

Drugs on the day of surgery - to give or not to give?

Many drugs should be given on the day of surgery even when the patient is nil by mouth. A few exceptions are listed below. Drugs may be taken with a small amount of water at any time during the NBM period.

GIVE

- All “cardiac” or blood pressure drugs
 - EXCEPT ACE inhibitors, AT2 antagonists and diuretics (see below)
- All epilepsy or Parkinsons drugs
- All asthma drugs or inhalers
- All tablets which reduce gastric acid (omeprazole, lansoprazole, ranitidine)
- All thyroid drugs
- All major and minor tranquilisers, which are taken regularly at home. Also anti-depressants and nicotine patches.
- All steroids taken regularly, including inhalers
- All immunosuppressants and cancer drugs (eg. azathioprine, tamoxifen)
- **All analgesics** can be given before surgery - EXCEPT NSAID’S (see below)

OMIT

- **ACE inhibitors** (ramipril, enalapril, perindopril, captopril)
- **Angiotensin 2 antagonists** (candesartan, losartan)
 - Both these drugs may drop the blood pressure during an anaesthetic.
 - Anaesthetists may request that these drugs are given before surgery but this will be requested on an individual basis. Please with-hold unless requested.
- All **diuretics** (frusemide, bumetanide, bendroflumethiazide, amiloride, spironolactone). The anaesthetist may request that these are given – this will be on an individual basis.
- **Diabetic treatment** (alternative diabetic treatment must be arranged with Dr).
- **Aspirin, clopidogrel, dipyridamole, warfarin.** You must be familiar with the individual requirements of your surgical team. These drugs must NOT be stopped in patients who have a coronary stent without prior discussion with an anaesthetist or cardiologist.
- Drugs which are **not essential** in the short term. eg. vitamins, iron, laxatives, osteoporosis treatment, liquid antacid medicines (eg gaviscon), HRT, anti- histamines, herbal remedies or homeopathic medicines.
- **Lithium** should be omitted.
- **Non steroidal anti inflammatory drugs** (eg. diclofenac (voltarol), indomethacin, ibuprofen), **unless** prescribed by an anaesthetist as a pre-med.

But what about an empty stomach before anaesthesia?

It is a mistake to think that the stomach is empty just because the patient has starved. Gastric secretions are always present. We aim to keep the volume of gastric secretions low, but small amounts of water and a few tablets will not make a significant difference. Meanwhile the patient may have adverse effects from missing important drugs.

This protocol has been discussed with all anaesthetists.

Please document any problems with this protocol and send them to Dr L White.

August 30th 2006