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Your other regular medicines

> **The short version.** Take almost all of your usual medicines on the morning of surgery, with a small sip of water. The ones that need planning are blood thinners, some heart and blood-pressure tablets, diabetes and weight-loss medicines, and supplements. **Never stop a blood thinner on your own.**

Take as usual

Unless you are told otherwise, continue these on the day of your anaesthetic:

- Blood-pressure and heart medicines, including ACE inhibitors (perindopril, ramipril, enalapril) and "sartan" medicines (irbesartan, candesartan, telmisartan) — some units pause these on the morning of major surgery, so follow the instruction you are given.
- Cholesterol tablets (statins), blood thinners for reflux (omeprazole, pantoprazole, esomeprazole).
- Asthma and COPD inhalers, including your reliever — bring them with you.
- Thyroid tablets, epilepsy medicines, Parkinson's medicines, and medicines for anxiety, depression or other mental health conditions.
- Pain medicines you take regularly, hormone therapy, the contraceptive pill, and eye drops.
- Anything your surgeon has asked you to take as bowel preparation or as a pre-medication.

These need specific instructions — wait to be told

MEDICINE	WHY IT MATTERS
Blood thinners: warfarin, apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), enoxaparin (Clexane)	Stopping them too early risks a stroke or clot; continuing them risks bleeding, including into the spine if you have a spinal or epidural. You will be given exact days and times by me or by the doctor who prescribes them.
Antiplatelet medicines: aspirin, clopidogrel (Plavix), ticagrelor (Brilinta), prasugrel, dipyridamole	Often continued, especially after a stent or recent heart attack. Do not stop them without speaking to me or your cardiologist first.
Diabetes and weight-loss medicines	See the separate pamphlet — metformin, "flozin" tablets, sulfonylureas, insulin and GLP-1 medicines all have their own rules.
Water tablets (diuretics): frusemide, hydrochlorothiazide, spironolactone	Sometimes held on the day to avoid dehydration and low blood pressure; sometimes continued. Follow your instructions.
Lithium, and older antidepressants (MAOI type)	Interact with anaesthetic drugs and fluid balance; they need individual planning.

Supplements count. Fish oil, garlic, ginkgo, ginseng, vitamin E, turmeric, St John's wort, and concentrated herbal preparations can affect bleeding or interact with anaesthetic medicines. They are commonly stopped for 1–2 weeks before surgery — but tell me what you take rather than guessing, and bring the container or a photo of it.

Smoking, vaping, alcohol and cannabis

- **Smoking and vaping:** stopping even a few days before surgery helps your lungs and your healing. Tell me if you vape, including nicotine salts or cannabis oils.
- **Alcohol:** heavy drinking changes how much anaesthetic you need and can cause withdrawal in hospital. Tell me honestly — it changes what I do, and it is never passed on in a judgemental way.
- **Cannabis:** it can make sedation deeper and interact with anaesthetic drugs. Please tell me, whatever the source and whether or not it is prescribed.

Bring with you

- Your medicine list, or the actual boxes in a bag. A photo of the boxes on your phone is fine.
- Your glucose meter if you have diabetes, and your peak-flow meter or inhalers if you have asthma.
- Your CPAP machine if you use one at home, or tell us that you do.
- Any medicine you have been told to take on the day, in its original packaging.

If you forget and take something you were told to skip, tell us. It is always safer to say so before the anaesthetic than to hope it does not matter.

On your phone: anaesthesia.herman.au/p/3
Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.
General principles from ANZCA **PG07 Pre-anaesthesia consultation (2024)** and **PG03 Major regional anaesthesia and analgesia (2026 pilot)** on bleeding risk and neuraxial blocks; cannabis from ANZCA **PS10 Statement on patients who use cannabis**. Where no college statement exists, the guidance reflects standard Australian anaesthetic practice and my own instructions, which always take precedence.
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.

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