

Drug Type	Comment	Preoperative Management	Postoperative Management
Cardiac			
β-blockers	Abrupt discontinuation can increase risk of MI	With a sip of water a few hours before operation	Parenteral agent until taking p.o.
Atrial antiarrhythmics		With a sip of water a few hours before operation	IV β-blockers, diltiazem or digoxin until p.o. intake resumed
Ventricular antiarrhythmics	Monitor Mg, K, and Ca levels perioperatively	With a sip of water a few hours before operation	Parenteral amiodarone or procainamide
Nitrates	Transdermal (paste, patch) may be poorly absorbed intraoperatively	With a sip of water a few hours before operation	Intravenous (most reliable) or transdermal until p.o. intake resumed
Antihypertensives	Abrupt discontinuation of clonidine can cause rebound hypertension	With a sip of water a few hours before operation	Parenteral antihypertensives; if on clonidine, consider clonidine patch or alternative antihypertensive agents
Pulmonary			
Inhalers		No modification necessary	Can use nebulized or metered dose inhalers
Leukotriene inhibitors		With a sip of water a few hours before operation	
Diabetes			
Insulin	5% dextrose solutions should be given intravenously intra- and postoperatively in patients receiving insulin	½ dose usual long-acting agent at the usual time preoperatively	SSI until p.o. intake back to baseline
Oral agents (except metformin)		Hold AM of operation	SSI until p.o. intake back to baseline
Metformin	Can produce lactic acidosis, particularly in the setting of renal dysfunction or with administration of IV radiographic contrast agents	Hold for at least 1 day preoperatively	Monitor renal function closely. Resume metformin when renal function normalizes, usually 2–3 days postoperatively. SSI until then.
Antiplatelet agents/anticoagulants			
Aspirin, clopidogrel, ticlopidine		D/C 7 days preoperatively	Resume when diet resumed
Warfarin		Hold until INR normalizes, usually 3–5 days. If anticoagulation critical, maintain anticoagulation with heparin	Resume when diet resumed
Heparin		Discontinue 4 hr preoperatively	Resume 6–12 hr postoperatively, provided no increased risk of hemorrhage thought to exist
Osteoporosis agents			
SERMs	Associated with increased risk of DVT	Hold 1 week preoperatively for procedures with moderate to high risk DVT	
HIV agents			
		With a sip of water a few hours before operation	Resume when taking p.o.
Neurologic			
Antiparkinson agents			
Carbidopa/levodopa	Prolonged cessation of levodopa can lead to syndrome similar to neuroleptic malignant syndrome	With a sip of water a few hours before operation	
Seligilene	Life-threatening syndrome similar to neuroleptic malignant syndrome reported when used with meperidine	Avoid use with meperidine	Avoid use with meperidine
Antiseizure medications		With a sip of water a few hours before operation	Parenteral agents until p.o. intake resumed

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Psychiatric			
Tricyclic antidepressants	Anticholinergic effects and conduction abnormalities can be seen		Monitor for anticholinergic side effects
Monoamine oxidase inhibitors	Life-threatening hypertension reported when used with certain sympathomimetics; life-threatening syndrome similar to neuroleptic malignant syndrome reported when used with meperidine	Stop 2 weeks preoperatively	
SSRIs	"Serotonin syndrome" reported when used with tramadol; some agents have associated withdrawal syndrome	With a sip of water a few hours before operation	Resume as soon as possible postoperatively
Antipsychotics	Can cause ECG abnormalities (prolonged QT interval)		Resume as soon as possible postoperatively
Lithium	Monitor levels perioperatively		Resume when p.o. intake resumes
Benzodiazepines	Abrupt cessation can cause withdrawal		Parenterally until diet resumed
Endocrine			
Levothyroxine		Can be held for a few days if needed without adverse effect	Parenterally until diet resumed
Propylthiouracil		Preoperative β blockade for hyperthyroid patients; preoperative potassium iodide	Parenteral β blockers; resume PTU when medications can be given via NG tube
Estrogen	Can increase risk of postoperative DVT	Consider stopping for 4 weeks prior to cases with high risk of DVT	
Rheumatologic			
Methotrexate	Does not interfere with wound healing or increase wound infection rate	Continue usual regimen	Resume when taking p.o.
COX-2 inhibitors	Can impair renal function	Hold 2–3 days preoperatively	Resume when taking p.o.

SSI, sliding scale insulin; SERM, selective estrogen receptor modulator; SSRI, selective serotonin reuptake inhibitors.
 From Mercado DL. Perioperative medication management. Med Clin North Am 2003;87(1):41–57.