

Home Medications and Surgery

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When having surgery, one of the questions that often comes up is “Do I take my medications before my procedure, and if so, which ones?” The large amount of new medication available on the market has made this question ‘problematic and complex’ before surgery.

The reason why is simple – Patient Safety. At McBride, during the pre-operative process, we ask many questions regarding medication, so patients are prepared and have a full understanding of what should/should not be taken prior to a surgical procedure.

- 1. Infection Control.** The first barrier of defense for your body against infection is your skin. When a surgical incision is made the risk of infection increases. Many drugs, especially newer biologics used to treat rheumatoid arthritis and other autoimmune diseases, lower your immune system. This makes sense as we are trying to keep your immune system from causing harm to you. So many times your doctor will ask you not to take certain medications prior to surgery.
- 2. Risk of Bleeding.** Surgeons are always concerned about bleeding and if a drug puts a patient at risk for prolonged bleeding. The goal is for a wound to heal effectively, so to control bleeding, certain drugs require specific steps. Sometimes physicians cease use of a drug and in other cases patients are given a drug ‘easier to handle’ for a few days to stay on a blood thinner, but not cause bleeding during surgery. If you are on a blood thinner such as Plavix, Coumadin®, Eliquis®, Xarelto®, or another drug, please be sure to discuss that medication with your physician.
- 3. Drug Interaction.** Some medications interact with anesthetics. Some common diet pills for instance will make it more difficult to control blood pressure during surgery. Some blood pressure medications also cause concern the day of surgery. That is why a full review of all medication is important. It is important to leave no stone unturned.
- 4. Diabetic Patients.** Patients with diabetes have additional issues prior to surgery, such as the need to take insulin although asked ‘not to eat that evening after midnight.’ If a diabetic, tell your physician immediately, so pre-admission nurses can review the proper surgical regimen. If you have a special sliding scale you use or have an insulin pump please be sure to let us know. It is imperative to control your blood sugar before, during and after surgery as high blood sugar can place you more at risk for infection.
- 5. Allergies.** Information is the key to overall success. It is important to have an accurate listing of any allergies or any adverse events from a drug previously taken. If there was an issue in the past, we wish not to repeat it, so sharing details in the present is a vital step in medication discussion.

At McBride, prior to surgery, you will be contacted via phone by a pre-admission nurse to review your medication regimen again. This is to ensure all medication has been documented and is correct. If you are an inpatient, we ask you bring medications to the Hospital the day of your procedure, so a pharmacist can go over them with you.

Some medications are not always common in the marketplace, so the pharmacist’s final review certifies the need to have specific medication available and provides patients an opportunity to ask questions.

Overall, this is only a sampling of medication concerns associated with surgery. Communication with your physician is the key to troubleshooting medication red flags. Adverse drug events account for 3.5 million physician office visits, prolong hospital stays by 1.7 to 4.6 days, and send an estimated 1 million patients to the emergency room annually. You can never over communicate! Talking about medications at length with your physician, nurse, and pharmacist is always the key to preventing problems down the road. ■