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Medications prior to your surgery.

Most of your regular medicines should be taken as normal. If your surgery is in the morning you can take your tablets with a sip of water as this is not considered to be a breach of your fasting guidelines.

Blood Thinners (Anti-coagulants).

Blood thinners such as Aspirin, Warfarin, Plavix, Iscover, Pradaxa, Brilinta, Eliquis and Xarelto are normally ceased before your operation.

Your Anaesthetist will contact you before your operation to provide further information on when to cease your blood thinners based on your individual circumstances.

Ceasing blood thinners will depend on whether your surgery is considered low or high risk for bleeding. As a general rule Day Case Procedures, meaning you have the surgery and are then permitted to go home that day, means the surgery has a low risk of bleeding.

If you are only being admitted to hospital for one night after the operation, this usually means you are having an operation with a low risk of bleeding.

Operations with a higher risk of bleeding will require you to be admitted to hospital for at least 2 days after your operation.

As a general rule;

- Aspirin – Low dose aspirin is normally continued, however please discuss with your surgeon as to whether they wish you to cease this medication before your operation.
- Warfarin – If your INR is normally maintained between 2.0 – 3.0, please withhold your warfarin for 4 days prior to surgery (Day 4 is the Day of Surgery).
- Warfarin – If your INR is normally maintained greater than 3.0, please withhold your warfarin for 5 days prior to surgery (Day 5 is the Day of Surgery). Special arrangements will need to be made for the injection of Clexane (short acting blood thinner) to start 24 hours after your last dose of warfarin. Clexane is then stopped 24 hours before your surgery.

- Clopidogrel (Iscover & Plavix) and Tricagrelor (Brilinta) are normally stopped 7 days before your operation (Day 7 is the Day of Surgery). Your Surgeon and/or Anaesthetist will ring the Specialist (heart doctor etc) to confirm that it is ok to cease this medication for 7 days prior to your operation.
- Dabigatran (Pradaxa) is normally stopped 24 hours before your surgery, if it is considered low risk for bleeding and is normally stopped 2-3 days before your surgery if it is considered higher risk for bleeding. You may be required to stop your Dabigatran (Pradaxa) for 2-3 days before a low-risk of bleeding procedure or up to 5 days before a higher risk of bleeding procedure if you have problems with your kidneys. Your Anaesthetist will provide further information as to whether you fall into this category based on your blood results.
- Rivaroxaban (Xeralto) is normally stopped 24 hours before your surgery if it is considered low risk for bleeding. Xeralto is normally stopped 2-3 days before your surgery if it is considered high risk for bleeding. You may be required to stop your Xeralto for longer periods if you have problems with your kidneys. Your anaesthetist will provide further information as to whether you fall into this category based on your blood results.
- Apixaban (Eliquis) is normally stopped 24 hours before surgery if it is considered low risk for bleeding and 2-3 days before your surgery if it is considered high risk for bleeding. You may be required to stop your Eliquis for longer periods if you have problems with your kidneys. Your anaesthetist will provide further information as to whether you fall into this category based on your blood results.

Recommencing your blood thinners after your operation.

Your Anaesthetist and Surgeon will provide specific advice on when to restart your blood thinning medication.