Dr Herman Lim
BMedSci, MBBS, FANZCA, AdvPTEeXAM
General & Cardiac Anaesthetist

anaesthesia@hlim.email
herman.au

Cannabis, vaping, alcohol and other drugs before surgery

> **The short version.** Tell me what you use, how much and when you last used it. I am not here to judge it and I will not moralise — but it changes the anaesthetic, and not knowing is the part that is genuinely dangerous.

Why it matters

Nearly everything that affects your brain or your blood vessels interacts with anaesthetic drugs. Cannabis, alcohol and stimulants all change how much anaesthetic you need, how your blood pressure behaves, and how you wake up. Used heavily, they also change how your body handles pain and how long you stay in hospital.

Cannabis

- Heavy regular use builds tolerance, so you may need more sedation and more anaesthetic than expected.
- It can deepen sedation and interact unpredictably with anaesthetic and pain medicines.
- Smoked or vaped cannabis irritates the airway, which matters when we are placing a breathing tube.
- Heavy daily use can cause withdrawal (nausea, sweating, agitation, poor sleep) in the days after stopping, and occasionally cyclical vomiting, which can dehydrate you quickly.
- Prescribed medicinal cannabis for chronic pain or spasticity is a different conversation — it is often continued, sometimes adjusted. Tell me the product, the dose and the prescriber.

Vaping and smoking

- Nicotine narrows blood vessels and slows healing; smoking and vaping both increase breathing complications.
- Stopping — even a few days before surgery — measurably helps your lungs. Tell me if you want help with that.
- Tell me what you vape: nicotine, cannabis oil, or both. Some vaped products have caused serious lung injury.

Alcohol

- Heavy regular drinking means you need more anaesthetic and are more likely to have complications, including infections and withdrawal.
- Stopping abruptly after heavy use can be dangerous (tremor, sweating, seizures). If you drink heavily every day, tell me so we can plan rather than let you go into withdrawal in a hospital bed.

Stimulants and other drugs

Cocaine, amphetamines, MDMA and similar drugs affect the heart, blood pressure and temperature regulation, and can interact badly with anaesthetic medicines. They matter most in the days before surgery. Tell me what, when and how much — the answer to "will you tell anyone?" is that it goes into your medical record as all relevant history does, and it is used to keep you safe, not to make a judgement about you.

> **If you would rather not say it out loud**, write it on the pre-anaesthetic questionnaire or a note and hand it to me or the nurse. Getting the information is what matters — the route it arrives by is not important.

On your phone: anaesthesia.herman.au/p/16

Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.

Cannabis and its perioperative implications follow ANZCA **PS10(PM) Statement on "medicinal cannabis" and chronic non-cancer pain**; smoking and alcohol assessment is part of the pre-anaesthesia consultation in **PG07 (2024)** and its background paper. There is no college statement on vaping specifically; that advice is practice-based.

This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

Scan to read on your phone