

Perioperative Medical Management

- **Cardiovascular medications**

- beta-blockers - continue
- calcium-channel blockers - continue
- ACE-inhibitors - ARBs
 - If used for heart failure or poorly controlled HTN - continue
 - Otherwise, withhold on the morning of surgery
- diuretics
 - If used for HTN - hold diuretic on the morning of surgery
 - If used for heart failure
 - well-controlled heart failure and stable volume status - hold the morning dose of the diuretic
 - Continue diuretic for patients with unstable fluid balance
- Statins - continue

- **H2 blockers and PPIs** - continue throughout the perioperative period

- **Glucocorticoids** - continued throughout the perioperative period - consider stress dosing

- Oral contraceptives

- continue unless higher risk for VTE based on Well's criteria
 - if needed, hold 4 weeks before surgery

- **Thyroid medications** (both for hypo and hyperthyroidism) - continue

- **Medications affecting hemostasis**

- Aspirin - recommendations vary based on the surgery and indication for Aspirin
- Cilostazol - discontinued at least 2-3 days prior to elective surgery
- NSAIDs - withheld 3 days prior to surgery (Motrin is to be held 24 hrs prior)

- **Tricyclic antidepressants** - most sources recommend continuation of these medications

- **SSRIs** - most patients should continue these medications

- **Gout medications**

- Colchicine - hold on the morning of surgery and resume when patients can tolerate oral meds
- Allopurinol - continued

- **Diabetic medications** - see separate cheat sheet