



**DR. CHRIS
LANSFORD**

Guidelines before surgery



doctorlansford.com
(309) 663-4368

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"BEFORE SURGERY"**

Disclaimer: This is not medical advice unless your surgeon has specifically given this to you as an active patient.

As soon as surgery is scheduled, familiarize yourself with these pre-operative instructions. Take note of any medications that need to be stopped before surgery.

👉 Call the office if you have any questions! (309) 663-4368

Pre-operative evaluation, optimization, and clearance:

Anesthesia and surgery are stressors on the body. We want to minimize risks for a problem arising by identifying your risk factors and optimizing your chance for an uneventful operation. Occasionally, new medical problems are discovered during pre-operative evaluation. Sometimes an initial screening test indicates that more involved testing is necessary. Additional tests may postpone the surgical date. Laboratory and radiology studies may include blood work, a chest X-ray, an electrocardiogram (EKG), and other studies as indicated, based on your age, known medical conditions, and the planned procedure.

Illness:

If you become ill before surgery, contact the surgeon's office at **(309) 663-4368**. If you feel mildly ill on the day of surgery, it may be best to show up prepared for surgery and the anesthesiologist and surgeon will evaluate you and advise on whether surgery may proceed as planned.

Advance directive:

Adults should have [advance directive forms](#) completed. While it is very unlikely that you would become unable to communicate your healthcare preferences after surgery, indicating these preferences on paper in advance is worth the effort just in case.

Medications to stop taking before surgery:

Some medications should not be taken for a period of time before surgery. These include the following categories:

Immunosuppressants: Table 1, below

Aspirin-like drugs (Non-steroidal anti-inflammatory drugs): Table 2, below

Blood “thinning” drugs: Table 3, below

Dietary supplements that “thin” the blood: Table 4, below

Diabetes and weight loss drugs: Table 5, 6, & 7, below

Erectile dysfunction drugs: Table 8, below

Other medicines NOT to take before surgery: Table 9, below

Review the [consent form](#) specific for your procedure now and ask your surgeon any questions you may have.

Read the post-operative instructions specific for your operation. They may be found online DoctorLansford.com -> Resources -> Patient Resources-> Instructions -> [After Surgery](#).

Breathing and Obstructive Sleep Apnea

If you use a CPAP machine for obstructive sleep apnea (or if you have a CPAP machine that you have been advised to use), it is important to use CPAP for any sleep starting immediately after surgery, even in the post-anesthesia care unit, so bring your CPAP machine with you on the day of surgery. **If** surgery involves the nose, swelling may temporarily make the nasal airway worse after surgery and a mask that fits over the nose and mouth (“full face” mask) may be needed, and should be obtained from your CPAP supplier before surgery.

Similarly, **if** you have an oral appliance for obstructive sleep apnea, it is important to use it for any sleep starting immediately after surgery, so bring your oral appliance with you to surgery.

Bleeding:

If a doctor has prescribed a medicine to “thin” the blood to treat or prevent a problem such as a blood clot, pulmonary embolism, atrial fibrillation, or a mechanical heart valve, you are in a special category requiring a specific plan of balanced risk for your situation, and a coordinated plan among this prescribing doctor, your surgeon, and you needs to be in place for when to stop and when to resume this medicine. Contact your surgeon in advance of your procedure for further instructions.

Bleeding during and after surgery adds risk to the operation. For most major operations, a patient must avoid using medications or supplements that promote bleeding. Medicines to avoid include common pain medications (see Table 2, below), blood “thinners” (see Table 3, below), and certain dietary supplements and herbal remedies (see Table 4, below). If a prescribing physician considers your risk of clotting too high to stop taking blood “thinners” according to table 3, he or she may arrange a “bridge” with a short acting blood thinner. If even this cannot be accomplished, then undertaking surgery should be reconsidered. High blood pressure also promotes bleeding, and control of high blood pressure should be achieved before and after surgery.

One week before surgery:

Try to reduce or eliminate alcohol, tobacco, nicotine, and other non-prescription drugs. If you are an everyday drinker, notify your surgeon to discuss a plan. Communicate with your surgeon if you experience any changes in your health, including a cold, fever, rash, nausea, vomiting, diarrhea or other illness.

The day before surgery:

Adults, DO NOT drink any fluids, including water, after midnight the night before surgery. (Exception: Medicines may be taken with a sip of water.)

Please note that this also includes all liquids, lozenges, mints, chewing gum, hard candy, etc.) Children under the age of four years may have breast milk until 4 hours before surgery and clear fluid (like water, apple or grape juice, but nothing with pulp) until 2 hours before surgery.

If you eat or drink within the forbidden period specified above, your surgery will most likely be cancelled.

DO NOT vape, smoke anything, or consume alcohol for 24 hours before surgery.

Remove all jewelry, including rings and piercings, or notify your surgeon of those that cannot be removed on the morning of surgery.

Take a bath or shower using soap. Shampoo your hair, but do not use conditioner, gel, hair spray, etc. Do not wear make-up or nail polish on your surgical date.

Arrival time:

You will be called by the operating room staff on the business day before surgery regarding when you should arrive for surgery and to review your instructions.

The day of surgery:

1. Do not eat or drink any foods or liquids, including, but not limited to, water, lozenges, mints, chewing gum, hard candy, etc. See above.
2. Review tables 1-9 for medicines not to take before surgery. Other medicines can be taken with a sip of water. If you have any questions about your medicines, please speak with a member of your care team.
3. Do not vape or smoke anything on the day of your surgery.
4. You are allowed to brush your teeth, but do not swallow any toothpaste or drink any water.
5. Remove any dentures, removable bridges, contact lenses, retainers or other oral devices that may dislodge and cause a complication or injury during surgery.

6. Bring your glasses with you to surgery so you can read in the pre-operative area.
7. Do not wear any jewelry, makeup, false eyelashes, nail polish, hairspray or hair pins.
8. Wear casual or loose-fitting clothing, such as a sweat-suit or similar item.
9. What to bring: Do bring a driver's license, your medical insurance card, and a copy of your [Advanced Medical Directives](#) to your procedure. **If** you have obstructive sleep apnea and are advised to use CPAP, bring your CPAP machine with you to surgery for use in the recovery room. If you are staying overnight, you should also bring your personal grooming items (including a toothbrush, comb, brush), bathrobe, and slippers, and a copy of your if you have them. As able, leave valuables including money and jewelry at home.
10. Nausea and vomiting can occur after surgery for several reasons, including the anesthetic medicines and any swallowed blood. If you think you might be prone to nausea/vomiting after surgery, let your anesthesia providers know this when you meet them prior to surgery. They may be able to alter their technique some to minimize your risk of experiencing nausea.

Following Your Surgery:

After surgery you will be transported to the recovery room – also known as the Post Anesthesia Care Unit where you will remain until most of the effects of anesthesia have worn off. Under the direction of your anesthesiologist, you will be carefully observed by a team of recovery nurses who will monitor and treat you for any discomfort, nausea, high blood pressure, etc. that may occur. When you have reached the required state of post-operative recovery, according to the type of your surgery, you will be discharged to go home, held over night for observation, or admitted to the hospital if a longer recovery period is required.

Arrange to have someone to drive you home and stay with you for at least 24 hours. Alert your surgeon in advance if this is impossible.

Your full post-operative instructions are available online at DoctorLansford.com -> Resources -> Patient Resources-> Instructions -> [After Surgery](#), and you will also be provided a copy after surgery. Please review the following abbreviated post-operative instructions before your surgery for your planning purposes:

Supervision

You will need a responsible adult to stay with you for at least the first night after surgery. Notify your surgeon before surgery if this is impossible.

Time off work

You may need to arrange time off of work or “light duty” at work to allow you to recover from surgery. Although each person’s experience is unique, here is a general guideline for when various activities may be resumed:

General time to resume activities:

<u>Activity</u>	<u>Earliest Resumption</u>
• Heavy lifting, exercise, contact sports.	2 weeks after surgery
• Making important decisions, driving, operating machinery & power tools	One day after all narcotic/opioid medications are discontinued and when family member’s judgement is that you are ready
• Routine phone calls, e-mail	1 day after surgery
• Smoking, vaping	Ideally, never, but avoiding smoking in the first week after surgery is especially important

Medications to stop before surgery:

Table 1: Common Immunosuppressant (immune system weakening) Drugs:

Name	Omit (do not take) timeframe
Arava® (leflunomide)	14 days before surgery
Azulfidine® (sulfasalazine)	1-2 days before surgery
Benlysta® (belimumab)	Schedule surgery toward the end of the dosing interval
CellCept® (mycophenolate mofetil)	7 days before surgery
Cimzia® (certolizumab pegol)	28-70 days before surgery
Cosentyx® (secukinumab)	66-155 days before surgery
Enbrel® (etanercept)	9-21 days before surgery
Gengraf®, Neural® (cyclosporine)	7 days before surgery
Humira® (adalimumab)	28-70 days before surgery
Imuran® (azathioprine)	Continue or hold for 1 day before surgery
Jylamvo®, Rheumatex®, Trexall®, Xatmep® (methotrexate)	1-7 days before surgery
Kineret® (anakinra)	2-7 days before surgery
Orencia® (abatacept)	28-70 days before surgery
Plaquenil® (hydroxychloroquine)	Continue to take this medication
Remicade® (infliximab)	14-75 days before surgery
Rituxan® (rituximab)	36-90 days before surgery
Simponi® (golimumab)	28-70 days before surgery
Taltz® (adalimumab)	28-70 days before surgery
Chemotherapy or Immunotherapy for Cancer	Ask your medical oncologist and surgeon
Steroids, including prednisone (Deltasone®), methylprednisolone (Medrol®), cortisone, dexamethasone (Dekadron®)	Ask your surgeon and the prescribing doctor
Ask your surgeon and the prescribing doctor after surgery when you can resume taking any of these immunosuppressant drugs on their assessment of your risk of healing problems.	

Table 2: Common NSAIDs (non-steroidal anti-inflammatory drugs):

Name	Omit (do not take) timeframe
aspirin	7-10 days before surgery
Motrin® (ibuprofen)	7-10 days before surgery
Advil® (ibuprofen)	7-10 days before surgery
Aleve® (naproxen)	7-10 days before surgery
Voltaren® (diclofenac)	7-10 days before surgery
Naprosyn® (naproxen)	7-10 days before surgery
Mobic® (meloxicam)	7-10 days before surgery
Indocin® (indomethacin)	7-10 days before surgery
(many other NSAIDs)	7-10 days before surgery

Ask your surgeon after surgery when you can resume taking any of these based on his assessment of your bleeding risk. These blood “thinning” medications are commonly resumed within 7-14 days after surgery.

Table 3: Common drugs to “thin” the blood: (normal stop date shown in bold font)

Name	Omit (do not take) timeframe
Plavix® (clopidogrel)	5-7 days before surgery
Warfarin® (coumadin)	5 days before surgery
Pradaxa® (dabigatran)	
normal-mild kidney dysfunction (CrCl > 50)	2- 4 days before surgery
moderate kidney dysfunction (CrCl 30-49)	4- 6 days before surgery
Xarelto® (rivaroxaban),	
normal-mild kidney dysfunction (CrCl > 60)	2- 4 days before surgery
moderate kidney dysfunction (CrCl 30-59)	3- 5 days before surgery
severe kidney dysfunction (CrCl 15-29)	5-7 days before surgery
Eliquis® (apixiban)	
normal-mild kidney dysfunction (CrCl > 60)	2- 4 days before surgery
moderate kidney dysfunction (CrCl 30-59)	3- 5 days before surgery
severe kidney dysfunction (CrCl 15-29)	5-7 days before surgery
Saveysa® (edoxaban)	4- 5 days before surgery
Arixtra® (fondaparinux)	
normal-mild kidney dysfunction	5 days before surgery
Lovenox® (enoxaparin)	2 days before surgery
Fragmin® (dalteparin)	2 days before surgery

Ask your surgeon after surgery when you can resume taking any of these based on his assessment of your bleeding risk. These blood “thinning” medications are commonly resumed within 7-14 days after surgery.

Table 4: Dietary Supplements and herbal remedies that “thin” the blood:

Name	Omit (do not take) timeframe
Vitamin E	2 weeks before surgery
Fish oil and omega-3-fatty acids)	2 weeks before surgery
Ginko biloba	2 weeks before surgery
Ginger	2 weeks before surgery
Garlic	2 weeks before surgery

Ask your surgeon after surgery when you can resume taking any of these based on his assessment of your bleeding risk. These blood “thinning” dietary supplements should not be resumed for at least two weeks after surgery.

Table 5: SGLT2 inhibitors (for diabetes and weight loss):

Name	Omit (do not take) timeframe
Brenzavvy® (bexagliflozin)	2-4 days before surgery
Invokana® (canagliflozin)	“
Farxiga® (dapagliflozin)	“
Jardiance® (empagliflozin)	“
Steglatro® (ertugliflozin)	“

These SGLT2 inhibitor medicines may be resumed after surgery once you are eating normally.

Table 6: GLP-1 agonists (for diabetes and weight loss):

Name	Omit (do not take) timeframe:
exenatide (Byetta®, Bydureon®) twice-daily,	1 day before surgery
exenatide (Byetta®, Bydureon®) ER once-weekly,	1 week before surgery
liraglutide (Victoza®, Saxenda®) once-daily,	1 day before surgery
dulaglutide (Trulicity®) once-weekly,	1 week before surgery
semaglutide (Wegovy®, Ozempic®, Rybelsus®) once-weekly	1 week before surgery
oral semaglutide (Wegovy®, Ozempic®, Rybelsus®) once-daily	1 day before surgery

These GLP-1 agonist medicines may be resumed after surgery once you are eating normally.

Table 7: Other diabetes and weight loss medications:

Name	Omit (do not take) timeframe:
Jardiance® (empagliflozin)	Day of surgery
Glucotrol® (glipizide)	Day of surgery
Diabeta®, Glynase® (glyburide)	Day of surgery

Glucophage® (metformin)	Day of surgery
phentermine	One week before surgery

Insulin - May take 1/2 the usual amount of long acting insulin the night before surgery. If you have low blood sugar on the day of surgery, you may take clear liquids (such as juice without pulp) up until 3 hours prior to surgery.

Insulin pump - Keep your pump at the usual rate

These diabetes medications may be resumed once eating normally.

Table 8: Drugs for erectile dysfunction:

Name	Omit (do not take) timeframe:
sildenafil (Viagra®)	24 hours before surgery
tadalafil (Cialis®)	24 hours before surgery
vardeafil (Levitra®)	24 hours before surgery

These erectile dysfunction medications may be resumed two weeks after surgery.

Table 9: Other medications NOT to take before surgery:

Name	Omit (do not take) timeframe:
ACE Inhibitors - including combination medications containing one of these:	
olmesartan (Benicar®)	Day of surgery
valsartan (Diovan®)	Day of surgery
lisinopril (Zestril®, Prinivil®)	Day of surgery
losartan (Cozaar®)	Day of surgery
ramipril (Altace®)	Day of surgery
Enalapril (Vasotec®)	Day of surgery
Diuretics (“water pills”) - including combination medications with one of these:	
chlorthalidone (Hygroton®, Thalitone®, Chlorthalid®)	Day of surgery
Hydrochlorothiazide (HCTZ) or any medication containing HCTZ	Day of surgery
furosemide (Lasix®)	Day of surgery
triamterene plus HCTZ (Maxide®)	Day of surgery
Spironolactone	Day of surgery
Gout	
allopurinol (Zyloprim®, Aloprim®)	Day of surgery
colchicine (Colorist®, Mitigare®)	Day of surgery
Osteoporosis	
alendronate (Fosomax®)	Day of surgery
Steroids (corticosteroids) - Note: * An exception is if your doctor prescribed a steroid specifically for use prior to surgery. Also, your surgeon may have you <u>continue</u> a steroid if it is a long-term medication— check with your surgeon.	
methylprednisolone (Medrol®)	Day of surgery*

prednisone (Deltasone®, Rayos®)
...and many other names

Day of surgery*
Day of surgery*

Narcotics (opioids) - May take a dose up until 6 hours prior to surgery if necessary.

morphine (Duramorph®)
morphine sulfate controlled release (MS Contin®)
hydrocodone + acetaminophen (Norco®)
Oxycodone® (or Oxycontin)
oxycodone + acetaminophen (Percocet®)
tramadol (Ultram®)
Others

Mental Health - Monoamine oxidase (MOA) inhibitors- Hold one week prior to surgery if possible. Check with your prescribing doctor and surgeon.

selegiline (Emsam®)
isocarboxid (Marplan®)
phenelzine (Nardil®)
tranylcypromine (Parnate®)