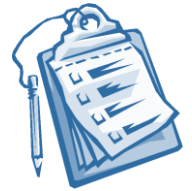


Recommendations for day of surgery medications



This is a general guide to help surgeons' offices counsel **patients not requiring a pre-operative assessment** on which medications should be taken on the day of surgery. Please consult the SJHC pre-operative screening and medical optimization tool to determine which patients need to be seen in pre-operative clinic prior to surgery. Specific questions and concerns should be directed to the anesthesiologist in the pre-operative clinic or request a consultation with the pre-assessment clinic.

Fasting guidelines for elective surgery will be strictly enforced.

Take morning medications, if indicated below, with small sips of water only.

Cardiovascular medications	TAKE: Beta-blockers, Calcium channel blockers, antiarrhythmic drugs, statins, alpha agonists, nitrates HOLD: diuretics, ACE-inhibitors and ARBS (if moderate or invasive surgery)
Diabetes medications	HOLD: all oral hypoglycemic agents.
Analgesics	TAKE: opioids, Gabapentin, Pregabalin, Tramacet, Tylenol, Duloxetine HOLD: NSAIDS for 1 week prior to surgery
Sedatives	TAKE: benzodiazepines only if needed.
Aspirin 81mg	HOLD: ASA 81 mg, if no history of heart attack or stroke, for 1 week prior to surgery
Inhalers/ Puffers	TAKE: all usual puffers on the day of surgery
Antidepressants, antipsychotics, and mood stabilizers	TAKE: all except MAOI*
Thyroid Medication	TAKE
Oral Contraceptive Pill	TAKE
Vitamins, Herbal and dietary supplements	HOLD: with some exceptions, most should be held for 2 weeks prior to surgery
Gastrointestinal	TAKE: all PPIs, H2 blockers
Neurologic	TAKE: levodopa-carbidopa*, antiepileptics*

**Patients on these medications should have a pre-operative assessment with the exception of low risk, non-invasive procedures*