



## MEDICATIONS

## BEFORE SURGERY

### ANTICOAGULANTS & ANTIPLATELETS:

Anticoagulants (blood thinners) usually need to be stopped several days before surgery. Oral medications may need to be replaced with injected or intravenous (IV) medications. It is extremely important that both your surgeon and your physician (who has ordered the anticoagulants) discuss the optimum timing for stopping these medicines. Please be aware that many drugs and herbal products may be anticoagulants (blood thinners) although they are not used for that purpose.

Prescription anticoagulants include:

- warfarin (Coumadin)
- enoxaparin (Lovenox)
- clopidogrel (Plavix)
- ticlopidine (Ticlid)
- aspirin (in many versions)
- non-steroidal anti-inflammatory (NSAIDs) (in many versions)
- dipyridamole (Persantine)

Non-prescription (over-the counter or herbal) anticoagulants include:

- Aspirin (in many versions)
- non-steroidal anti-inflammatory (NSAIDs) (in many versions)
  - Advil
  - Aleve
  - Naprosyn
  - Naproxen
  - Ibuprofen
  - Motrin
- Vitamin E
- garlic
- ginger
- ginkgo biloba

# DO NOT TAKE BEFORE SURGERY

## NICOTINE PRODUCTS

Nicotine reduces the blood flow to the skin and WILL IMPAIR HEALING. Plastic surgery is very different from nearly all other surgeries. We routinely push the limits of tissue perfusion (blood flow) based off anatomic principles and zones of microcirculation. Nicotine will severely impair this microvascular/capillary blood flow which can cause devastating tissue loss. Be honest with your surgeon and yourself. Quitting smoking 4 weeks prior to your surgery drastically improves the body's response and ability to heal.

All forms of nicotine count:

- Cigarettes
- e-Cigarettes and Vapor Devices
- Nicotine Gum
- Cigars
- Nicotine Patches

## DIET PILLS:

Patients having surgery must discontinue any diet pills for at least 2 weeks prior to surgery. This includes but is not limited to Phenetamine, Reduz, Ephedra (any type), and both Prescription and Over-the-counter Non-Prescription Diet Pills. Please let your surgeon know if you have any questions about this policy, but the unknown risks of these substances (however small it may be) is simply not worth it when having an elective procedure. Failure to abide by this policy may result in cancellation of surgery.

## MONOAMINE OXIDASE INHIBITORS (MAOI)

Drugs in this group include some anti-depressants and most anti-Parkinson drugs. MAOIs can interfere with many of the medications used during anesthesia. If the medication needs to be stopped, it should be done one to two weeks (7-14 days) before surgery because it takes that long for the drug to be out of your system. You should discuss this with your surgeon and primary physician as early as possible.

MAOIs include:

- tranylcypromine (Parnate, Sico-ton)
- phenelzine (Nardil, Nardelzine)
- isocarboxazid (Marplan)
- rasagiline (Azilect)
- selegiline (Eldepryl, Deprenyl)
- linezolid (Zuvon) (an antibiotic)
- St. John's Wort

## **DO NOT TAKE BEFORE SURGERY**

### VITAMINS/HERBAL SUPPLEMENTS:

The vitamins and herbal supplements can cause abnormal bleeding problems and can affect your cardiovascular system. Below is a list of herbal supplements/vitamins that may affect surgical outcome and safety. These vitamins/herbal supplements should be avoided for at least two weeks prior to surgery.

- Dong Quai
- Echinacea
- Ephedra
- Feverfew
- Fish Oils (Omega-3 Fatty acids)
- Garlic
- Gingko Biloba Ginseng
- Glucosamine Goldenseal
- Kava
- Licorice
- St. John's Wort (all types)
- Valerian
- Vitamin C (more than 2000mg daily)
- Vitamin E (more than 400mg daily)