Anesthesia Medication Instructions for Day of Surgery (DOS) Purpose: To provide medication instructions for day of surgery for all patients receiving Anesthesia services

Medication Class	Exampl	les	When to hold
ACE Inhibitors (ACEIs) Angiotensin II Blockers (ARBs)	 Benazepril (Lotensin) Captopril Enalapril (Vasotec) Fosinopril Lisinopril (Prinivil, Zestril) Azilsartan (Edarbi) Eprosartan (Teveten) Candesartan (Atacand) Irbesartan (Avapro) 	 Moexipril (Univasc) Perindopril (Aceon) Quinapril (Accupril) Ramipril (Altace) Tadolapril (Mavik) Losartan (Cozaar) Olemesartan (Benicar) Telmisartan (Micardis) Valsartan (Diovan) 	 If taken in AM, hold AM dose If taken in PM, hold the PM dose Topical MAC cases: take as prescribed If taken in AM, hold AM dose If taken in PM, hold the PM dose Topical MAC cases: take
Beta Blockers/ Combined Drugs	 Acebutolol (Sectral) Atenolol (Tenormin) Betaxolol (Kerlone) Bisoprolol (Zebeta) Metoprolol (Lopressor, Toprol XL) Nadolol (Corgard) Corzide (bendroflumethiazide/nadolol) Dutoprol (hydrochlorothiazide/metoprolol) Inderide (hydrochlorothiazide/propanolol) Lopressor HCT (hydrochlorothiazide/metoprolol) 	 Nebivolol (Bystolic) Pindolol (Visken) Propranolol (Inderal LA, InnoPran XL) Sotolol (Betapace) Timolol (blocadren) Tenoretic (atenolol/chlorthalidone) Timolide (hydrochlorothiazide/timolol) Ziac (bisoprolol/hydrochlorothiazide) 	as prescribed These are protective of the heart and MUST be taken as prescribed; including AM dose or PM dose the night before surgery
Heart Failure/ Antiarrhythmic Meds	 Sacubitril/Valsartan (Entresto) Carvedilol (Coreg) Digoxin Amiodarone Flecainide Sotalol (Betapace) Acetazolamide 	 Dronedarone Eplerenone Tikosyn (Dofetilide) 	These are protective of the heart and MUST be taken as prescribed; including AM dose or PM dose the night before surgery Hold the day of surgery.
Diuretics	 Acetazolamide Amiloride HCL Bumetanide Chlorthalidone (Hygroton) Chlorthiazide (Diuril) Ethacrynate (Edecrin) Furosemide (Lasix) 	 Indapamide (Lozol) Methazolamide Methyclothiazide (Enduron) Metolazone (Zaroxolyn) Spironolactone Torsemide (Demadex) Triamterene (Dyrenium) 	 Hold the day of surgery Hydrochlorothiazide may be continued prior to surgery

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Anticoagulants:	Vitamin K Antagonists Warfarin (Coumadin, Jantoven) LMWH (Heparin) Enoxaparin (Lovenox) Dalteparin (Fragmin) Heparin Thrombin Inhibitors Argatroban (Acova) Bivalirudin (Angiomax) Dabigatran (Pradaxa) Desirudin (Iprivask) Thrombate III (Antithrombin III)	Factor Xa Inhibitors	Discontinued only by Cardiologist or Surgeon. Anesthesiology defers to Cardiologist/Surgeon for patient instructions. ** Anagrelide (Agrylin) should be held 24 hours prior to surgery**
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Medication Class NSAIDS (Non-steroid anti-inflammatory Drugs)	 Aspirin Diclofenac Ibuprofen (Motrin, Advil) Indomethacin Ketoprofen 	Naproxen (Aleve) Piroxicam Sulindac Meloxicam (Mobic)	 When to hold Does not affect anesthesia Defer to surgeon for need to discontinue/hold
OTC Supplements	 Garlic Gingko Cannabis/THC Oil 	GinsengVitamin E	 Should be discontinued day of surgery unless prescribed by a physician (lack of study data on interactions with anesthesia or effect on bleeding) Potassium supplementation may be continued prior to surgery
Oral Diabetic Medications	Metformin needs to be held for 12 hours prior to surgery or for 48 hours prior to surgery if the patient has chronic kidney disease.	MUST be discontinued for minimum of 3 days prior to surgery Bexaglifozin (Brenzavvy) Canagliflozin (Invokana) Canagliflozin/metformin (Invokamet, Invokamet XR) Dapagliflozin/metformin (Xigduo XR) Dapagliflozin/saxagliptin (Qtern) Empagliflozin (Jardiance) Empagliflozin/linagliptin (Glyxambi) Empagliflozin/metformin (Synjardy) Empagliflozin/linagliptin/metformin (Trijardy XR)	 Hold the morning of surgery, except as otherwise outlined to the left SGLT2 Inhibitors MUST be held a minimum of 3-4 days before surgery due to risk of ketoacidosis (refer to list to the left). May be restarted once patient's oral intake is back to baseline and other risk factors for ketoacidosis are resolved.

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GLP-1 Receptor Agonists	Injectable GLP-1 Receptor Agonists Dulaglutide (Trulicity) Exenatide (Byetta, Bydureon) Insulin deludec/ liraglutide (Xultophy) Liraglutide (Victoza, Saxenda) Semaglutide (Ozempic) Tirzepatide (Mounjaro, Zepbound) Oral GLP-1 Receptor Agonist Semaglutide (Rybelsus)	MUST be discontinued for a minimum of 4 days prior to surgery • Ertugliflozin (Steglatro) • Ertugliflozin/metformin (Segluromet) • Ertugliflozin/sitagliptin (Streglujan)	Regardless of prescribed reason For patients taking daily GLP-1 RA, medication should be held for one day prior to surgery For patients taking a weekly GLP-1 RA, medication should be held for a minimum of 1 week prior to surgery ALL patients taking GLP-1 RAs should follow a clear liquid diet for 24 hours prior to surgery due to risk of aspiration.

Medication Class Insulin Pump	Exampl	es	When to holdDecrease basal rate by 1/3
Thisum Tump			of normal dose on day of surgery or refer to Endocrinologist's recommendation.
Insulins	Rapid and Short Acting: Hold in AM day of surgery Regular Insulin Apidra Aspart Glulisine Humulin R U-100 Lyspro Novolin R Novolog Intermediate Acting: Decrease the night before surgery by 1/3 and AM dose by 1/2 NPH Humulin N	Long Acting or Basal Insulins Decrease by 1/3 the night before or the morning of surgery. Glargine Humulin R 500 Lantus Levemir (detemir) Toujeo Ultralente Insulin Combination Insulin: Take 1/3 of normal dose the night before surgery and the morning of surgery 70/30	May also defer to recommendations of the patient's Endocrinologist on any of the medications to the left.
MAO	Novolin Irreversible MAOIs (non-selective)	 75/25 50/50 Type B MAOI 	Defer to prescriber for
Inhibitors:	MAOI's) MUST stop 2 weeks prior to anesthesia. Nardil (phenelzine) Marplan (isocarboxazide) Parnate(trsanycypromine)	May be continued at the recommendation of the prescriber Eldepryl (selegiline) Zelapar (selegiline) Azilect (Rasalagine) Xadago (Safinamide)	discontinuation recommendations as these can cause life threatening blood pressure problems under anesthesia (recommend documentation from the

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		Type A MAOI ■ Moclebemide (not available in USA) ■ Uribel (Methylene blue)	prescriber of the medication for discontinuation/holding of medication prior to surgery).
			Patients on Irreversible MAOIs (non-selective MAOI's) and Moclobemide MUST be stopped 2 weeks prior to surgery.
			Patients on Type B MAOI can be continued at the recommendation of the prescriber.
			Linezolid is a reversible MAOI that can be continued.
			Uribel (Methylene Blue) should be held the day of surgery.

Medication Class Antidepressants:	Asendin (Amoxapine) Example	Silenor or Zonalon	When to holdTricyclic Antidepressants
Tricyclic Antidepressants (TCAs):	 Elavil (Amitriptyline) Ludiomil (Maprotiline) Norpramine (Desipramine) Pamelor (Nortriptyline) 	(Doxepin) Surmontil (Trimipramine) Tofranil (Imipramine) Vivactil (Protriptyline)	 (TCAs) ok to take the night before. Do not take morning of surgery OK to resume TCA when patient is able to take fluids and/or food.
Weight Loss Medications	 Hold 7 days Prior: Phentermine (and any combo medication; i.e. Qsymia) Phendimetrazine 	Hold 72 hrs prior Contrave (contains naltrexone)	 Phentermine (and any combo drug that includes it) MUST be discontinued 1 week prior to surgery. Contrave should be held for
	V 1 1		72 hours prior to surgery.
Opioids	Methadone		 May take day of surgery as prescribed. May need to consult prescriber about management of these meds.
Opioid agonist/ antagonists	Opioid agonist and mixed agonist/antagonist Buprenorphine Suboxone Subutex/Sublocade/ Probuphine/Zubsolv/ Bunavail	Opioid Antagonists Naltrexone (Vivitrol) Contrave Naloxone	 Prescribing MD needs to be consulted for management of intramuscular and oral opioid antagonists preoperatively. Intramuscular naltrexone
			should be discontinued 4 weeks prior to surgery with

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Phosphodiesteras e-5 Inhibitors (PDE-5 Inhibitors)	MUST be held for 24 hours prior to surgery (if taking for erectile dysfunction) Sildenafil (Viagra) Vardenafil (Levitra) Avanafil (Stendra)	MUST be held for 48 hours prior to surgery (if taking for erectile dysfunction) Tadalafil (Cialis) **If taking low dose (<5mg) for BPH, may continue prior to surgery**	transition to PO naltrexone by the prescriber. Oral opioid antagonists should be held 3 days prior to surgery. Buprenorphine, with or without Naloxone, should be continued preoperatively. Patients taking PDE-5 Inhibitors for erectile dysfunction MUST hold their medication for a minimum of 24 prior to surgery (48 hours for Tadalafil/Cialis; see left). Refer to recommendations from Cardiologist/Pulmonologist for patients taking PDE-5 Inhibitors for Pulmonary
			Hypertension.
Medication Class	Exampl	es	When to hold
Calcium Channel	Medications include but are not	Medications include but are not	No need to hold, continue
Blockers	limited to:	limited to:	medication as prescribed
Antiseizure Medications Antirejection Medications (transplant patients) Thyroid	Calcium Channel Blockers Amlodipine (Norvasc) Diltiazem (Cardizem, Tiazac) Felodipine (Plendil) Nifedipine XL (Adalat XL) Verapamil (Isoptin) Verapamil (Calan) Diltiazem (Cardizem)	Antirejection Medications Prednisone Tacrolimus (Prograf) Cyclosporine (Neoral) Mycophenolate Mofetil (CellCept) Imuran (Azathioprine) Rapamune (Rapamycin, Sirolimus)	
Medications Antireflux Medications	Seizure Medications Phenytoin (Dilantin) Phenobarbital (Solfoton) Carbamazepine (Tegretol) Valproic Acid (Depakote) Levetiracetam (Keppra) Topiramate (Topamax) Oxcarbazepine (Trileptal) Diazepam (Valium) Lorazepam (Ativan)	Thyroid Medications Synthroid Levothyroxine Armour thyroid Methimazole Antireflux Medications Pantoprazole (Protonix) Omeprazole (Prilosec) Lansoprazole (Prevacid) Exomeprazole (Nexium) Rabeprazole (aciphex) Dexlansoprazole (Dexilant) Famotidine (Pepcid) Cimetidine (Tagamet)	

