

Your Medicines Before & After Surgery

What to stop, what to keep taking, and when to restart

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Golden rules: never stop a prescribed medicine without advice • tell us about *everything* you take, including vitamins, herbal and “natural” products • bring all medicines to hospital in their original packs • medicines you continue can be taken on the morning of surgery with a sip of water • if your anaesthetist or hospital gives you different instructions, follow theirs.

GLP-1 WEIGHT-LOSS & DIABETES INJECTIONS		
semaglutide (Ozempic, Wegovy) • tirzepatide (Mounjaro) • liraglutide (Saxenda, Victoza) • dulaglutide (Trulicity)		
WHY IT MATTERS These medicines slow the emptying of your stomach. Food can still be sitting there after a normal overnight fast. Under anaesthetic, stomach contents can come back up and be breathed into the lungs (aspiration), which can cause a serious pneumonia. Stopping for a week or two does not reliably reverse this and can push up blood sugar and appetite, so current Australian advice is to keep taking it and change what you eat instead.	WHAT TO DO • Keep taking your injection as usual (unless told otherwise). • For the full 24 hours before your fasting time starts, have clear fluids only. Allowed: water, black tea or coffee (no milk), clear apple juice, cordial, lemonade, sports/electrolyte drinks, clear broth or strained miso, jelly, icy poles. Not allowed: any solid food, milk, smoothies, protein shakes, juice with pulp, soups with pieces. • Then follow the hospital's usual fasting times (nothing but water for the final 6 hours, and only as the hospital directs). • If you eat solid food during those 24 hours, tell us — your operation may need to be delayed for your safety.	SPECIAL SITUATIONS • Daily injection (liraglutide): your anaesthetist may ask you to skip it for 3–4 days. • Diabetes: choose sugar-containing clear fluids, check your glucose more often, and get a plan for the clear-fluid day from your GP or diabetes team — especially if you use insulin or gliclazide. • Weight-loss tablets — phentermine (Duromine, Metermine): stop 7 days before surgery. RESTARTING Take your next scheduled dose once you are eating and drinking normally without nausea or vomiting. If you have missed doses, check with your prescriber — you may need to restart on a lower dose.

MEDICINE	BEFORE SURGERY	RESTARTING AFTER SURGERY
Blood thinners (anticoagulants) warfarin (Marevan) • apixaban (Eliquis) • rivaroxaban (Xarelto) • dabigatran (Pradaxa)	PLAN NEEDED Do not stop on your own. We will agree a plan with your GP or specialist. As a guide, these are stopped 5 days before surgery , if your doctor confirms it is safe to do so.	Usually 1–3 days after surgery, once bleeding risk has settled — only when Dr Kumar confirms .
Antiplatelets aspirin (Cartia, Astrix) • clopidogrel (Plavix, Iscover) • ticagrelor (Brilinta) • prasugrel (Effient)	PLAN NEEDED If you have a heart stent or past stroke, never stop without your cardiologist's advice . Otherwise, these are stopped 10 days before surgery .	As directed — commonly 1–2 days after surgery.
Blood pressure & heart “-pril” (perindopril, ramipril) • “-sartan” (candesartan, irbesartan, telmisartan) • fluid tablets (frusemide, hydrochlorothiazide)	SKIP ON THE DAY “-pril”, “-sartan” and fluid tablets: take your last dose the day before; skip the morning of surgery. CONTINUE Beta-blockers (metoprolol, atenolol, bisoprolol), amlodipine, statins and heart-rhythm medicines — take as normal, including that morning.	Once you are eating and drinking normally and your blood pressure is stable — usually the day after surgery.
Diabetes tablets — SGLT2 inhibitors empagliflozin (Jardiance, Jardiamet, Glyxambi) • dapagliflozin (Forxiga, Xigduo, Qtern) • ertugliflozin (Steglatro). Also used for heart failure and kidney disease.	STOP Hospital stay: stop for the 2 days before surgery and on the day (3 days in total). Day surgery: skip on the day only. (Risk of ketoacidosis, even with normal sugar levels.)	Only once you are back on a normal diet. Your GP may suggest a short-term alternative meanwhile.
Other diabetes tablets metformin (Diabex, Diaformin) • gliclazide (Diamicron) • glimepiride (Amaryl) • sitagliptin (Januvia) and other “-gliptins”	SKIP ON THE DAY Take as usual up to and including the night before. Do not take on the day of surgery.	When eating at least half your usual meals. Metformin: your kidney function may be checked first.
Insulin long-acting (Optisulin, Toujeo, Levemir, Tresiba) • pre-mixed (NovoMix 30, Humalog Mix) • mealtime (NovoRapid, Humalog, Fiasp, Apidra) • Ryzodeg	ADJUST Long-acting: usual dose (reduce by 20% if you have had recent overnight lows). Pre-mixed: halve the morning dose. Mealtime: do not take while fasting. Ryzodeg: you will receive individual instructions. Bring your meter and insulin to hospital.	Usual regimen once you are eating — often the evening after surgery. Ward staff will guide you.
Anti-inflammatory pain relief ibuprofen (Nurofen) • naproxen (Naprosyn) • diclofenac (Voltaren) • high-dose aspirin	STOP 7 days before surgery (increases bleeding). Paracetamol (Panadol) is fine.	Only if Dr Kumar recommends it for your pain plan.
Herbal remedies & supplements fish oil • krill oil • omega-3 • vitamin E • garlic • ginkgo • ginseng • ginger • turmeric • guarana • green tea extract • St John's wort • kava • valerian • “fat burners” & pre-workouts	STOP Ideally 4 weeks before surgery. They can increase bleeding and bruising, raise heart rate and blood pressure (guarana, ginseng) or interact with anaesthetic drugs (St John's wort, kava, valerian). Multivitamins, iron, vitamin D and dietitian-advised protein can continue.	Usually from 2 weeks after surgery — check at your 1-week review.
The Pill & HRT (oestrogen) combined oral contraceptive pill • oestrogen HRT	ASK US Oestrogen raises the risk of blood clots. Dr Kumar will advise whether and when to stop it before your operation; if you stop the Pill, use another form of contraception. Progestogen-only pill, implant and IUD can usually continue.	As directed, once you are walking freely.

Nicotine in any form (cigarettes, vapes, patches, gum): none for **8 weeks before and 8 weeks after** body contouring after weight loss, and **6 weeks before and after** all other operations. Nicotine narrows small blood vessels and is a major cause of wound breakdown.

This sheet is general guidance only and does not replace advice from your anaesthetist, GP or specialist. It reflects the 2025 ADS/ANZCA/GESA/NACOS recommendations on GLP-1 medicines before procedures and the ADS-ANZCA perioperative diabetes guidelines. Medicines are listed by active ingredient with example brands for recognition only. Version October 2026.

Unsure about any medicine? Call Dr Kumar's nurses
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