers	Amlodipine (Norvasc) Clevidipine (Cleviprex) Diltiazem (Cardizem) Felodipine (Plendil) Isradipine (Dynacirc) Nicardipine (Cardene) Nifedipine (Procardia, Adalat) Nimodipine (Nimotop) Verapamil (Calan, Covera-HS, Verelan)	Do NOT hold prior to surgery	
Clonidine	Clonidine (Catapres)	Do NOT hold prior to surgery	Withdrawal/ rebound effects if held
Digoxin	Digoxin (Lanoxin)	Do NOT hold prior to surgery	

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DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Diuretic	Acetazolamide (Diamox) Amiloride Amiloride/Hydrochlorothiazide (Moduretic) Bendroflumethiazide Bumetanide (Bumex) Chlorothiazide (Diuril) Chlorthalidone (Thalitone) Eplerenone (Inspra) Ethacrynic acid (Edecrin) Furosemide (Lasix) Hydrochlorothiazide (Microzide, Esidrix) Indapamide (Lozol) Metolazone (Zaroxolyn) Methazolamide Methyclothiazide Metolazone (Zaroxoxlyn) Spironolactone (Aldactone) Spironolactone/Hydrochlorothiazide (Aldactazide) Torsemide (Demadex) Triamterene (Dyrenium) Triamterene / HCTZ (Dyazide , Maxzide)	HOLD day of surgery	Increases the risk of hypokalemia / hypovolemia
Statins	Atorvastatin (Lipitor) Fluvastatin (Lescol) Lovastatin (Mevacor) Pitavastatin (Livalo) Pravastatin (Pravachol) Rosuvastatin (Crestor) Simvastatin (Zocor)	Do NOT hold prior to surgery	

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RESPIRATORY MEDICATIONS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Bronchodilators	Albuterol (ProAir, Proventil, Ventolin) Albuterol/Ipratropium (Duoneb , Combivent) Formoterol/Budesonide (Symbicort) Formoterol/Mometasone (Dulera) Ipratropium (Atrovent) Levalbuterol (Xopenex) Salmeterol (Serevent) Salmeterol/Fluticasone (Advair)	Use on day of surgery	
Inhaled Steroids	Beclomethasone (QVAR) Flunisolide (AeroBid) Fluticasone (Flovent) Mometasone (Asmanex) Triamcinolone (Asmacort)	Use on day of surgery	
ANTICOAGULANTS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Direct Thrombin Inhibitors	Dabigatran (Pradaxa)	Do not discontinue without consulting prescribing physician	Increased risk of bleeding complications. No spinal or epidural within seven days of last dose.
Factor XA Inhibitor	Fondaparinux (Arixtra) Apixaban (Eliquis) Rivaroxaban (Xarelto)	Do not discontinue without consulting prescribing physician	Increased risk of bleeding complications.
Heparin SQ	Heparin SQ	At least 4 hours prior to surgery	Increased risk of bleeding complications.

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Low molecular weight heparin	Dalteparin (Fragmin) Enoxaparin (Lovenox)	24 hrs prior to surgery if on full anticoagulant dose (1 mg/kg), 12 hrs prior to surgery if on DVT prophylaxis dose (0.5 mg/kg)	Increased risk of bleeding; No spinal or epidural within 12 hrs of prophylaxis dose (0.5 mg/kg) and 24 hrs of therapeutic dose (1 mg/kg)
Warfarin	Warfarin (Coumadin)	Do not discontinue without consulting prescribing physician	Increased bleeding risk.
DRUGS CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Aspirin (and Aspirin- containing drugs	Aspirin Aspirin/acetaminophen/caffeine (Excedrin) Aspirin/butalbital/caffeine (Fiorinal) Aspirin/carisoprodol (Soma Compound) Aspirin/carisoprodol/codeine (Soma compound w/ codeine) Aspirin/dipyridamole (Aggrenox) Aspirin/orphenadrine/caffeine (Norgesic) Aspirin/oxycodone (Percodan)	If no history of CAD or stroke: Discontinue 5-10 days prior to surgery, especially for ophthalmologic and neurosurgical procedures. Patients with hx of CAD or stroke: Continue Aspirin, including day of surgery if at all possible. Need to consult with surgeon if neuro/ spine/ ophthalmologic surgery.	Increased risk of bleeding complications

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Anti-Platelet Drugs	<p>Clopidogrel (Plavix)</p> <p>Prasugrel (Effient)</p> <p>Ticagrelor (Brilinta)</p> <p>Ticlopidine (Ticlid)</p> <p>Cilostazol (Pletal)</p> <p>Dipyridamole (Persantine)</p> <p>Diiipridamole/Aspirin (Aggrenox)</p>	<p>Do NOT discontinue without explicit instructions from prescribing physician!</p> <p>Must be documented by prescribing physician on form N-372 (Request for Preoperative Cardiac Evaluation)</p> <p>HOLD 4 days preop</p> <p>HOLD 2 days preop</p> <p>HOLD 7 days preop</p>	<p>Increased risk of bleeding complications</p>
Short-acting NSAIDs	<p>Diclofenac (Cataflam, Voltaren)</p> <p>Etodolac (Lodine)</p> <p>Fenoprofen (Nalfon)</p> <p>Flurbiprofen (Ansaid)</p> <p>Ibuprofen (Advil, Motrin)</p> <p>Ibuprofen/Hydrocodone (Vicoprofen)</p> <p>Ibuprofen/Oxycodone (Combunox)</p> <p>Indomethacin (Indocin) ketoprofen (Orudis KT, Oruvail) ketorolac (Toradol)</p> <p>Meclofenamate (Meclomen)</p> <p>Mefenamic Acid (Ponstel)</p> <p>Tolmetin (Tolectin)</p>	<p>HOLD day prior to surgery</p>	<p>Increased risk for bleeding and renal complications</p>

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DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Long-acting NSAIDs	Diflunisal (Dolobid) Etodolac (Lodine XL) Meloxicam (Mobic) Nabumetone (Relafen) Naproxen (Aleve, Anaprox, Naprosyn) Oxaprozin (Daypro) Piroxicam (Feldene) Sulindac (Clinoril)	At least 3 days prior to surgery	Increased risk for renal, thrombo-embolic complications
Cox-2 Inhibitors	Celecoxib (Celebrex) Nabumetone (Relafen)	At least 3 days prior to surgery	Increased risk for renal, thrombo-embolic complications
OPIOID PAIN MEDICATIONS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Long-Acting Opioids	Fentanyl Patch (Duragesic) Hydromorphone SR (Exalgo) Methadone (Dolophine) Morphine SR (MS Contin , Kadian , Avinza) Morphine SR/Naltrexone (Embeda) Oxycodone SR (Oxycontin) Oxymorphone (Opana ER)	Do NOT hold prior to surgery	Discontinuation may result in opioid withdrawal and difficulty with postoperative pain control.

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DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Short-Acting Opioids	Hydrocodone Hydrocodone/Acetaminophen (Hycet , Lorcet , Lortab , Norco , Vicodin , Zydone) Hydrocodone/Ibuprofen (Vicoprofen) Hydromorphone (Dilaudid) Hydromorphone ER (Exalgo) Morphine Oxycodone (Roxicodone) Oxycodone/Acetaminophen (Percocet , Endocet , Roxicet) Oxycodone/Aspirin (Percodan , Endodan) Propoxyphene/Acetaminophen (Darvocet) Propoxyphene/Aspirin (Darvon) Tapentadol (Nucynta)	Do NOT hold prior to surgery Switch patient from Aspirin and Ibuprofen containing drugs one week preop.	Discontinuation may result in opioid withdrawal and difficulty with postoperative pain control.
Opioid Agonist/ Antagonists	Buprenorphine/Naloxone (Suboxone) Buprenorphine patch (Butrans) Naltrexone (Vivitrol, ReVia, Depade)	Should be transitioned to alternative medication 1-2 weeks prior to elective surgery by the prescribing physician.	May cause difficulty with postoperative pain control, high opioid requirements.
Topical local Anesthetic	Lidocaine patch	Continue	
Skeletal Muscle Relaxant	Carisoprodol Soma Metaxalone (Skelaxin)	Continue	
STEROID AND IMMUNE MEDICATIONS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Steroids	Prednisone Methylprednisolone (Medrol)	Do NOT hold prior to surgery	Adrenal insufficiency

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THYROID MEDICATIONS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Thyroid hormone	Levothyroxine (Synthroid , Levoxyl) Dessicated thyroid (Armour Thyroid)	Do NOT hold prior to surgery	
DIABETES MEDICATIONS			
DRUG LASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Short-Acting Insulin	Regular Insulin (Humulin, Novolin) Insulin Aspart (Novolog) Insulin Glulisine (Apidra) Insulin Lispro (Humalog)	Hold day of surgery – unless otherwise specified by prescriber	
Intermediate- Acting Insulin	Insulin NPH (Humulin N, Novolin N) Humulin 70/30 Humalog 50/50 Humalog 75/25 Novolin 70/30 Novolog 70/30		
Long-Acting Insulin	Insulin Glargine (Lantus, Toujeo) Insulin Detemir (Levimir) Insulin Degludec (Tresiba)	Take ½ dose of long acting night prior – unless otherwise specified by prescriber	
Non-Insulin Injections	Linagliptin (Tradjenta) Pramlintide (Symlin)	Per regimen unless otherwise specified by prescriber	
Oral Diabetic Drugs	Alogliptin (Nesina) Alogliptin/Pioglitazone (Oseni) Linagliptin (Tradjenta) Metformin Pioglitazone (Actos) Rosiglitazone (Avandia) Saxagliptin (Onglyza) Saxagliptin/Metformin ER (Kombiglyze XR) Sitagliptin (Januvia) Sitagliptin/Metformin ER (Janumet)	Hold day of surgery – unless otherwise specified by prescriber	

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COMMON GLP-1/GIP AGONISTS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
GLP1 Agonists	Dulaglutide (Trulicity) – SQ weekly	Hold 7 Days prior to surgery	Mild to moderate: <ul style="list-style-type: none"> • Nausea, vomiting, diarrhea • Hypoglycemia • Risk of regurgitation and pulmonary aspiration
	Exenatide (Byetta, Bydurereon) – SQ weekly	Hold 7 Days prior to surgery	<ul style="list-style-type: none"> • Same as above
	Liraglutide (Saxenda, Victoza) – SQ weekly	Hold 7 Days prior to surgery	<ul style="list-style-type: none"> • Same as above
	Lixisenatide (Adlyxin) – SQ weekly	Hold 7 Days prior to surgery	<ul style="list-style-type: none"> • Same as above
	Semaglutide (Wegovy, Ozempic) – SQ weekly	Hold 7 Days prior to surgery	<ul style="list-style-type: none"> • Same as above
	Semaglutide (Rybelsus) - Oral daily	Hold the Day of surgery	<ul style="list-style-type: none"> • Same as above
GLP1/GIP Agonist	Tirzepatide (Mounjaro) – SQ weekly	Hold 7 Days prior to surgery	<ul style="list-style-type: none"> • Same as above

Special Considerations:

- Patients prepared per ERAS instructions: no ensure and/or Gatorade on day of surgery
- These suggestions are irrespective of the indication (type 2 diabetes mellitus or weight loss), dose or the type of procedure/surgery.
- If GLP-1 agonists, prescribed for diabetic management, are held for longer than the dosing schedule, consider consulting an endocrinologist for bridging the antidiabetic therapy to avoid hyperglycemia.

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CNS AGENTS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Benzodiazepines	Alprazolam (Xanax) Chlordiazepoxide (Librium) Diazepam (Valium)	Do NOT hold prior to surgery	Risk of withdrawal if stopped abruptly; potential for additive effects
Antidepressants - Monoamine Oxidase (MAO) Inhibitors	Isocarboxazid (Marplan) Phenelzine (Nardil) Tranylcypromine (Parnate) Rasagiline (Azilect) Selegiline patch (Emsam)	Taper off 2 weeks prior to surgery if possible OK to continue Discontinue at least 10 days prior to surgery if possible	Drug interactions (e.g., ephedrine, meperidine, methadone, tramadol), which could cause a hypertensive crisis.
Antidepressants – SSRIs and SNRIs	Citalopram (Celexa) Duloxetine (Cymbalta) Escitalopram (Lexapro) Fluoxetine (Prozac) Fluvoxamine (Luvox) Paroxetine (Paxil) Sertraline (Zoloft) Strattera (Atomoxetine) Desvenlafaxine (Pristiq, Khedezla)	Do NOT hold prior to surgery	Risk of withdrawal if stopped abruptly

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DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Antidepressants - Other	Amitriptyline (Elavil) Bupropion (Wellbutrin) Desipramine (Norpramin) Doxepin (Sinequan) Imipramine (Tofranil) Mirtazapine (Remeron) Nefazodone (Serzone) Nortriptyline (Pamelor) Trazodone (Desyrel)	Do NOT hold prior to surgery	Risk of withdrawal if stopped abruptly
Lithium	Lithium (Eskalith , Lithonate)	Do NOT hold prior to surgery	
Acetyl- cholinesterase Inhibitors (for Alzheimer’s)	Donazepil (Aricept) Galantamine (Razadyne) Rivastigmine (Exelon) Tacrine (Cognex)	Do NOT hold prior to surgery	
Anticonvulsants	Carbamazepine (Tegretol) Clonazepam (Klonopin) Felbamate (Felbatol) Gabapentin (Neurontin) Levetiracetam (Keppra) Lamotrigine (Lamictal) Oxcarbazepine (Trileptal) Phenytoin (Dilantin) Pregabalin (Lyrica) Primidone (Mysoline) Tiagabine (Gabitril) Topiramate (Topamax) Valproic Acid (Depakote) Zonisamide (Zonegran)		

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DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
ADHD Drugs (Stimulants)	Dextroamphetamine (Adderall) Lisdexamfetamine (Vyvanse) Dexmethylphenidate (Focalin) Methylphenidate (Ritalin , Metadate , Concerta , Daytrana patch)	Do NOT hold prior to surgery	No documented interaction with anesthesia medications
ADHD Drugs (non-stimulant)	Guanfacine (Intuniv)	Do NOT hold prior to surgery	Risk of rebound hypertension if withheld.
Sleep Aids	Zolpidem (Ambien) Eszopiclone (Lunesta)	May take night before surgery	
Restless legs	Ropinirole (Requip) Pramipexole (Mirapex)	Continue	
REFLUX MEDICATIONS			
DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Proton Pump Inhibitors	Esomeprazole (Nexium) Lansoprazole (Prevacid) Omeprazole (Prilosec) Pantoprazole (Protonix) Rabeprazole (Aciphex)	Do NOT hold prior to surgery	Reflux prevention
Histamine H2 blockers	Cimetidine (Tagamet) Famotidine (Pepcid) Nizatidine (Axid) Ranitidine (Zantac)	Do NOT hold prior to surgery	Reflux prevention
Particulate Antacids	Gaviscon Maalox	HOLD day of surgery	Risk of particulate aspiration

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DRUG CLASS	DRUGS IN CLASS	WHEN TO HOLD	REASON
Appetite Suppressant (Diet Drug)	Phentermine (Adipex, Suprenza) Phentermine / Topiramate (Qsymia)	Discontinue at least 7 days preop	Risk of hypotension that is unresponsive to treatment.
Other Medical patches	Estrogen patch Nicotine patch	Continue	
Herbal Supplements	See List	Discontinue at least one week preop	Risk of bleeding, blood pressure problems, slow awakening from anesthesia, etc.

Herbals and Dietary Supplements with the Potential to Increase Bleeding

<p>Agrimony Andrographis Angelica Anise Arnica Asafoetida Aspen Bilberry Black Haw Bladder Wrack (Fucus) Bogbean Boldo Borage Bromelain Buchu Burdock Capsicum Carrageenan Celery Chamomile (German and Roman) Chinese prickly ash Cinchona Clove Cod liver oil Coltsfoot Danshen Deertongue DHA (docosaheanoic acid) Dong quai EPA (eicosapentaenoic acid) Epimedium Evening primrose oil Evodia</p>	<p>Fenugreek Feverfew Fish oil Flaxseed Forskolin Forsythia Garlic Gamma linolenic acid German Sarsaparilla Ginger Ginkgo Biloba Ginseng (Panax, Siberian) Green tea Guggul Holy basil Honeysuckle Horse Chestnut Horseradish Inositol Nicotinate Japanese apricot Jiaogulan Krill Oil Kudzu Licorice Meadowsweet Melatonin Methoxylated flavones Nattokinase Onion Palm oil Pantethine Passion Flower Pau d'Arco</p>	<p>Peony Policosanol Poplar Prickly Ash (Northern) Quassia Red Clover Resveratrol Safflower Saw palmetto Sea buckthorn Selenium Senega Serrapeptase Swallowroot Sweet Clover Sweet Vernal grass Sweet Woodruff Tamarind Tiratricol Tonka Beans Turmeric Vanadium Vinpocetine Vitamin E Wild Carrot Wild Lettuce Willow Bark Wintergreen Yarrow</p>
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It is recommended that patients discontinue herbal supplements at least one week prior to surgery.