

BEFORE and AFTER SURGERY: MEDICATIONS, TOBACCO and SKIN PREP

HORMONES/CONTRACEPTIVES/TAMOXIFEN:

Hormonal therapy/oral contraceptives/anti-estrogen have been linked to increased risk of blood clots in the legs and lung. Because all surgical procedures carry a risk of blood clot formation, Dr. Cabbabe recommends that these medications be **stopped at least one week prior to and after surgery. Talk to your medical oncologist for their recommendation for starting and stopping if they are being taken for cancer prevention:**

ASPIRIN/NSAID's/PLAVIX:

Since Aspirin, Nonsteroidal Anti-inflammatory Agents (NSAIDS) and Plavix increase bleeding tendencies, it is important to avoid medications which contain these substances for TWO WEEKS PRIOR to SURGERY. Aspirin and Plavix may be held up to 2 weeks after surgery as well. Ask Dr. Cabbabe when you can resume these.

COUMADIN/ELLIQUIS/XARELTO:

Blood thinning medications are the most dangerous medications around the time of surgery due to the uncontrollable bleeding associated with their use. **These medications are always held for surgery unless there is an emergency. Dr. Cabbabe generally recommends they be held for 1-2 weeks before and 2-4 weeks after, depending on the medication and the surgical procedure.** You will need to confirm with your own doctor the safety and length of time they can be held.

DIET PILLS/PHENTERMINE/EPHEDRINE:

Also, new guidelines have been implemented concerning diet pills, including herbal medications. They may have an effect by constricting blood vessels and therefore may reduce blood flow to healing tissues. It is recommended that patients **not take these pills for one week prior to and after any surgical procedure.** This reduces chances of complications of your planned surgery. If you have questions, please check with your physician or pharmacist.

DIABETIC/SEMAGLUTIDE INJECTABLES (MOUNJARO, OZEMPIC ETC.)

The new class of Semaglutide injectable medications (Ozempic, Mounjaro) cause delayed (slow) gastric emptying. Due to this fact, and per the American Society of Anesthesiologist, guidelines have been issued that these medications should be stopped 1 week prior to surgery to reduce the serious risk of aspiration during induction of anesthesia.

NSAID's/ALEVE/IBUPROFEN:

These medications should be held for 1-2 weeks prior to surgery. With a couple of exceptions, after surgery Dr. Cabbabe frequently recommends NSAID's to be taken regularly as first line for pain relief. NSAID's are far and away the most effective pain reliever available. Studies have shown there is no higher risk for bleeding AFTER surgery for most procedures. **One exception after surgery is facial procedures to reduce the appearance of bruising. Another exception is if you have a history of weight loss surgery (read the next paragraph)**

WEIGHT LOSS SURGERY PATIENTS AND IBUPROFEN/NSAID's:

Dr. Cabbabe's current understanding is that ibuprofen products should not be taken by anyone who has had gastric stomach reducing surgery due to increased risk of ulcer formation on the suture line with risk of perforation. This is particularly true around the time of a stressful surgical procedure and a higher incidence in anyone with a smoking history. There may be a higher incidence with Roux-en-Y surgery than in sleeve gastrectomy. Some bariatric surgeons tell their patients it is OK to take these medications but **that is at the risk of the patient. At a minimum, consider adding Proton Pump Inhibitors or Antacid medication ONE WEEK PRIOR AND AFTER SURGERY if you are planning on taking NSAID's.**

IRON:

For significant surgical procedures 3 hours or more, including all liposuction patients, Dr. Cabbabe recommends taking iron supplements at least one month prior to and after surgery. After surgery, he may recommend the dose be maximized to recover blood cells. **If you have a history of anemia, you may need to start 2-3 months prior to surgery** but should speak with your doctor first and have appropriate diagnostic bloodwork.

COLD MEDICATIONS CONTAINING PSEUDOEPHEDRINE:

Most cold medications are fine to take around the time of surgery. This includes Claritin, Allegra and Zyrtec as well as all inhalers. The exception is medications which contain pseudoephedrine. This medication constricts blood vessels and can decrease blood flow to healing tissues. **This includes Sudafed, Allegra-D, Claritin-D. These are usually held for one week prior and after surgery.**

TOBACCO:

Dr. Cabbabe always recommends complete smoking cessation for general health and ALL SURGICAL PROCEDURES. Smoking is the greatest single contributor to every complication known in surgery. **Nicotine itself is the problem for surgical healing, the smoke causes the lung problems. Nicotine constricts blood vessels, leading to reduced blood flow to healing tissues. This increases the rate of poor healing and infections at least 2-4 times higher. In addition, nicotine users are known to carry more aggressive bacteria like MRSA on their skin, leading to higher infection rates with more aggressive bacteria that may not respond to conventional antibiotics. Capsular contracture rates for breast implants are significantly higher. This leads to a higher need for surgical revision procedures to treat infection and related complications. Dr. CABBABE RECOMMENDS QUITTING ALL NICOTINE PRODUCTS, INCLUDING CHEW OR VAPE OR GUM, AT LEAST 1 MONTH PRIOR TO AND AFTER SURGERY TO REDUCE THE RISK OF COMPLICATIONS AND FOR BETTER SCAR HEALING.**

BODY SKIN PREP/HIBI-CLENS:

All patients carry bacteria on their skin. During surgery, this is "prepped" or cleaned right before surgery. **Any patients having surgery on their body, particularly if implants are involved, are recommended to use Chlorhexidine/Hibi-Cleans every other day for one week prior. DO NOT USE THE PRODUCT ON YOUR FACE, EYES, or MUCOUS MEMBRANES.** The product can dry out skin, hence use every other day.

FACE SKIN PREP:

Facial Cetaphil cleanser or something similar can be used daily one week prior to surgery in preparation for surgery.

MRSA HISTORY:

Patients with a known history of MRSA are recommended to use prescription Bactroban/Mupirocin ointment prior to surgery in an attempt to decontaminate the bacteria. This is often applied inside the nostrils directly 2-3 times a day for 1-2 weeks. This is particularly important if implants are being used. Please ask Dr. Cabbabe about a prescription for this if you meet these criteria.

BLOOD THINNING MEDICATIONS

Plavix (2 weeks prior to surgery) Coumadin (5 days prior to surgery)

Eliquis, Xarelto, Pradaxa, Arixtra, Brilinta (7 days prior to surgery)

ASPIRIN PRODUCTS

Alka-Seltzer	Bayer	Cope	Ecotrin	Fiornal
Anacin	Bufferin	Darvon Compound 65	Empirin	Percodan
Ascriptin	Cama	Doan's	Excedrin	Vanquish
Aspergum				

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

Advil	Daypro	Indornethacin	Nalfon	Relafen
Aleve	Feldene	Iodine	Naproxen	Sulindac
Anaprox	Fenoprofen	Medomen	Naprosyn	Tolectin
Ansaid	Ibuprofen	Midol IB	Nuprin	Toradol
Cataflarn	Indocin	Motrin	Orudis	Voltaren
Clinoril				

DIET/WEIGHT LOSS PILLS

Adipost	Duromine	Obe-Del	Panrexin-M	Phenlercol	Rexigan
Adipex-P	Dyrexan OD	Obe -Mar	Panrexin-MTP	Phentride	Trimstat
Alli Phenfluramine	Malibar A	Obe-Nix	Panstiape M	Phentride Caplets	T-Diet
Anorex SR	Malfial-105 Unicelles	Obephen	Parzine	Phentrol	Weighless
Appecon	Metra	Obian	Phenazine	Phentrol 2, 4 or 5	Weightrol
Bontril PDM	Neocurb	Oby-Trim	Phendiet	Pondimine	X-Troazine
Bontril Slow Release	Obezine	Oby-Trim	Phendiet-105	Redux	X-Troazine LA
Mounjaro	Ozempic				

MISCELLANEOUS

Vitamin E	Fish Oil	Isotretinoin	Accutane	Hormones	Tamoxifen
Aromatase Inhibitors	Oral Contraceptives				

ALLOWABLE MEDICATIONS

Acetaminophen	Darvocet	Lortab	Tempra	Tylox
APAP	Esgic	Panadol	Tramadol	Ultram
Celebrex	Fioricet	Percocet	Tylenol	Vicodin

These lists ARE NOT INCLUSIVE AND YOU SHOULD VERIFY MEDICATIONS IF UNSURE OF CONTENTS.