

MEDICATIONS TO DISCUSS WITH YOUR DOCTOR

If you are unsure about ANY medication, please contact us 773-327-6800

BLOOD THINNERS

- Please make sure your surgeon is aware of any blood thinning medications or over the counter NSAIDs you take.
- □ You will need to be off all **NSAIDs** at least 2 weeks before and 6 weeks after surgery. These medications include:
 - Ibuprofen
 - Motrin
 - Aspirin
 - Advil
 - Aleve
 - Naproxen
 - Meloxicam
 - Diclofenac
 - Toradol
 - Indomethacin
- If you are taking aspirin, Plavix, Xarelto, Eliquis or any other types of blood thinners, you need to check with your prescribing physician to see if you can be off completely before surgery or when you may safely discontinue prior to surgery. Please also come up with a plan as to when

you can restart your medications.

If you are taking Coumadin (Warfarin), you will need to bridge to Lovenox before surgery. Please speak with your prescribing physician to come up with a plan on how to bridge to Lovenox prior to surgery and when you may restart your Warfarin again postop.

DIABETIC MEDICATIONS

- You may need to check your blood sugar more frequently during the period before and after surgery.
- If you are taking insulin, please discuss with your primary care doctor or endocrinologist about dosing during your 1 week pre op and 6 week post op diet. You may need a sliding scale dose or a lower dose of long acting insulin during this perioperative period. Please come up with a plan with the prescribing physician.
- You will need to be OFF any medications in the GLP-1 class at least 7 days prior to surgery. These medications can lead to delayed gastric emptying and retention of contents in the stomach which can lead to aspiration. These GLP-1 meds include:
 - □ Semaglutide- Wegovy, Ozempic, Rybelsus
 - Dulaglutide-Trulicity
 - 🗆 Exenatide: Byetta, Bydureon BCise
 - □ Liraglutide-Saxenda or Victoza
 - □ Tirzapatide-Mounjaro
 - Combo Products (you will need to bridge to insulin if you take these. Please discuss with whoever prescribes the medication for you).
 - □ Liraglutide and insulin degludec or Xultophy
 - □ Lixisenatide and insulin glargine or Soliqua

*Please follow up with your prescribing provider prior to surgery as you may need to bridge to insulin if you take any of these medications.

IMMUNOSUPPRESSANTS

- Immunosuppressants may impair wound healing and cause infection. * Please speak with your prescribing physician regarding any medications you may be taking for autoimmune diseases, inflammatory diseases, and/or migraines such as:
 - Steroids (eg. Prednisone)
 - Hydroxychloroquine (Plaquenil)
 - Cellcept (Mycophenolate Mofetil)
 - Sulfasalazine
 - Azathioprine
 - Humira (Adalimumab)
- □ Injections and inhaler routes are OK.
- Infusions and oral medications must be stopped at least 6 weeks prior to and after surgery.
- Please discuss with your prescribing physician for approval to be off of any immunosuppressive medications at your clearance appointment for surgery.

BIRTH CONTROL & HORMONAL REPLACEMENT THERAPY

- Estrogen and hormonal replacement therapy increases risk of blood clots.
- Please be off any estrogen containing oral contraceptives, shots, rings, suppositories or patches for 1 month prior to surgery.

- Please stop any hormonal replacement therapy at least 3
 weeks prior to surgery.
- You may restart estrogen containing medications and hormonal replacement therapy after your 6 week post operative appointment or with the approval of your doctor.

WEIGHT LOSS MEDICATIONS

- Stop any weight loss medications 6 weeks before/after surgery including:
 - Phentermine
 - Contrave
 - Belviq
- You will need to be OFF any medications in the GLP-1 class at least 7 days prior to surgery. These medications can lead to delayed gastric emptying and retention of contents in the stomach which can lead to aspiration. These GLP-1 meds include:
 - Semaglutide- Wegovy, Ozempic, Rybelsus
 - Dulaglutide-Trulicity
 - Exenatide: Byetta, Bydureon BCise
 - Liraglutide-Saxenda or Victoza
 - Tirzapatide-Mounjaro

Thank you again for allowing us to participate in your care and get well soon!

Best,

The Chicago Institute of Advanced Surgery

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