

Trauma and Orthopaedics

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Medications to be stopped pre-operatively

Where possible the following medications should be stopped pre-operatively. Variations may occur depending on each clinical situation.

Drug	To be stopped and if so period pre-op
Low dose progesterone - UL	No
Low dose progesterone - LL	6 weeks
Oestrogen - UL	No
Oestrogen - LL	6 weeks
Depo injection - UL	No
Depo injection - LL	No but with LMWH cover
HRT - UL	No
HRT - LL	6 weeks
HRT patches - UL	No
HRT patches - LL	6 weeks
Warfarin - For atrial fibrillation or thromboembolic disease	Pre-op: Stop warfarin 4 days pre-op. Admit 1 day pre-op and check INR. Commence LMWH providing INR < 2.0. Post-op: Continue LMWH and re-start warfarin at maintenance dose 1 day post-op. Stop LMWH once INR >2.0 on two consecutive days.
Warfarin - For recent (within 3 months) thromboembolic disease	Ideally delay procedure for 8-12 weeks. Otherwise consider IV heparin perioperatively. Also with recent DVT/PE consider IVC filter.
Warfarin - For prosthetic heart valves or any other reason	Individual patient basis - discuss with consultant orthopaedic surgeon and consultant anaesthetist.
Aspirin	2 weeks for spine, major LL surgery and revision shoulder surgery
Clopidogrel	For acute coronary syndrome or for coronary stent then try and delay surgery until clopidogrel ceased (otherwise risk of MI). For aspirin substitute where aspirin intolerant then stop 2 weeks pre-op.
St John`s Wort	2 weeks

MAOI's

Stop slowly leading up to two weeks pre-op with advice from psychiatrists

Steroid injections into joints

3 months should elapse before joint replacement